

This product is suitable for investors who are seeking\*:

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.

PRODUCT LABELLING & SUITABILITY

DSP Nifty Smallcap 250 Index Fund

- Long-term capital growth

### 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

# Riskometer Nifty Smallcap 250 TRI RISKOMETER THE RISK OF THE BENCHMARK IS VERY HIGH THE RISK OF THE SCHEME IS VERY HIGH

#### **NEW INVESTOR** APPLICATION FORM

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

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 servic rendered by the distributor. I am a First Time Investor in Mutual Fund Industry. ☐ I am an Existing Investor in Mutual Fund Industry. 1. FIRST APPLICANT'S DETAILS Date of Birth/Incorporation (Mandatory) Name of First Applicant (Name as per PAN card is mandatory) (Refer Instructions) Name of Guardian (if minor)/POA/Contact Person (Name as per PAN card is mandatory) (Refer Instructions) Guardian is: Date of Birth (Guardian) (Mandatory) ☐ Father ☐ Mother ☐ Court Appointed Attach proof if 1st applicant is a minor **Existing Folio** PAN (1st Appl / Guardian) **CKYC - KIN** PAN of POA KYC attached ND CORRESPONDENCE ADDRESS (As per KYC records) NRI Investors should mention their Overseas address (Refer Instructions) Email ID (in capital) Tel (STD Code) Mobile 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 Type (Mandatory) Address ☐ a. Residential & Business b. Residential Landmark c. Business Pin Code (Mandatory) City d. Registered Office Overseas address - Overseas address is mandatory for NRI/FPI Applicants Address ☐ a. Residential & Business □ b. Residential□ c. Business Landmark Pin Code (Mandatory) City ☐ 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) O NRI (Repatriable) O NRI (Non Repatriable) O Sole Proprietorship O HUF - Indian O HUF - NR O Partnership Firm O Limited Partnership (LLP) ○ Public Ltd. Co. ○ Private Ltd. Co. ○ Body Corporate ○ Bank ○ Fls ○ Insurance Companies ○ Government Body ○ AOP/BOI ○ NPS Trust ○ Provident Fund ○ Superannuation/Pension Fund ○ Gratuity Fund ○ Mutual Fund ○ FII / FPI-Category I/II/III ○ Others Are you a Non-Profit Organization constituted and registered as a Trust or Society under ☐ Yes, our NPO Reg. No is \_ (Mandatory 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. **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 010-25 Lacs ○ >25 Lacs-1 crore >1 crore **Net-worth in** (Mandatory for Non-Individuals) ₹ as on (Not older than 1 year) 1 **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) Date of Birth (Mandatory) 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 (STD Code) Tel □ Self □ Spouse □ Dependent Child □ Dependent Parent □ Dependent Sibling □ Guardian In case of Minor □ POA Email ID belongs to 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** an application for purchase of units. Subject to verification Received from and funds realization. Cheque no. Scheme Amount

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	Mode (Default) Enclose for demat option: Client Master List Transaction/Holding Statement DIS Copy  Email: service@dspim.com Website: www.dspim.com Contact Center: 1800-208-4499 / 1800-200-4499  ck Name/s mentioned are as per PAN only Full scheme name, plan, option is mentioned Additional documents provided if investor not pre-printed on payment cheque or if Demand Draft is used.	_	A4 I .	IN	Deposito	ry Participant (DP) ID	(NSDL only)		Beneficiary Acco	unt Number (NSD
Account Demat NSDL: I N Depository Participant (DP) ID (NSDL only)  Beneficiary Account Number (NSDL	Email: service@dspim.com  Website: www.dspim.com  Contact Center: 1800-208-4499 / 1800-200-4499  Ck	Mode	CD3L.	otion:	Transaction	/Holding Statement	7 DIS Copy			
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#### 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									
	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 Applicar	nt						
2				Same as First Applicar	nt						
3				Same as First Applicar	nt						
		Total 100%			ase mention Guardian's relationsh te/School Leaving Certificate/Pass		r/Father/Le	gal Guardian.			
	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.	12. DECLARATION & SIGNATURES										
ad red pro the	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 requirements 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 are 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)

Distributor / RIA / PMRN Name and ARN / Code Sub Broker ARN & Name

 $\bullet$  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

For Office use only

30010	new SIP registrations, using Physical Forms or Onli															
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Spor	sor Bank Code Offi	ce use only		I/We hereb	y authorize:		DS	P MI	JTU.	AL I	FUN	D Sc	hem	es		
to d	ebit (tick / ) SB / CA / CC / SB-NRE / SB	NRO / Other	Bank A/c No.:													
With	Bank: Bank Name	& Branch		IFS	C/MICR											
an a	mount of Rupees	In Words									₹			n Figur	es	
	t Type ☐ Fixed Amount ☑ Maximum Amo	unt FREQUE	ICY □ Mthly □		ly   Yrly		t when p	oresent	ed							
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Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached) DSP -			☐ Daily ☐ Monthly* ☐ Quarterly	From M	Start A End M	Month/Yea	ar#	5 yr	TS .	Amour	nt (₹) o	Percer	ntage %)	Fre	equency Yearly* Half-yearly
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Sr. No.  1.  2.  Sr. No.  1.  Percla and Amother Sign.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)  DSP -  DSP -  DSP -  Total toption/Date) fault option/Date) fault option/Date) fault/40 yrs)  SIP transactions via single cheque no.  bit Bank Details: Bank Name:  ration: Having read, understood and agreed to addenda issued from time to time of the respective ents towards SIP installents referred above the mode), payable to him for the different competatures [as per Mutual Fund Records/Application Exercises 1.1]	he contents of OTA e Scheme(s) of DSP e Scheme(s) of DSP ough participation ing Schemes of var	(1st to 31st)  DDD  DDD  I Facility, the Scher Mutual Fund menti in NACH/Direct Defous Mutual Funds fi	Daily Monthly* Quarterly Daily Monthly* Quarterly Daily Quarterly Quarterly	From M  For 40 Or till M  From M  For 40 Or till M  From M  For 40 Or till M  Mutual Fund	Start A End M  M Y  Oyrs   M Y  Oyrs   M Y  Oyrs   M Y  A/C. N	Aonth/Yea Aonth/	7 yrs [  7 yrs [  7 yrs [  7 yrs sional lr  7 yrs given	5 yr	ttion, re are /us al e/us.	Amour  ₹  Top-Up  ₹  Top-Up	nt (₹) o	Percer OR OR OR	% % % %	) Fre	equency  Yearly*  Half-yearly  Yearly*  Half-yearly  Yearly*
Sr. No.  1.  2.  Sr. No.  1.  2.  Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)  DSP -  DSP -  DSP -  Totalit option/Date) fault/40 yrs)  E SIP transactions via single cheque no.  bit Bank Details: Bank Name: ration: Having read, understood and agreed to addenda issued from time to time of the respective ents towards SIP instalments referred above the mode), payable to him for the different competatures [as per Mutual Fund Records/Applicatio First Unit Holder's Signature	he contents of OTA e Scheme(s) of DSP e Scheme(s) of DSP ough participation ing Schemes of var	I Facility, the Schei Mutual Fund menti in NACH/Direct Del ous Mutual Funds fi Second Unit Holder's Signature	Daily Monthly* Quarterly Daily Monthly* Quarterly Daily Quarterly Quarterly	From M For dC Or till M From M For dC Or till M From M Fro	Start A End M  M Y  Oyrs   M Y  Oyrs   M Y  Oyrs   M Y  A/C. N	Aonth/Yea Aonth/	7 yrs [  7 yrs [  7 yrs [  7 yrs sional lr  7 yrs given	5 yr 5 yr 5 yr 5 yr 6 formain abov to me d to me d to me forition for third folde	ttion, re are /us al e/us.	Amour  ₹  Top-Up  ₹  Top-Up	nt (₹) o	Percer OR OR OR	%  %  %  morandt my willi	) Fre	equency  Yearly*  Half-yearly  Yearly*  Half-yearly  Yearly*
Sr. No.  1.  2.  Sr. No.  1.  Au  (*De  Corollary other Sign  X	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)  DSP -  DSP -  DSP -  Totalit option/Date) fault/40 yrs)  E SIP transactions via single cheque no.  bit Bank Details: Bank Name:  rration: Having read, understood and agreed to indeed a ssued from time to time of the respective number of the different competence of the competence of th	he contents of OTA e Scheme(s) of DSP e Scheme(s) of DSP ough participation ing Schemes of var	I Facility, the Scher Mutual Fund ment in NACH/Direct Defous Mutual Funds fund Holder's Signature    DSP N	Daily Monthly* Quarterly Daily Monthly* Quarterly Daily Monthly* Quarterly Daily Monthly* Quarterly	From M  For 4C  Or till M  Or till M  Autual Fund  Mutual Fund  Document, Streeby declare declared d	Start A End M  M Y  Oyrs   M Y  Oyrs   M Y  Oyrs   M Y  A/C. N	Aonth/Yea Aonth/	7 yrs [  7 yrs [  7 yrs [  7 yrs sional lr  7 yrs given	5 yr 5 yr 5 yr 5 yr 6 formain abov to me d to me d to me forition for third folde	ttion, re are /us al e/us.	Amour  ₹  Top-Up  ₹  Top-Up	nt (₹) o	OOR	%  %  %  morandt my willi	) Fre	equency  Yearly*  Half-yearly  Yearly*  Half-yearly  Yearly*

Sub Broker/Branch/

RM Internal Code

EUIN (Refer note below)

#### 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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## FATCA, CRS AND ADDITIONAL KYC

Details and Declaration form Mandatory for Non-Individual Investors, including HUF Please refer Page 2 for Definitions / Instructions / Guidance

INVESTOR DETAILS								
Entity Name:								
PAN		Applicati	ion No.					
Folio Nos								
Type of Address given at KRA Resid	dential or Business	Residential Bu	ısiness	Registe	ered Office			
Type of Address Seven de laux		YC DETAILS (Mandatory)						
Gross Annual Income (Please tick ✓)	Below 1 Lac 0 1-5 L		Lacs 0 >2	5 Lacs-1 crore	O >1 crore			
Net-worth in ₹	as on DD/	M M / Y Y Y Y (Not	older than 1 ye	ear)				
INCO	RPORATION and TAX F	RESIDENCY DETAILS (Manda	atory)					
City of Incorporation:	Country of Incorporati	on: Date of	Incorporation	:				
Is Entity a tax resident of any country other than India?		for tax p	urposes and th	e associated Tax	eentityisaresident ID number below)			
In case TIN or its functional equivalent is not avai	lable, please provide Company	Identification number of Global Entit	ty Identification	Number or GIIN, et	ic.			
Country of Tax Residency		TIN or equivalent number	Identification	n Type/Reason*				
1.								
3.								
4.								
In case the Entity's Country of Incorporation Person (as per definition E5), please mention	n / Tax residence is U.S. bu n the exemption code in th	ut Entity is not a Specified U.S. e box:	(re	efer definition D4)				
(Please consult	FATCA and CRS tyour professional tax adviso	<b>DETAILS (Mandatory)</b> r for further guidance on FATCA & C	RS classification	n)				
PART I (to be filled by Financial In	stitutions or Direct R	eporting NFEs)						
We are a, (please tick as appropriate)  Financial Institution	GIIN							
(Refer definition A) or	Note: If you do not have a C GIIN above and indicate you	GIIN but you are sponsored by anoth	ner entity, pleas	se provide your sp	onsor's			
	Name of sponsoring entit							
GIIN - Not Available App	lied for	-,.						
		ease specify 2 digits sub-catego	ory T	(refer definition	(C)			
	obtained - Non-participat		.,	(				
		-		\IEE \				
PART II (please fill Any One as app	ropriate, 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	Yes [ (If yes, please spe	cify any one stock exchange on whi	ch the stock is	regularly traded)				
traded on an established securities market) (Refer definition D1)	Name of stock exchange							
Is the Entity a related entity of a	Yes (If yes, please specify	name of the listed company and one sto	ock exchange on v	which the stock is reg	gularly traded)			
publicly traded company? (a company whose shares are regularly	Name of listed company							
traded on an established securities market) (Refer definition D2)		Subsidiary of the Listed Company		Controlled by a Lis	sted Company			
(Nejer dejinicion DZ)				-				
Is the Entity an Active NEE?	Name of stock exchange							
Is the Entity an Active NFE? (Refer definition D3)		Also provide UBO Form □						
	Nature of Business							
	Please specify the sub-ca	ategory of Active NFE	(Mention code -	refer D3)				
Is the Entity a Passive NFE? (Refer definition E2)	Yes Nature of Business	Also provide UBO Form $\square$						
I/We acknowledge and confirm that the information provided abovest of my/our knowledge and belief and provided after necessary cold where the application of the second provided after necessary cold with the second provided by meaning the applications and hereby confirm that the information provided by me/us on this form								
Place: Date:								
Page 1 of 2		Authorized Signatories [with	Company/Trust/	Firm/Body Corpora	ite seal]			