

Distributor Name and ARN	Sub Agent's Code	For Office use only
Distributor Contact No:		

**1. FIRST APPLICANT'S DETAILS**

**Name of First Applicant** (First / Middle / Surname) \_\_\_\_\_ Title  Mr.  Ms.  M/s

**Existing Folio No** \_\_\_\_\_ / \_\_\_\_\_ (If you have an existing folio number with PAN validation, please mention the number here and skip to section 5. Mode of holding will be as per existing folio number.)

**Date of Birth** (Mandatory for minor) DD / MM / YYYY Gender  Male  Female

**Email ID** (in capital) \_\_\_\_\_

**PAN** (1st applicant / guardian) \_\_\_\_\_ **Enclosed**  Attested PAN card copy **OR**  Form 49A acknowledgement copy, and  Form 60/61 (if investment is ≥ Rs. 50,000)

**Name of Guardian** if minor **OR** **Contact Person** for non-individuals \_\_\_\_\_ Title  Mr.  Ms.  M/s

**Address for Correspondence** (P.O. Box address is not sufficient)

City \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_ State \_\_\_\_\_

STD Code \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile +91 \_\_\_\_\_

**Overseas Address** (mandatory for NRI / FII applicants in addition to mailing address in India) (P. O. Box address is not sufficient)

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_

Country \_\_\_\_\_

**Status of Sole/1st Applicant** (Please tick   Resident Individual  NRI (Repatriable)  NRI (on Non-Repatriable basis)  
 Minor through guardian  HUF  Proprietary Firm  Partnership Firm  Trust/Society  Company  Body Corporate  PSI  
 Insurance Company  Fund of Fund  Provident Fund / PF  Bank / FI  FII  Pension Fund  Other \_\_\_\_\_ (Please specify)

**Occupation** (Please  )  Service  Professional  Business  Housewife  Retired  Student  Other \_\_\_\_\_

**2. JOINT APPLICANTS' DETAILS**

**Name of Second Applicant** (First / Middle / Surname) \_\_\_\_\_ Title  Mr.  Ms.  M/s

**PAN** (2nd applicant) \_\_\_\_\_ **Enclosed**  Attested PAN card copy **OR**  Form 49A acknowledgement copy, and  Form 60/61 (if investment is ≥ Rs. 50,000)

**Name of Third Applicant** (First / Middle / Surname) \_\_\_\_\_ Title  Mr.  Ms.  M/s

**PAN** (3rd applicant) \_\_\_\_\_ **Enclosed**  Attested PAN card copy **OR**  Form 49A acknowledgement copy, and  Form 60/61 (if investment is ≥ Rs. 50,000)


**Mode of Holding** (Please tick  )  Single  Anyone or survivor  Joint (Default)

**ACKNOWLEDGEMENT SLIP** (To be filled in by the investor) **DSP MERRILL LYNCH MUTUAL FUND**


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

From \_\_\_\_\_

vide cheque number \_\_\_\_\_

- Checklist**  All Investments  Bank Mandate is provided  
 PAN Card / Form 49A acknowledgment copy  
 Form 60/61 with address proof (in the absence of PAN, if investment is ≥ Rs. 50,000)

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



### 3. BANK ACCOUNT DETAILS (Refer Instruction 3) (Mandatory)

Bank Name												
Bank Account No.							Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	
Branch Address												
						City				Pin		
9 Digit MICR code	(This is a 9 digit number next to your cheque number)						IFSC code: (11 digit)					

### 4. OTHER FACILITIES / EMAIL COMMUNICATION (Please ✓)

I wish to receive the following documents via email in lieu of physical document(s)  I would like to receive a PIN (for telephone & internet transactions, as and when started)

Account Statement  Newsletter & Annual Report  Other statutory information

### 5. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 5)

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

Scheme Name			Plan			Option & Sub Option							
Cheque / DD No.			Cheque/DD Date	D	D	/	M	M	/	Y	Y	Y	Y
Amount of Cheque/DD (Rs.) (i)			Drawn on Bank/ Branch Name)										
DD charges, if any, (Rs.) (ii)													
Total Amount	In Words (Rs.)												
(i)+(ii)	In figures (Rs.)		Account Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR					

Scheme Name			Plan			Option & Sub Option							
Cheque / DD No.			Cheque/DD Date	D	D	/	M	M	/	Y	Y	Y	Y
Amount of Cheque/DD (Rs.) (i)			Drawn on Bank/ Branch Name)										
DD charges, if any, (Rs.) (ii)													
Total Amount	In Words (Rs.)												
(i)+(ii)	In figures (Rs.)		Account Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR					

### 6. NOMINATION DETAILS (Refer Instruction 6)

I/We do hereby nominate the person described hereunder and cancel the nomination made earlier by us in respect of Units held by me/us.

Nominee Name												
Guardian Name							Relationship					
Address												
City												
Pin Code							Signature of Nominee / Guardian					
Nominee Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y		

### 7. DECLARATION & SIGNATURES

Having read and understood the contents of the Standard Offer Document, Key Information Memorandum and Instructions. I / We, hereby apply to the Trustee of DSP Merrill Lynch Mutual Fund for Units of the 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 hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of DSP Merrill Lynch Mutual Fund. 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.

#### 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).

If NRI, (✓)  Repatriation basis  Non-Repatriation basis

SIGNATURE (S)

Sole / First Applicant/ Guardian

Second Applicant

Third Applicant

Website: [www.dspmlmutualfund.com](http://www.dspmlmutualfund.com)

Toll Free Number: 1800 345 4499 (MTNL/BSNL Lines)  
Alternative Number: 044 3048 2855

email: [dspmlmf@ml.com](mailto:dspmlmf@ml.com)

Local Service Centre: 1901 425 12 34