

This open ended debt scheme is suitable for investors who are seeking\*

- Income over a medium-term to long term investment horizon
  - Investment in money market and debt securities
- \* Investors should consult their financial advisers if in doubt about whether the Scheme is suitable for them.



### APPLICATION FORM

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

Application No.:

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

ARN - 106754

E - 143402

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

- I am a First Time Investor in Mutual Fund Industry.  I am an Existing Investor in Mutual Fund Industry.

Sole / First Applicant's Signature Mandatory

#### 1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Should match with PAN/Aadhar Card) \_\_\_\_\_ Date of Birth (1st Appl / Minor) (attach proof) \_\_\_\_\_  
 Name of Guardian (if minor)/POA/Contact Person \_\_\_\_\_ PAN (1st Appl / Guardian) \_\_\_\_\_ Date of Birth (Guardian) \_\_\_\_\_  
 AADHAAR No. (1st Appl / Guardian)  Attach copy (mandatory) CKYC - KIN \_\_\_\_\_ Guardian is:  Father  Mother  Court Appointed  
 Existing Folio \_\_\_\_\_ PAN of POA \_\_\_\_\_  KYC \_\_\_\_\_ AADHAAR No. of POA  Attach copy (mandatory) \_\_\_\_\_

#### 2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records)

Email ID (in capital) \_\_\_\_\_ Address Type (Mandatory)  a. Residential & Business  b. Residential  c. Business  d. Registered Office  
 Mobile +91 \_\_\_\_\_ Tel (STD Code) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Landmark \_\_\_\_\_  
 City \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_ State \_\_\_\_\_

#### 3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick  )  Indian Resident Individual  Minor (Resident)  Minor (Repatriable)  Minor (Non Repatriable)  
 NRI (Repatriable)  NRI (Non-Repatriable)  PIO  Sole Proprietorship  HUF - Indian  HUF - NR  Partnership Firm  Limited Partnership (LLP)  Public Ltd. Co.  Private Ltd. Co.  
 Body Corporate  Bank  Fls  Insurance Companies  Government Body  AOP/BOI  Trust  Society  Provident Fund  Superannuation/Pension Fund  Gratuity Fund  Mutual Fund  
 FII  FPI-Category I/II/III  FCRA  GDN  Defence Establishment  NPS Trust  Others \_\_\_\_\_ (Please specify)  
 Are you a Non-Profit Organization [NPO] or Company u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013:  Yes  No  
 3b. Occupation Details (Please tick  )  Private Sector Service  Public Sector Service  Government Service  Business  Professional  
 Agriculturist  Retired  Housewife  Student  Forex Dealer  Others \_\_\_\_\_ (Please specify)  
 3c. Gross Annual Income (Please tick  )  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore  
 Net-worth in (Mandatory for Non-Individuals) \_\_\_\_\_ as on DD / MM / YYYY (Not older than 1 year)  
 3d. For Individuals (Please tick  )  Not Applicable  I am Politically Exposed Person  I am Related to Politically Exposed Person

#### 4. JOINT APPLICANTS (IF ANY) DETAILS

Mode of Holding (Please tick  )  Joint (Default)  Anyone or Survivor \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 2nd Applicant \_\_\_\_\_  
 (Should match with PAN/Aadhar Card)  
 PAN \_\_\_\_\_ AADHAR NO.  Attach copy (mandatory) \_\_\_\_\_ 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)  
 3rd Applicant \_\_\_\_\_  
 (Should match with PAN/Aadhar Card)  
 PAN \_\_\_\_\_ AADHAR NO.  Attach copy (mandatory) \_\_\_\_\_ 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)

#### ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

DSP MUTUAL FUND

Received, subject to realisation and verification an application for purchase of Units as mentioned in the application form.  
 From \_\_\_\_\_

Application No. \_\_\_\_\_

Scheme	Cheque no.	Amount
DSP CORPORATE BOND FUND		

**5. 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	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_____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other_____		

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.  
 \*If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

**6. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)**

Bank Name \_\_\_\_\_

Bank A/C No. \_\_\_\_\_ A/C Type  Savings  Current  NRE  NRO  FCNR  Others

Branch Address \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

IFSC code: (11 digit) \_\_\_\_\_ MICR code (9 digit) \_\_\_\_\_ (This is a 9 digit number next to your cheque number)

**7. 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 CORPORATE BOND FUND "

Scheme/Plan /Option/Sub Option **DSP CORPORATE BOND FUND** PLAN OPTION/SUB OPTION

(Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

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

Payment Mode:  Cheque  DD  RTGS  NEFT  Funds transfer  OTM

Cheque/DD/RTGS/NEFT No. \_\_\_\_\_

Amount (Rs.) (i) \_\_\_\_\_

DD charges, (Rs.) (ii) \_\_\_\_\_

Total Amount (Rs.) (i) + (ii) *In figures* \_\_\_\_\_

*In Words* \_\_\_\_\_

Cheque/RTGS/NEFT/DD Date 

D	D	/	M	M	/	Y	Y	Y	Y
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Payment from Bank A/c No. \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

Account Type  Savings  Current  NRE  NRO  FCNR

Documents Attached to avoid Third Party Payment Rejection, where applicable:  Bank Certificate, for DD  Third Party Declarations

**8. NOMINATION DETAILS**

I/We wish to nominate.  I/We DO NOT wish to nominate and sign here \_\_\_\_\_ 1st Applicant Signature (Mandatory)

	Nominee Name	Relationship with applicant	Guardian Name (In case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					
Address				Total = 100%	

**9. UNIT HOLDING OPTION:**

In Account Statement  In Demat mode: NSDL: I N \_\_\_\_\_ Depository Participant (DP) ID (NSDL only) \_\_\_\_\_

Mode (default): \_\_\_\_\_ Beneficiary Account Number (NSDL only) \_\_\_\_\_

CDSL: \_\_\_\_\_

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

10. I/We wish to receive physical copy of the annual report/abridged summary, if email id is not registered in the folio.

**11. 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 along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form is true, correct, and complete. 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 hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I hereby provide my consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA)/Service Providers for the purpose of updating the same in all my/our folios.

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any
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Email: [service@dspim.com](mailto:service@dspim.com) Website: [www.dspim.com](http://www.dspim.com) Contact Centre: 1800 200 4499

Quick Checklist

<input type="checkbox"/> Name, Address are correctly mentioned	<input type="checkbox"/> Full scheme name, plan, option is mentioned	<input type="checkbox"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
<input type="checkbox"/> Email ID / Mobile number are mentioned	<input type="checkbox"/> Pay-In bank details and supportings are attached	<input type="checkbox"/> Non Individual investors should attach
<input type="checkbox"/> KYC information provided for each applicant	<input type="checkbox"/> Nomination facility opted	<input type="checkbox"/> FATCA Details and Declaration Form
<input type="checkbox"/> FATCA/CRS details provided for each applicant	<input type="checkbox"/> Form is signed by all applicants	<input type="checkbox"/> UBO Declaration Form
<input type="checkbox"/> Aadhaar No. and copy is attached for each applicant		

**Debit Mandate Checklist:**

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Amount in words AND in Figures, as you would in a cheque (your 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 Name and ARN/Code <b>ARN - 106754</b>	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below) <b>E - 143402</b>	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, Call, SMS or Online.

**DSP MUTUAL FUND** **OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT** [Applicable for Lumpsum Additional Purchases as well as SIP Registrations] Date

UMRN

Tick(✓)  
 CREATE  MODIFY  CANCEL  
 Sponsor Bank Code  Utility Code

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:  IFSC  OR MICR

an amount of Rupees  ₹

FREQUENCY  Mthly  Qtrly  H. Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 Folio No:  Mobile

Reference 2 Appln No:  Email id

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.

PERIOD  
 From  to   
 or  Until Cancelled

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

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

**Declaration:** 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/ECS/Direct Debit/Standing Instructions. I/we hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/ECS (Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions 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 executed. **Please attach a cancelled cheque/cheque copy**

**DSP MUTUAL FUND** **SIP Registration/Renewal Form (for OTM registered investors only)**  
**Attention: No need to attach OTM Debit Mandate again, if already registered earlier.**

Please tick  as applicable:  
 OTM Debit Mandate is already registered in the folio. [No need to submit again].  OTM Debit Mandate is attached and to be registered in the folio.  
 The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Distributor/RIA Name and ARN/Code <b>ARN - 106754</b>	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below) <b>E - 143402</b>	For Office use only
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I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. **Sole / FirstApplicant's Signature Mandatory**

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

Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date (✓ one only)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Percentage %)	Amount (₹) or Percentage %	Frequency
1.	DSP -		<input type="checkbox"/> 1st* <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text" value="MMYYYY"/> to <input type="text" value="MMYYYY"/>	₹ OR %	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly	Top-Up CAP*:
2.	DSP -		<input type="checkbox"/> 1st* <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text" value="MMYYYY"/> to <input type="text" value="MMYYYY"/>	₹ OR %	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly	Top-Up CAP*:
3.	DSP -		<input type="checkbox"/> 1st* <input type="checkbox"/> 5th <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text" value="MMYYYY"/> to <input type="text" value="MMYYYY"/>	₹ OR %	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly	Top-Up CAP*:
<b>Total</b>								

(\*Maximum per Installment Amount after Top-Up shall not exceed Rs. Five Lakh) (\*Default option) (\*Default End Month/Year - 12/2099)  
 #SIP is not available in DSPMF Liquidity Fund

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/ECS/Direct Debit/Standing Instructions. 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]  
 First Unit Holder's Signature  
 Second Unit Holder's Signature  
 Third Unit Holder's Signature

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