

Distributor/RIA name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)	For Office use only
ARN-146822			E-254833	

I/We confirm that the EUIIN 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)		
			D D / M M / Y Y Y Y		
Name of Guardian (if minor)/POA/Contact Person		PAN (1st Appl / Guardian)		Date of Birth (Guardian)	
				D D / M M / Y Y Y Y	
AADHAAR No. (1st Appl / Guardian) <input type="checkbox"/> Attach copy (mandatory) CKYC - KIN			Guardian is:		
			<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed		
Existing Folio		PAN of POA <input type="checkbox"/> KYC		AADHAAR No. of POA <input type="checkbox"/> Attach copy (mandatory)	

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

Email ID (in capital)			Address Type (Mandatory)		
Mobile +91			<input type="checkbox"/> a. Residential & Business		
Tel (STD Code)			<input type="checkbox"/> b. Residential		
Address			<input type="checkbox"/> c. Business		
			<input type="checkbox"/> d. Registered Office		
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  FIs  Insurance Companies  Government Body  AOP/BOI  Trust  Society  Provident Fund  Superannuation/Pension Fund  Gratuity Fund  Mutual Fund  
 FI  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 D D / M M / Y Y Y Y (Not older than 1 year)

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

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

Mode of Holding (Please tick )  Joint (Default)  Anyone or Survivor

2nd Applicant			Date of Birth		
(Should match with PAN/Aadhar Card)			D D / M M / Y Y Y Y		
PAN		AADHAR NO. <input type="checkbox"/> Attach copy (mandatory)		CKYC - KIN	
a. Occupation Details (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)					
b. Gross Annual Income (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore					
c. Others (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)					

3rd Applicant			Date of Birth		
(Should match with PAN/Aadhar Card)			D D / M M / Y Y Y Y		
PAN		AADHAR NO. <input type="checkbox"/> Attach copy (mandatory)		CKYC - KIN	
a. Occupation Details (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)					
b. Gross Annual Income (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore					
c. Others (Please tick <input checked="" type="checkbox"/> ) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> 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		
	Scheme	Cheque no.
	Amount	
DSP		

Application No.

