

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 500 Index, subject to tracking error.

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

Riskometer

Scheme

RISKOMETER
THE RISK OF THE SCHEME IS VERY HIGH

Nifty 500 TRI

RISKOMETER
THE RISK OF THE BENCHMARK IS VERY HIGH

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.

Investment Objective - The investment objective of the Scheme is to generate returns that are commensurate with the performance of the Nifty 500 Index, subject to tracking error. There is no assurance that the investment objective of the Scheme will be achieved.

Distributor/RIA 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.

(Sole / FirstApplicant’s Signature Mandatory)

Existing Folio NumberPAN

Name of Sole / First Unitholder

ADDITIONAL PURCHASE (Cheque / DD to be drawn in favour of ‘Scheme Name’)

Scheme

DSP Nifty 500 Index Fund

Plan

Option / Sub Option

Payment Mode:

☐ Cheque

☐ DD

☐ RTGS/NEFT

☐ Funds Transfer

☐ OTM

Amount in Words

Amount in Figures (i)

Cheque / DD / RTGS / NEFT No.

Rs.

DD Charges (ii)

Cheque / Payment Date

Rs.

Total Amount (Rs.) (i) + (ii)

Payment from Bank A/c No.

Rs.

Pay In A/c No. (Mandatory)

Cheque / DD Drawn on / Payment from Bank & Branch

Account Type

☐ Savings

☐ Current

☐ NRE

☐ NRO

☐ FCNR

☐ Other

Documents Attached to avoid Third Party Payment Rejection, where applicable :

☐ Bank Certificate, for DD

☐ Third Party Declaration

SWITCH (Write switch-out Scheme Name, Plan / Option / Sub Option)

Switch-out from Scheme / Plan / Option* / Sub Option*

DSP

Plan

Option / Sub Option

Amount in Figures

Rs.

Amount in Words

OR (Please note that the Switch can be done either in Units or in Amount and not in both)

Units in Figures

Units in Words

Switch-in To Scheme

DSP Nifty 500 Index Fund

Plan

Option / Sub Option

*Default plan/option may be applied in case of no information, ambiguity or discrepancy.

DEMAT ACCOUNT DETAILS

☐ NSDL

OR

☐ CDSL

DP Name:

DP ID No.:

Beneficiary A/c No.

DP Name:

Beneficiary A/c No.

Enclosed

☐ Client Master List

☐ Transaction Statement Copy

☐ DIS Copy

(Mandatory to provide either one of the document)

(The order of names in the folio number provided below should exactly match with the order of names in the Demat account provided. In case of any mismatch, the application is liable to be rejected)

DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum and Instructions overleaf and Addenda issued from time to time of the respective Scheme, I / We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us all the commissions (in the form of 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. Applicable to NRIs only : I/We confirm that I am/We are Non-Resident(s) of Indian Nationality / Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account/FCNR Account(s).

Sole / First Unit Holder

Second Unit Holder

Third Unit Holder

POA Holder, if any

Acknowledgement (Subject to Terms and Conditions)

DSP Mutual Fund

Investor Name

Folio Number

Scheme

DSP Nifty 500 Index Fund

☐ Purchase

Amount Rs.

☐ Switch

Amount Rs.

or Units

ISC Stamp & Signature

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker Name and ARN	Branch/RM Internal Code	Employee Unique ID. No. (EUIIN)	For Office use only

Name of Sole / First Unitholder (Leave space between first / middle / last name) ☐ Mr. ☐ Ms. ☐ M/s. ☐ Others

Folio Number

☐ I/We confirm that the EUIIN box is intentionally left blank by me/us as this is not 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.

Sole / First Applicant's Signature Mandatory

SYSTEMATIC TRANSFER PLAN (STP) (Please allow 7 days to register STP)	SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please allow 7 days to register SWP)								
<div>STP from Scheme/Plan/Option*/Sub Option</div> <div>DSPPLANOPTION</div> <div>STP to Scheme/Plan/Option*/Sub Option</div> <div>DSPPLANOPTION</div> <div>Transfer Amount (Anyone) <input type="checkbox"/> Fixed Sum of Rs. (Minimum Rs.100/-) <input type="checkbox"/> Capital Appreciation, subject to Minimum of Rs.100/-</div> <table><tr><th>Frequency (✓Tick any one)</th><th>Days/Dates (✓Tick any one)</th></tr><tr><td><input type="checkbox"/> Daily</td><td>All Business days</td></tr><tr><td><input type="checkbox"/> Weekly</td><td><input type="checkbox"/> Mon* <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri</td></tr><tr><td><input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly</td><td>DD Any date (1st to 31st)</td></tr></table> <div>Transfer Period (Period to cover - minimum 6 STP transactions) From DD/MM/YY To DD/MM/YY</div> <div>Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable.</div>	Frequency (✓Tick any one)	Days/Dates (✓Tick any one)	<input type="checkbox"/> Daily	All Business days	<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon* <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	DD Any date (1 st to 31 st)	<div>SWP from Scheme/Plan/Option*/Sub Option</div> <div>DSPPLANOPTION</div> <div>Withdrawal Amount <input type="checkbox"/> Fixed Sum of Rs. (Minimum Rs.100/-) <input type="checkbox"/> Capital Appreciation, subject to Minimum of Rs.100/-</div> <div>Withdrawal Date DD Any date (1st to 31st)</div> <div>Frequency <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly</div> <div>Withdrawal Period (Period to cover - minimum 6 SWP transactions) From DD/MM/YY To DD/MM/YY</div> <div>Please mention any of the registered bank account details in the folio for Payout. If no details are mentioned payout will be credited to the default bank account.</div> <div>Bank Name</div> <div>Bank Account No.</div> <div>*Default Option/Date may be applied in case of no information, ambiguity or discrepancy.</div>
Frequency (✓Tick any one)	Days/Dates (✓Tick any one)								
<input type="checkbox"/> Daily	All Business days								
<input type="checkbox"/> Weekly	<input type="checkbox"/> Mon* <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri								
<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	DD Any date (1 st to 31 st)								

IDCW TRANSFER PLAN (Please allow 7 days to register Income Distribution cum Capital Withdrawal (IDCW) Transfer Plan)
<div>(Please mention complete Scheme, Plan & Option)</div> <div>Source Scheme (From where Income Distribution cum Capital Withdrawal (IDCW) is to be transferred)</div> <div>DSPPLANToOPTION</div> <div>Target Scheme (From where Income Distribution cum Capital Withdrawal (IDCW) is to be transferred)</div> <div>DSPPLANOPTION</div>

DECLARATION & SIGNATURES	(To be signed as per Mode of Holding)		
<p>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, I / We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of 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. Applicable to NRIs only: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality.</p> <p>If EUIIN is left blank/not mentioned; I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an “execution-only” transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.</p>			
<div></div> <div>Sole / First Unit Holder</div>	<div></div> <div>Second Unit Holder</div>	<div></div> <div>Third Unit Holder</div>	<div></div> <div>POA Holder, if any</div>

INSTRUCTIONS

This form should be used by existing investors only by mentioning their folio number, name and Scheme details. **Please read the Scheme related documents, Addenda, KIM and Instructions there-in and below mentioned instructions carefully before filling up the form. Investors should provide details/instructions only in the designated space provided in the form else the same may not be considered.** **ADDITIONAL PURCHASE & PAYMENT DETAILS:** Investors should fill name of the scheme, plan, option and sub-option. In case the details are not proper and clear or in case of incomplete details, non-clarity or ambiguity, default options will be considered and applied. Separate cheques and form should be given for each separate investment in different scheme, plan or option. The first unit holder should be one of the bank account holders in the pay-in bank account. Purchase application through Cheque/DD/RTGS/NEFT/Funds transfer requests should necessarily mention the pay-in bank account details i.e. account number and bank, branch name of the bank account used for issuing the payments to the fund. If this is not evidenced on the payment cheque/funds transfer/RTGS/NEFT request, or in case of demand drafts, unit holder should attach necessary supporting documents as required by the fund, like bank certificate, bank passbook copy or statement to prove that the funds are from a bank account held by first unit holder only. If the documents are not submitted with the application, the fund reserves the right to reject the application or call for additional details. **ADDITIONAL PURCHASE THROUGH OTM FACILITY:** If you are making payment through OTM facility registered in your folio, please tick the relevant box and do not attach any cheque. If more than one bank accounts are registered in your folio under OTM facility, please mention the bank account number and bank name where you wish the debit to happen. If the same is not mentioned or is not registered, default bank mandate under OTM facility will be considered to debit the purchase amount. **KYC COMPLIANCE:** Investors shall note that KYC is mandatory and they need to comply with the ‘Know Your Client’ requirements as applicable from time to time. Applications are liable to be rejected without any intimation to the applicants, if required KYC compliance is not completed by all the applicants/unit holders. **REDEMPTION REQUEST:** Redemption may not be processed if folio number and full scheme name including plan and option is not mentioned. Please ensure that either of amount or units is mentioned in the redemption request. **The fund offers a facility to register multiple bank accounts and designate one of the bank account as “Default Bank Account”.** Default Bank Account will be used for all IDCW and redemptions payouts including FMP schemes maturity proceeds unless investor specifies one of the existing registered bank account in the redemption request for receiving redemption proceeds. A new non-registered bank account specified in the specific redemption request for receiving redemption proceeds will not be considered. **Consequent to introduction of “Multiple Bank Accounts Facility”, the existing facility of redemption with change of bank mandate is discontinued by the fund. New bank accounts can only be registered using the designated “Bank Account Registration Form”.** **BANK ACCOUNT FOR REDEMPTION PROCEEDS:** Please note the following important points related to payment of redemption proceeds: Proceeds of any redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing. **Unit holder(s) may choose to mention any of the existing registered bank accounts with redemption request for receiving redemption proceeds. If no registered bank account is mentioned, default bank account will be used.** If unit holder(s) provide a new and unregistered bank mandate with a specific redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds. **POA REGISTRATION:** Only a General Power of Attorney agreement without any restrictions and perennial validity is accepted. The PoA must be executed on stamp paper and registered in India and a duly notarized copy should be enclosed. The PoA must have signatures of the Investor as well the PoA holder. If the signature of PoA holder is not available, the fund may call for additional documents or declarations on a case to case basis. PoA will be registered within 10 working days of receipt of all valid documents. STP/SWP facility is available on all dates. **SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP):** Please allow upto 7 days for STP/ SWP to be registered and first STP/ SWP transaction to happen. Hence form should be submitted atleast 7 days before STP / SWP start date. STP/ SWP is available in all the schemes of the Fund. STP/SWP of capital appreciation. For investors availing the transfer/ withdrawal of ‘appreciation’ option, where in any month or quarter, there is no appreciation or is less than Rs.100/-, switch/withdrawal as mentioned above, may not be carried out. 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/STP/SWP will be processed on the immediate next business day/date. You can choose to discontinue this facility by giving 30 days written notice to the Registrar. **IDCW TRANSFER PLAN:** Please allow upto 7 days for IDCW Transfer Plan to be registered. Hence form should be submitted atleast 7 days before the record date of any forthcoming proposed IDCW. The Minimum amount of IDCW eligible for transfer under IDCW Transfer Plan is Rs. 100/-.

PRODUCT LABELLING & SUITABILITY

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- Investment in equity and equity related securities covered by Nifty 500 Index, subject to tracking error.

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

Riskometer

Scheme

Low Risk

Low to Moderate Risk

Modest Risk

Modestly High Risk

High Risk

Very High Risk

RISKOMETER

THE RISK OF THE SCHEME IS VERY HIGH

Nifty 500 TRI

Low Risk

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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.

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Name as per PAN card is mandatory) (Refer Instructions)			Date of Birth/Incorporation (Mandatory)		
Name of Guardian (if minor)/POA/Contact Person (Name as per PAN card is mandatory) (Refer Instructions)			Guardian is:	Date of Birth (Guardian) (Mandatory)	
			<input type="checkbox"/> Father <input type="checkbox"/> Mother		
			<input type="checkbox"/> Court Appointed	Attach proof if 1st applicant is a minor	
Existing Folio	PAN (1st Appl / Guardian)				
CKYC - KIN	PAN of POA		<input type="checkbox"/> 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 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Guardian In case of Minor <input type="checkbox"/> POA					
Mobile No belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Guardian In case of Minor <input type="checkbox"/> POA					
Address	Address Type (Mandatory)				
	<input type="checkbox"/> a. Residential & Business				
Landmark	<input type="checkbox"/> b. Residential				
City	<input type="checkbox"/> c. Business				
	<input type="checkbox"/> d. Registered Office				
Overseas address - Overseas address is mandatory for NRI/FPI Applicants					
Address					
Landmark					
City	Pin Code (Mandatory)				
	<input type="checkbox"/> a. Residential & Business				
	<input type="checkbox"/> b. Residential				
	<input type="checkbox"/> c. Business				
	<input type="checkbox"/> d. Registered Office				

3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick✓) <input type="radio"/> Indian Resident Individual <input type="radio"/> Minor (Resident) <input type="radio"/> Minor (Repatriable) <input type="radio"/> Minor (Non Repatriable)					
<input type="radio"/> NRI (Repatriable) <input type="radio"/> NRI (Non Repatriable) <input type="radio"/> Sole Proprietorship <input type="radio"/> HUF - Indian <input type="radio"/> HUF - NR <input type="radio"/> Partnership Firm <input type="radio"/> Limited Partnership (LLP)					
<input type="radio"/> Public Ltd. Co. <input type="radio"/> Private Ltd. Co. <input type="radio"/> Body Corporate <input type="radio"/> Bank <input type="radio"/> FIs <input type="radio"/> Insurance Companies <input type="radio"/> Government Body <input type="radio"/> AOP/BOI <input type="radio"/> NPS Trust <input type="radio"/> Provident Fund					
<input type="radio"/> Superannuation/Pension Fund <input type="radio"/> Gratuity Fund <input type="radio"/> Mutual Fund <input type="radio"/> FII / FPI-Category I/II/III <input type="radio"/> Others					
Trust	Are you a Non-Profit Organization constituted and registered as a Trust or Society under <input type="checkbox"/> Yes, our NPO Reg. No is (Mandatory)				
<input type="radio"/> Society	Societies Registration Act, 1860 for religious or charitable purpose as referred to in <input type="checkbox"/> No				
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✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional					
Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others (Please specify)					
3c. Gross Annual Income (Please tick✓) <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore					
Net-worth in (Mandatory for Non-Individuals) ₹ as on / / (Not older than 1 year)					
3d. For Individuals (Please tick✓) <input type="radio"/> Not Applicable <input type="radio"/> I am Politically Exposed Person <input type="radio"/> I am Related to Politically Exposed Person					

4. SECOND APPLICANT'S DETAILS (IF ANY)

<input checked="" type="checkbox"/> Mode of Holding (Please tick✓) <input type="checkbox"/> Joint (Default) <input type="checkbox"/> Anyone or Survivor	Date of Birth (Mandatory)
2nd Applicant Name	
(Name as per PAN card is mandatory) (Refer Instructions)	
PAN	CKYC - KIN
a. Occupation Details (Please tick✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional	
<input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others (Please specify)	
b. Gross Annual Income (Please tick✓) <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore	
c. Others (Please tick✓) <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP)	
Email ID (in capital)	
Mobile +91	Tel (STD Code)
Email ID belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Guardian In case of Minor <input type="checkbox"/> POA	
Mobile No belongs to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Guardian In case of Minor <input type="checkbox"/> 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 500 Index Fund		

5. THIRD APPLICANT’S DETAILS (IF ANY)

3rd Applicant Name

Date of Birth (Mandatory)

(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			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> 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 (₹)	Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer Cheque/DD/RTGS/NEFT Details: Ref. No. _____ Date <div></div> DD charges, if any _____
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 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 NSDL:

I N

Depository Participant (DP) ID (NSDL only)

☐ CDSL:

Beneficiary Account Number (NSDL only)

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

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				<input type="checkbox"/> Same as First Applicant				
2				<input type="checkbox"/> Same as First Applicant				
3				<input type="checkbox"/> 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 from 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 terms and conditions, rules and regulations. I / 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 declare 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 or any other applicable laws enacted by the Government of India or any Statutory Authority).

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	EJIN (Refer note below)	For Office use only
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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.

DSPMUTUAL FUND

OTM Debit Mandate Form NACH/DIRECT DEBIT

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

UMRN

Date

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 to

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

DSPMUTUAL 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

EJIN (Refer note below)

For Office use only

☐ I/We confirm that the EJIN 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.

See / Print/Signatures/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 (1 st * to 31 st)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 100 or in Percentage %) Amount (₹) or Percentage %	Frequency
1.	DSP -		<div></div>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <div></div> For <input type="checkbox"/> 40 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <div></div>	₹ OR % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
2.	DSP -		<div></div>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <div></div> For <input type="checkbox"/> 40 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <div></div>	₹ OR % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
3.	DSP -		<div></div>	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <div></div> For <input type="checkbox"/> 40 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <div></div>	₹ OR % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
(*Default option/Date) (*Default/40 yrs)		Total					

First SIP transactions via single cheque no. favouring 'DSP Mutual Fund' Dated

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	DSP Mutual Fund	ISC Stamp
Investor Name: <div></div>	Folio No./Application No. <div></div>	
<input type="checkbox"/> DEBIT MANADATE FORM <input type="checkbox"/> SIP FORM		

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.

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 DD / MM / YYYY (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)

GIIN

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:

GIIN - Not Available

☐ Applied forIf the entity is a financial institution, ☐ Not required to apply for - please specify 2 digits sub-category☐ 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

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]

A. **Financial Institution (FI)**- The term FI means any financial institution that is a:

- 1 **Depository institution:** Accepts deposits in the ordinary course of banking or similar business.
- 2 **Custodial institution:** An entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's *gross income attributable to holding financial assets and related financial services equals or exceeds* 20 percent of the entity's gross income during the shorter of-
 - (a) The three-year period ending on December 31 of the year preceding the year in which the determination is made;
 - (b) The period during which the entity has been in existence before the determination is made)
- 3 **Investment entity :** Conducts a business or operates for or on behalf of a customer for any of the following activities: (a) Trading in money market instruments, foreign exchange, foreign currency, etc. (b) Individual or collective portfolio management. (c) Investing, administering or managing funds, money or financial asset on behalf of other persons. [OR] The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described herein. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or (ii) The period during which the entity has been in existence.
- 4 **Specified Insurance company:** Entity issuing insurance products i.e. life insurance or cash value products.
- 5 **Holding company or treasury company:** Is an entity that is a holding company or treasury centre that is a part of an expanded affiliate group that includes a depository, custodial institution, specified insurance company or investment entity

B. **Direct Reporting NFE:** means a Non-financial Entity (NFE) that elects to report information about its direct or indirect substantial U.S. owners to the IRS

C. **GIIN not required: Categories with codes**

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors and Investment Managers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FI

D. **Non-Financial Entity (NFE):** Entity that is not a financial institution (including a territory NFE). Types of NFEs excluded from FATCA reporting are as below:

1. **Publicly traded corporation (listed company):** A company is publicly traded if its stock are regularly traded on one or more established securities markets.
2. **Related entity of a listed company:** The NFE is a related entity of an entity of which is regularly traded on an established securities market;
3. **Active NFE:** (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFE's gross income for the preceding financial year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;

07	Any NFE is a 'non for profit' organization which meets all of the following requirements: <ul style="list-style-type: none"> • It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; • It is exempt from income tax in India; • It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
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The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

Code	Sub-Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan
N	Owner Documented FI

E. Other definitions

- 1 **Related entity:** An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the vote or value in an entity.
- 2 **Passive NFE:** The term passive NFE means any NFE that is not (i) an Active NFE (including publicly traded entities or their related entities), or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations. (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)
- 3 **Passive income:** The term passive income means the portion of gross income that consists of: (a) Dividends, including substitute dividend amounts; (b) Interest; (c) Income equivalent to interest, including substitute interest and amounts received from or with respect to a pool of insurance contracts if the amounts received depend in whole or part upon the performance of the pool; (d) Rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFE; (e) Annuities; (f) The excess of gains over losses from the sale or exchange of property that gives rise to passive income described in this section.; (g) The excess of gains over losses from transactions (including futures, forwards, and similar transactions) in any commodities, but not including: (i) Any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation; or (ii) Active business gains or losses from the sale of commodities, but only if substantially all the foreign entity's commodities are property (h) The excess of foreign currency gains over foreign currency losses; (i) Net income from notional principal contracts; (j) Amounts received under cash value insurance contracts; (k) Amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts
- 4 **Controlling persons:** Controlling persons are natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force recommendations.
- 5 **Specified US Persons** – Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker
- 6 **Expanded affiliated group:** Expanded affiliated group is defined to mean one or more chains of members connected through ownership (50% or more, by vote or value, as the case may be) by a common parent entity if the common parent entity directly owns stock or other equity interests meeting the requirements in at least one of the other members.
- 7 **Owner documented FI:** An FI meeting the following requirements: (i) The FI is an FI solely because it is an investment entity; (ii) The FI is not owned by or related to any FI that is a depository institution, custodial institution, or specified insurance company; (iii) The FI does not maintain a financial account for any nonparticipating FI; (iv) The FI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and (v) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 FI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FI that holds its interest through a participating FI, a deemed-compliant FI (other than an owner-documented FI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

I: Investor details:

Investor Name

PAN*

II: Category

☐ Our company is a Listed Company on a recognized stock exchange in India / Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed #. _____ Security ISIN # _____

Name of the Listed Company (applicable if the investor is subsidiary/associate): _____

☐ Unlisted Company ☐ Partnership Firm / LLP ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Private Trust

☐ Religious Trust ☐ Trust created by Will ☐ Others [please specify] _____

mandatory in case of Listed company or subsidiary of the Listed Company

UBO / Controlling Person(s) details.

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit?
☐ Yes ☐ No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below. BEN2 form as downloaded from MCA portal is attached as documentary evidence of the UBO information or any other applicable supporting documents like shareholding pattern of the entity and its associates. Further, we hereby consent to submitting the appropriate documentary evidence substantiating this as and when required at AMC/RTA end.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

All fields are mandatory

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO			
UBO / SMO PAN For Foreign National, TIN to be provided]			
UBO / SMO Country of Tax Residency			
UBO / SMO Taxpayer Identification Number (TIN) / Equivalent ID Number. (In case resident of any country other than India)			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth [dd-mmm-yyyy]			
UBO / SMO PEP	Yes - PEP. <input type="checkbox"/> Yes - Related to PEP. <input type="checkbox"/> N - Not a PEP. <input type="checkbox"/>	Yes - PEP. <input type="checkbox"/> Yes - Related to PEP. <input type="checkbox"/> N - Not a PEP. <input type="checkbox"/>	Yes - PEP. <input type="checkbox"/> Yes - Related to PEP. <input type="checkbox"/> N - Not a PEP. <input type="checkbox"/>
UBO / SMO Address Type	Residence Business Registered Office	Residence Business Registered Office	Residence Business Registered Office
UBO / SMO Occupation	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>	Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>
SMO Designation			
UBO / SMO KYC Complied?	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	Yes / No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.
BEN2 Form or any other relevant supporting documents as applicable**	<input type="checkbox"/> BEN2 Form <input type="checkbox"/> Others	<input type="checkbox"/> BEN2 Form <input type="checkbox"/> Others	<input type="checkbox"/> BEN2 Form <input type="checkbox"/> Others

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

* Participating Mutual Fund(s) / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

** Documentary proof for UBO.

Declaration

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Signature with relevant seal:

<div>Authorized Signatory</div> <div>Name:</div> <div>Designation:</div>	<div>Authorized Signatory</div>	<div>Authorized Signatory</div>
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Place: Date:

Instructions on Controlling Persons / Ultimate Beneficial Owner

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/ UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

A. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
 - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership.
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.
- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

C. Exemption in case of listed companies / foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

D. KYC requirements

Beneficial Owner(s) / Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s) / SMO(s).