

APPLICATION FORM

For Product Labelling & Suitability (Including Risk-o-Meter of Benchmark) and PRC

Matrix For Debt Schemes available on cover pages

Distributor / RIA / PMRN Name and ARN / Code S	ub Broker ARN & Name Sub Br	oker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
I/We confirm that the EUIN box is intentionally l				
Commission shall be paid directly by the investor to the rendered by the distributor.   I am a First Time	e AMFI registered Distributors ba Investor in Mutual Fund Inc	ased on the investors' assess dustry.	ment of various factors including the isting Investor in Mutual Fund I	ndustry.
1. FIRST APPLICANT'S DETAILS				Sole / First Applicant's Signature Mandatory
Name of First Applicant (As per PAN) (Re	fer Instructions)			Date of Birth (1st Appl / Minor) (attach proof)
				D D / M M / Y Y Y
Name of Guardian (if minor)/POA/Con	tact Person (As per PAN)	(Refer Instructions) Gu	ardian is:	Date of Birth (Guardian)
			Father Mother Court Appo	inted   D   D   /   M   M   /   Y   Y   Y   Y
Existing Folio	PAN (1st Appl / Guardi	an)		
CKYC - KIN	PAN of F	POA	KYC attached	
2. CONTACT DETAILS AND CORRESPON	DENCE ADDRESS (As pe	r KYC records) NR	Investors should mention th	neir Overseas address (Refer instructions).
Email ID (in capital)				Address Type (Mandatory)
Mobile +91	Tel	(STD Code)		a. Residential & Business
Contact details belong to family due to	investor being,			☐ b. Residential☐ c. Business
☐ Self ☐ Spouse ☐ Dependent Child ☐	Dependent Parent 🗆 🛭	Dependent Sibling	Guardian In case of Minor	d. Registered Office
Address				
Landmark				
City	Pin Cod (Mandato	e ry)		
3. KYC DETAILS (Mandatory)				
3a. Status of Sole/1st Applicant (Please	tick ✓ ) ○ Indian Resident	Individual O Minor (Resi	dent) O Minor (Repatriable) O	Minor (Non Repatriable)
O FII ○ FPI-Category I/II/III ○ FCRA ○ GDN ○ De  R Are you a Non-Profit Organization [NP  3b. Occupation Details (Please tick ✓ ○ Agriculturist ○ Retired ○ Housewife ○	O] or Company u/s 25 (Co ) O Private Sector Service	mpanies Act 1956) or use O Public Sector Sei	•	O Business O Professional
3c. Gross Annual Income (Please tick	<i>'</i>	-5 Lacs ○5-10 Lacs	○10-25 Lacs ○>25 L	acs-1 crore O>1 crore
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4. JOINT APPLICANTS (IF ANY) DETAILS		otiticatty Exposed Perso	II O I am Related to Political	ty Exposed Person
		☐ Anyone or S	urvivor	Date of Birth
2nd Applicant Name				D D / M M / Y Y Y Y
(As per PAN) (Refer Instructions)	210/2 1/11			
PAN	CKYC - KIN			
a. Occupation Details (Please tick ✓)	O Privato Soctor Sondico	Dublic Sector Service	C Covernment Service C R	usinoss O Professional
<b>b.</b> Gross Annual Income (Please tick				
C. Others (Please tick ✓) ○ Not Applic	able O Politically Expose	ed Person (PEP) O Rela	ted to a Politically Exposed Per	rson (PEP)
3rd Applicant Name			Date of Bi	rth
(As per PAN) (Refer Instructions)	CKAC KINI			
PAN	CKYC - KIN			
3 Occupation Details (Disease tick ()	O Duburta Cantau Cambaa	O Dublic Costs of Costs		orinara O Bustantinus
<ul><li><b>a.</b> Occupation Details (Please tick ✓)</li><li>○ Agriculturist ○ Retired ○ Housewife</li></ul>			Government Service O B	
<b>b.</b> Gross Annual Income (Please tick	✓) ○ Below 1 Lac ○ 1-	5 Lacs O 5-10 Lacs	○ 10-25 Lacs ○ >25 Lacs-1 cr	ore O>1 crore
C. Others (Please tick ✓) ○ Not Applic	able OPolitically Expose	ed Person (PEP) O Rela	ted to a Politically Exposed Per	rson (PEP)
ACKNOWLEDGEMENT SLIP (To be filled i	n by the investor)			DSP MUTUAL FUND
				DSF-MOTOALT OND
Received, subject to realisation and verification an approximation from	oucation for purchase of Units as	mentionedin the application	i torm.	
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DSP	SSque not	Amount	1	

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