

Distributor Name and ARN	Sub Agent's Code	For Office use only
<b>69253</b>		

**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) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender  Male  Female

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

**PAN** (1st applicant / guardian) \_\_\_\_\_ **Enclosed** (Please tick ✓)  PAN card copy  Form 60  Form 61  
(Mandatory if amount invested is Rs. 50,000 or more) OR  NRI (With address proof)

**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 / FI 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  FI  Pension Fund  Other \_\_\_\_\_ (Please specify)

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

**2. JOINT APPLICANTS' DETAILS** (PAN for all holders is mandatory if amount invested is Rs. 50,000 or more)

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

**PAN** (2nd applicant) \_\_\_\_\_ **Enclosed** (Please tick ✓)  PAN card copy  Form 60  Form 61  
(With address proof) OR  NRI

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

**PAN** (3rd applicant) \_\_\_\_\_ **Enclosed** (Please tick ✓)  PAN card copy  Form 60  Form 61  
(With address proof) OR  NRI


**Mode of Holding** (Please tick ✓)  Single  Either or survivor  Joint (Default) OR  NRI

**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

Investment of Rs. 50,000 or more  PAN Card proof is provided

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



### 3. BANK ACCOUNT DETAILS (Refer Instruction 3) (Mandatory for Redemption & Dividend Payouts)

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	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 in case of no information, ambiguity or discrepancy)

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

### 7. DECLARATION & SIGNATURES

Having read and understood the contents of the Standard Offer Documents, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DSP Merrill Lynch Mutual Fund mentioned within, I/We hereby apply to the Trustee of DSP Merrill Lynch Mutual Fund for units of the Scheme(s) and agree to abide by terms and conditions, rules and regulations of the relevant Scheme(s). 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 listed overleaf. Signature of the nominee acknowledging receipts of my / our credit will constitute full discharge of liabilities of the Fund. I/We declare that the amount invested in the scheme is through legitimate sources only and is not designed for the purpose of any contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by 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