

DSP

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

Application No.:

				Application No
Distributor/RIA name and ARN/Code Sub Broker ARN	& Name Sub Broker/Bi	ranch/RM Internal Code	EUIN (Refer note belov	For Office use only
ARN - 146822		GEEQUI	E356542	
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I am a First Time Investor in Mutual Fund Industr	y.	ting Investor in Mutual	Fund Industry.	Sole / First Applicant's Signature Mandatory
1. FIRST APPLICANT'S DETAILS  Name of First Applicant (Should match with  Name of Guardian (if minor)/POA/Contact Po		PAN (1st Appl /	Guardian)	Date of Birth (1st Appl / Minor) (attach proof)  D D M M M M Y Y Y Y Y  Date of Birth (Guardian)
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2. CONTACT DETAILS AND CORRESPONDENCE	ADDRESS (As per l	KYC records)		
Email ID (in capital)  Mobile +91  Address		O Code)		Address Type (Mandatory)  a. Residential & Business b. Residential c. Business d. Registered Office
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3. KYC DETAILS (Mandatory)	(Mandator	7)		
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C. Others (Please tick ✓) ○ Not Applicable				
ACKNOWLEDGEMENT SLIP (To be filled in by the	ne investor)			DSP MUTUAL FUND
Received, subject to realisation and verification an application From	for purchase of Units as me	entionedin the application f	form.	Application No.
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