DSP Nifty Smallcap 250 Index Fund

An open ended scheme replicating / tracking Nifty Smallcap 250 Index

NFO OPENS: 24-Nov-2025 NFO CLOSES: 08-Dec-2025

NEW INVESTOR APPLICATION FORM

Please read Product labeling details available on cover page and instructions before filling this Form

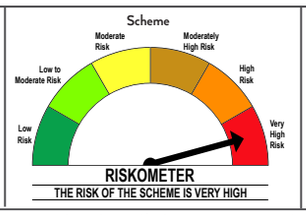
PRODUCT LABELLING & SUITABILITY

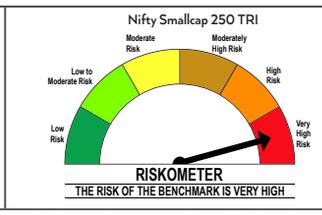
This product is suitable for investors who are seeking*:

- Long-term capital growth
- Investment in equity and equity related securities covered by Nifty Smallcap 250 Index, subject to tracking error.

*Investors should consult their financial advisers if in doubt about whether the Scheme is suitable for them.

Riskometer





Investment Objective - The investment objective of the Scheme is to generate returns that are commensurate with the performance of the Nifty Smallcap 250 index, subject to tracking error. **There is no assurance that the investment objective of the Scheme will be achieved.**

The product labelling assigned during the New Fund Offer ('NFO') is based on internal assessment of the Scheme Characteristics or model portfolio and the same may vary post NFO when actual investments are made

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only

I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned.

Commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. ☐ I am a First Time Investor in Mutual Fund Industry. ☐ I am an Existing Investor in Mutual Fund Industry.

Sole / First Applicant's Signature Mandatory

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Name as per PAN card is mandatory) (Refer Instructions)

Date of Birth/Incorporation (Mandatory) D D / M M / Y Y Y Y

Name of Guardian (if minor)/POA/Contact Person (Name as per PAN card is mandatory) (Refer Instructions)

Guardian is: ☐ Father ☐ Mother ☐ Court Appointed

Date of Birth (Guardian) (Mandatory) D D / M M / Y Y Y Y

Attach proof if 1st applicant is a minor

Existing Folio

PAN (1st Appl / Guardian)

CKYC - KIN

PAN of POA ☐ **KYC attached**

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records) NRI Investors should mention their Overseas address (Refer Instructions).

Email ID (in capital)

Mobile +91 **Tel** (STD Code)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Mobile No belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Address

Landmark

City **Pin Code** (Mandatory)

Address Type (Mandatory)

☐ a. Residential & Business
☐ b. Residential
☐ c. Business
☐ d. Registered Office

Overseas address - Overseas address is mandatory for NRI/FPI Applicants

Address

Landmark

City **Pin Code** (Mandatory)

☐ a. Residential & Business
☐ b. Residential
☐ c. Business
☐ d. Registered Office

3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick✓) ○ Indian Resident Individual ○ Minor (Resident) ○ Minor (Repatriable) ○ Minor (Non Repatriable)

○ NRI (Repatriable) ○ NRI (Non Repatriable) ○ Sole Proprietorship ○ HUF - Indian ○ HUF - NR ○ Partnership Firm ○ Limited Partnership (LLP)
○ Public Ltd. Co. ○ Private Ltd. Co. ○ Body Corporate ○ Bank ○ FIs ○ Insurance Companies ○ Government Body ○ AOP/BOI ○ NPS Trust ○ Provident Fund
○ Superannuation/Pension Fund ○ Gratuity Fund ○ Mutual Fund ○ FII / FPI-Category I/II/III ○ Others

Trust / ○ Society — Are you a Non-Profit Organization constituted and registered as a Trust or Society under Societies Registration Act, 1860 for religious or charitable purpose as referred to in Clause (15) of Section 2 of the Income Tax Act, 1961, or a company registered under Section 8 of the Companies Act. 2013. ☐ Yes, our NPO Reg. No is _____ ☐ No (Mandatory)

3b. Occupation Details (Please tick ✓) ○ Private Sector Service ○ Public Sector Service ○ Government Service ○ Business ○ Professional
Agriculturist ○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others (Please specify)

3c. Gross Annual Income (Please tick ✓) ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore
Net-worth in (Mandatory for Non-Individuals) ₹ ..... as on D D / M M / Y Y Y Y (Not older than 1 year)

3d. For Individuals (Please tick ✓) ○ Not Applicable ○ I am Politically Exposed Person ○ I am Related to Politically Exposed Person

4. SECOND APPLICANT'S DETAILS (IF ANY)

☞ **Mode of Holding** (Please tick✓) ☐ Joint (Default) ☐ Anyone or Survivor

Date of Birth (Mandatory) D D / M M / Y Y Y Y

2nd Applicant Name

(Name as per PAN card is mandatory) (Refer Instructions)

PAN **CKYC - KIN**

a. Occupation Details (Please tick ✓) ○ Private Sector Service ○ Public Sector Service ○ Government Service ○ Business ○ Professional
○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others..... (Please specify)

b. Gross Annual Income (Please tick ✓) ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore

c. Others (Please tick✓) ○ Not Applicable ○ Politically Exposed Person (PEP) ○ Related to a Politically Exposed Person (PEP)

Email ID (in capital)

Mobile +91 **Tel** (STD Code)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Mobile No belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

DSP MUTUAL FUND

Received from _____ an application for purchase of units. Subject to verification and funds realization.

Scheme	Cheque no.	Amount
DSP Nifty Smallcap 250 Index Fund		

5. THIRD APPLICANT'S DETAILS (IF ANY)

3rd Applicant Name **Date of Birth** (Mandatory) D D / M M / Y Y Y Y

(Name as per PAN card is mandatory) (Refer Instructions)

PAN **CKYC - KIN**

a. Occupation Details (Please tick ✓) ○ Private Sector Service ○ Public Sector Service ○ Government Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others..... (Please specify)

b. Gross Annual Income (Please tick ✓) ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore

c. Others (Please tick ✓) ○ Not Applicable ○ Politically Exposed Person (PEP) ○ Related to a Politically Exposed Person (PEP)

Email ID (in capital)

Mobile +91 **Tel** (STD Code)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Mobile No belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

6. FATCA and CRS DETAILS

Sole/First Applicant/Guardian			2nd Applicant			☐ 3rd Applicant ☐ POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality ☐ Indian ☐ U.S. ☐ Other			Nationality ☐ Indian ☐ U.S. ☐ Other			Nationality ☐ Indian ☐ U.S. ☐ Other		

Are you a tax resident of any country other than India ☐ Yes ☐ No If yes, please provide your tax identification details below

Country #	Tax Identification Number or equivalent	Identification Type/Reason*	Country #	Tax Identification Number or equivalent	Identification Type/Reason*	Country #	Tax Identification Number or equivalent	Identification Type/Reason*
1			1			1		
2			2			2		

If you do not have a TIN, you may provide an equivalent TIN as mentioned in Option a, or choose one option from Option b. Please attach a self-attested copy of the documentary proof.

☐ **a** ☐ Social Security Number ☐ National Insurance Number ☐ Citizen Or Personal Identification Code or Number ☐ Resident Registration Number **OR**

☐ **b** ☐ Student ☐ Dependent parent (Appropriate Visa) ☐ Diplomat (Diplomat Visa) ☐ Mariner / Sea farer (CDC) ☐ Sportsperson / Professional (Appropriate Visa) ☐ Recently Shifted residence (Appropriate Visa) ☐ Temporary Visit (Temporary work visa Teacher, Tourist or other visa) ☐ Not qualifying as tax resident as not meeting requisite no. of days' stay (Appropriate Visa) ☐ Country does not issue TIN to residents' ☐ The authorities of the country of tax residence mentioned does not require the TIN to be disclosed ☐ Other _____ (please specify)

7. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

Bank Name

Bank A/C No. **A/C Type** ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

City Pin **IFSC code:** (11 digit)

8. INVESTMENT AND PAYMENT DETAILS (Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

Cheque/DD should be in favour of: "DSP Mutual Fund" if single cheque with multiple schemes OR "Scheme Name", in case of single scheme / scheme wise cheques.

☐ **One time Lumpsum Investment** ☐ **SIP: Systematic Investment Plan.** ☞ **Attach OTM form, if not already registered.** **Mention LUMPSUM and First SIP Cheque Details below**

Full Scheme/Plan/Option/Sub Option	Amount (₹)
1. DSP - Scheme Plan Option/Sub Option	
2. DSP - Scheme Plan Option/Sub Option	
3. DSP - Scheme Plan Option/Sub Option	
Total Amount in words	Amount in Figures

Payment Mode: ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Funds transfer

Cheque/DD/RTGS/NEFT Details:

Ref. No. _____

Date D D / M M / Y Y Y Y

DD charges, if any _____

Payment from Bank A/c No. Pay In A/c No. **A/c. Type** ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others _____

Bank Name

9. I/We wish to receive physical copy of the annual report/a bridged summary, if email id is not registered in the folio. ☐

10. UNIT HOLDER OPTION:

☐ **Account Statement Mode** (Default)

☐ **Demat Mode** NSDL: I N **Depository Participant** (DP) ID (NSDL only) **Beneficiary Account Number** (NSDL only)

CDSL:

Enclose for demat option: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy

Quick Checklist ☞

- ☐ Name/s mentioned are as per PAN only
- ☐ Address, Email ID/Mobile are correctly mentioned.
- ☐ KYC information provided for each applicant
- ☐ FATCA/CRS details provided for each applicant
- ☐ Full scheme name, plan, option is mentioned
- ☐ Pay-In bank details and supportings are attached
- ☐ Nomination facility opted
- ☐ Form is signed by all applicants
- ☐ Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
- ☐ Non Individual investors should attach ☐ FATCA Details and Declaration Form ☐ UBO Declaration Form

11. NOMINATION

I/ We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Share of nominee: ** if % is not specified, then the assets shall be distributed equally amongst all the nominees.
Identity Number: *** Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Passport number (In case of NRI/OCI/PIO). Copy of the document is not required.

Nomination Details								
	Mandatory Details						Where nominee is a minor	
	Name of nominee	Share of nominee (%)**	Relationship	Postal Address (Mention complete postal address)	Mobile number & E-mail	Identity Number ***	Date of birth of nominee	Guardian Name
1				☐ Same as First Applicant				
2				☐ Same as First Applicant				
3				☐ Same as First Applicant				
		Total 100%	In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother/Father/Legal Guardian. Kindly attach proof like Birth Certificate/School Leaving Certificate/Passport/Others.					

☐ **OPT-OUT declaration:** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)

☐ Name of nominee(s) **OR** Nomination Registered#: ☐ Yes ☐ No

#Default: If no option is selected, whether nomination registered or not, along with the number of nominees will be treated as the default.

12. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme information Document and Statement of Additional information, Key Information Memorandum, Instructions and addenda issued by DSP Mutual Fund form time to time. I/We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme/Plan/ Option and agree to abide by the tert and conditions, rules and regulations.|/ We have understood the Information requiréments of the application form, including FATCA and CRS requirements, terms and conditions (read alongwith instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form true, correct and complete.I/ We deciare that the amount invested in the Scheme through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions ar any other applicable laws enacted by the Government of India or any Statutory Author).

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any

Debit Mandate Checklist:

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Write Amount in words and in Figures (maximum limit)
- Your NAME and SIGNATURE as in your bank account

SIP Registration Checklist:

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details
- Signature/s

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/ RM Internal Code	EUIN (Refer note below)	For Office use only

The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registrations, using Physical Forms or Online.

DSP MUTUAL FUND

OTM Debit Mandate Form NACH/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN (Office use only) Date D D M M Y Y Y Y

Utility Code (Office use only) Tick(✓) ☐ CREATE ☐ MODIFY ☐ CANCEL

Sponsor Bank Code (Office use only) I/We hereby authorize: **DSP MUTUAL FUND Schemes**

to debit (tick✓) **SB / CA / CC / SB-NRE / SB-NRO / Other** **Bank A/c No.:**

With Bank: Bank Name & Branch **IFSC/MICR**

an amount of Rupees In Words ₹ In Figures

Debit Type ☐ ~~Fixed Amount~~ ☑ Maximum Amount FREQUENCY ☐ ~~Mthly~~ ☐ ~~Qtly~~ ☐ ~~H. Yrly~~ ☐ ~~Yrly~~ ☑ As & when presented

Reference 1 Folio No: Reference 2 Appln No:

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.This is to confirm that the declaration has been carefully read, understood and made by me/us. I/We have understood that I/we are authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH/Direct Debit. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/(Debits)/Direct Debits. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit facility and that my/our payment towards my/our investment in DSP Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of DSP Mutual Fund carrying this mandate form to get it verified and

PERIOD

From D D M M Y Y Y Y

to D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only.

1. Signature of Account Holder 2. Signature of Account Holder 3. Signature of Account Holder

Mobile

1. Name of Account Holder 2. Name of Account Holder 3. Name of Account Holder

DSP MUTUAL FUND

SIP Registration/Renewal Form (for OTM registered investors only)

Attention: No need to attach OTM Debit Mandate again, if already registered earlier.

Please tick ☑ as applicable:

☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. ☐ OTM Debit Mandate is attached and to be registered in the folio.

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only

☐ I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only"transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole / FirstApplicant's Signature Mandatory

Investor Name: Existing Investor Folio No./Application No.

Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date (1st* to 31st)	Frequency	Start Month/Year End Month/Year#	Top-Up (Minimum ₹ 100 or in Percentage %) Amount (₹) or Percentage %)	Top-Up Frequency
1.	DSP -		D D	☐ Daily ☐ Monthly* ☐ Quarterly	From M M Y Y Y Y For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till M M Y Y Y Y	₹ OR % Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
2.	DSP -		D D	☐ Daily ☐ Monthly* ☐ Quarterly	From M M Y Y Y Y For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till M M Y Y Y Y	₹ OR % Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
3.	DSP -		D D	☐ Daily ☐ Monthly* ☐ Quarterly	From M M Y Y Y Y For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till M M Y Y Y Y	₹ OR % Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
(*Default option/Date) (#Default/40 yrs)		**Total**					

First SIP transactions via single cheque no. **favouring 'DSP Mutual Fund'** **Dated** D D M M Y Y Y Y

Debit Bank Details:	Bank Name:	A/C. No.:

Declaration: Having read, understood and agreed to the contents of OTM Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DSP Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP instalments referred above through participation in NACH/Direct Debit. The ARN holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Signatures [as per Mutual Fund Records/Application]

X First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature

Acknowledgement

Investor Name:

☐ DEBIT MANADATE FORM ☐SIP FORM

DSP Mutual Fund

Folio No/Application No.

ISC Stamp

Website : www.dspim.com | **E-mail :** service@dspim.com | **Contact Centre :** 1800-208-4499 / 1800-200-4499

Terms and Conditions and Instructions

For detailed terms and conditions on SIP, including for OTM facility,

please visit our website www.dspim.com and also refer to scheme related documents.

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, sent to the updated mobile number and email id.
- **The OTM forms require three important and mandatory dates to be filled in:**
  a) Mandate Registration Date: This date is located on the top right corner of the form. This will be the initial date from which the mandate will be registered.
  b) Period "From" Date: This is the starting date of the period for which the mandate will be applicable.
  c) Period "To" Date: This date will be the end of the period for which the mandate is valid. The "To"* date must be within 40 years from the Mandate Registration Date This is a strict requirement and should not be exceeded.
  *The mandate will be rejected if the "To" date is either beyond 40 years, left blank, or if there are any ambiguities in the date provided.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- With the introduction of One Time mandate (OTM) facility, the mandate registration and SIP registration through OTM facility has been delinked. There are two separate forms, 1) for onetime mandate registration and 2) for SIP Registration.
- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- Transaction amount should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five business days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- While the Fund and RTA reserve the right to enhance the SIP period to ensure minimum installments as per respective scheme offer documents, even if the investor has submitted the form late or requested for a period less than minimum installments, they may reject the applications for less than minimum installments.
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five business days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered. If end date is not specified the SIP will be registered for 40 years from the registration date or end date of mandate, whichever is earlier.
- Under Daily SIP, the Unit Holder can invest a fixed amount into the scheme on a daily basis. Daily SIP installment shall be processed only when it is a Business Day for the scheme.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with DSP Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year.
- In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date.
- For SIPs through OTM, the maximum per installment amount after Top-Up shall not exceed Rs. 5 lakhs or the maximum amount mentioned in OTM form, whichever is less.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor needs to cancel the existing SIP and enroll for a fresh SIP with Top-up option.
- DSP Mutual Fund or the AMC, its registrars and other service providers are not responsible if the registration and subsequent transaction are delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DSP Mutual Fund.

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DSP MUTUAL FUND

Please refer Page 2 for Definitions / Instructions / Guidance

FATCA, CRS AND ADDITIONAL KYC Details and Declaration form

Mandatory for Non-Individual Investors, including HUF

INVESTOR DETAILS

Entity Name:

PAN | **Application No.**

Folio Nos

Type of Address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

ADDITIONAL KYC DETAILS (Mandatory)

Gross Annual Income (Please tick ✓) ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ >25 Lacs-1 crore ○ >1 crore

Net-worth in ₹_____ as on D D / M M / Y Y Y Y *(Not older than 1 year)*

INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

City of Incorporation:	Country of Incorporation:	Date of Incorporation:

Is Entity a tax resident of any country other than India? ☐ Yes ☐ No *(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)*

In case TIN or its functional equivalent is not available, please provide Company Identification number of Global Entity Identification Number or GIIN, etc.

	Country of Tax Residency	TIN or equivalent number	Identification Type/Reason*
1.			
2.			
3.			
4.			

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box: ☐ (refer definition D4)

FATCA and CRS DETAILS (Mandatory)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART I (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, *(please tick as appropriate)*

☐ Financial Institution *(Refer definition A)*

or

☐ Direct reporting NFE *(Refer definition B)*

G I I N ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity:

G I I N - Not Available ☐ **Applied for**

If the entity is a financial institution, ☐ Not required to apply for - please specify 2 digits sub-category ☐☐ (refer definition C)

☐ Not obtained – Non-participating FI

PART II (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

Is the Entity a publicly traded company? *(that is, a company whose shares are regularly traded on an established securities market)* *(Refer definition D1)*	Yes ☐ *(If yes, please specify any one stock exchange on which the stock is regularly traded)* Name of stock exchange_____
Is the Entity a related entity of a publicly traded company? *(a company whose shares are regularly traded on an established securities market)* *(Refer definition D2)*	Yes ☐ *(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)* Name of listed company_____ Nature of relation: ☐ Subsidiary of the Listed Company OR ☐ Controlled by a Listed Company Name of stock exchange_____
Is the Entity an Active NFE? *(Refer definition D3)*	Yes ☐ ☛ Also provide UBO Form ☐ Nature of Business_____ Please specify the sub-category of Active NFE ☐☐ *(Mention code - refer D3)*
Is the Entity a Passive NFE? *(Refer definition E2)*	Yes ☐ ☛ Also provide UBO Form ☐ Nature of Business_____

V2 15/NOV/2016

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby confirm that the information provided by me/us on this form are true, correct, and complete.

Place :

Date :

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]