DSP MUTUAL FUND

APPLICATION FORM

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

Application No.:

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

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.

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)

Date of Birth (1st Appl / Minor) (attach proof) D D / M M / Y Y Y Y

Name of Guardian (if minor)/POA/Contact Person

Date of Birth (Guardian) D D / M M / Y Y Y Y

Existing Folio

PAN (1st Appl / Guardian)

Guardian is: ☐ Father ☐ Mother ☐ Court Appointed

CKYC - KIN

PAN of POA

☐ KYC attached

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records) NRI Investors should mention their Overseas address (Refer instructions).

Email ID (in capital)

Mobile +91

Tel (STD Code)

Address

Landmark

City

Pin Code (Mandatory)

State

Address Type (Mandatory)
☐ a. Residential & Business
☐ b. Residential
☐ c. Business
☐ d. Registered Office

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 ○ 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 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 (Should match with PAN)

Date of Birth D D / M M / Y Y Y Y

PAN

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)

Date of Birth D D / M M / Y Y Y Y

PAN

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 mentionedin the application form.

From ______________

Scheme	Cheque no.	Amount
DSP		

Application No.

5. FATCA and CRS DETAILS

Sole/First Applicant/Guardian			2nd Applicant			☐ 3rd Applicant ☐ POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality ☐ Indian ☐ U.S. ☐ Other ______			Nationality ☐ Indian ☐ U.S. ☐ Other ______			Nationality ☐ Indian ☐ U.S. ☐ 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

City Pin IFSC code: (11 digit)

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 Mutual Fund" if single cheque with multiple schemes OR "Scheme Name", in case of single scheme / scheme wise cheques.

☐ One time Lumpsum Investment ☐ SIP: Systematic Investment Plan. ☞ Attach OTM form, if not already registered.

Full Scheme/Plan/Option/Sub Option	Amount (₹)
1. DSP - Scheme Plan Option/Sub Option	
2. DSP - Scheme Plan Option/Sub Option	
3. DSP - Scheme Plan Option/Sub Option	
Total Amount in words	Amount in Figures

Mention LUMPSUM and First SIP Cheque Details below

Payment Mode: ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Funds transfer

Cheque/DD/RTGS/NEFT Details:

Ref. No. ______

Date D D / M M / Y Y Y Y

DD charges, if any ______

Payment from Bank A/c No. Pay In A/c No. A/c. Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others ______

Bank Name

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/s & PAN	Relationship with applicant	If Nominee is a Minor*: Guardian Name & PAN	If Nominee is a Minor*: Date of Birth	Allocation (%)	Nominee Signature
1						
2						
3						
Address			*In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother / Father / Legal Guardian & Attach proof like Birth Certificate / School Leaving Certificate / Passport / Others.		Total 100%	

*Please attach proof of date of birth of minor like Birth Certificate, School Leaving Certificate, Passport etc.

9. UNIT HOLDING OPTION:

☐ In **Account Statement Mode** (default):

☐ In **Demat mode:** NSDL: I N **Depository Participant** (DP) ID (NSDL only)

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 form 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.

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any

Email: service@dspim.com Website: www.dspim.com Contact Center: 1800-208-4499 / 1800-200-4499

Quick Checklist ☞
- ☐ Name, Address are correctly mentioned
- ☐ Email ID / Mobile number are mentioned
- ☐ KYC information provided for each applicant
- ☐ FATCA/CRS details provided for each applicant
- ☐ Full scheme name, plan, option is mentioned
- ☐ Pay-In bank details and supportings are attached
- ☐ Nomination facility opted
- ☐ Form is signed by all applicants
- ☐ Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
- ☐ Non Individual investors should attach
  - ☐ FATCA Details and Declaration Form
  - ☐ UBO Declaration Form

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

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/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date D D M M Y Y Y Y

UMRN Office use only

Tick(✓) CREATE / MODIFY / CANCEL

Sponsor Bank Code: Office use only Utility Code: Office use only

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: Bank Name & Branch **IFSC** OR MICR

an amount of Rupees In Words ₹ In Figures

FREQUENCY ☐ ~~Mthly~~ ☐ ~~Qtly~~ ☐ ~~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 D D M M Y Y Y Y

to D D M M Y Y Y Y

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/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/(Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for 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.

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

☐ 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 (1^{st}* to 31^{st})	Frequency	Start Month/Year End Month/Year#	Top-Up (Minimum ₹ 500 or in Percentage %) Amount (₹) or Percentage %)	Top-Up Frequency
1.	DSP -		D D	☐ Monthly* ☐ Quarterly	From M M Y Y Y Y; For ☐ Perpetual ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs; Or till M M Y Y Y Y	₹ OR %; Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
2.	DSP -		D D	☐ Monthly* ☐ Quarterly	From M M Y Y Y Y; For ☐ Perpetual ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs; Or till M M Y Y Y Y	₹ OR %; Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
3.	DSP -		D D	☐ Monthly* ☐ Quarterly	From M M Y Y Y Y; For ☐ Perpetual ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs; Or till M M Y Y Y Y	₹ OR %; Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
(*Default option/Date) (#Default/Perpetual: 12/2099)	**Total**						

First SIP transactions via single cheque no. **favouring 'DSP Mutual Fund'** **Dated** D D M M Y Y Y Y

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/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)

X First Unit Holder's Signature Second Unit Holder's Signature Third Unit Holder's Signature

Acknowledgement

Investor Name:

☐ DEBIT MANADATE FORM ☐ SIP FORM

DSP Mutual Fund

Folio No/Application No.

ISC Stamp

V6 01/OCT/2019

Terms and Conditions and Instructions

For detailed terms and conditions on SIP, including for OTM facility,

please visit our website www.dspim.com and also refer to scheme related documents.

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- With the introduction of One Time mandate (OTM) facility, the mandate registration and SIP registration through OTM facility has been delinked. There are two separate forms, 1) for onetime mandate registration and 2) for SIP Registration.
- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- 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.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- While the Fund and RTA reserve the right to enhance the SIP period to ensure minimum installments as per respective scheme offer documents, even if the investor has submitted the form late or requested for a period less than minimum installments, they may reject the applications for less than minimum installments.
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered. If end date is not specified or is opted as 'Perpetual', SIP will be registered till December 2099 or end date of mandate, whichever is earlier.
- If any time during the SIP period, the onetime mandate is to be modified to reduce the validity period which is more than SIP end period registered through OTM, investor should first cancel the SIP and thereafter modify the OTM end period.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with DSP Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year.
- In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date.
- For SIPs through OTM, the maximum per installment amount after Top-Up shall not exceed Rs. 5 lakhs or the maximum amount mentioned in OTM form, whichever is less.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor needs to cancel the existing SIP and enroll for a fresh SIP with Top-up option.
- DSP Mutual Fund or the AMC, its registrars and other service providers are not responsible if the registration and subsequent transaction are delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through 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.

DSP MUTUAL FUND

Please refer Page 2 for Definitions / Instructions / Guidance

FATCA, CRS AND ADDITIONAL KYC
Details and Declaration form
Mandatory for Non-Individual Investors, including HUF

INVESTOR DETAILS

Entity Name:

PAN | **Application No.**

Folio Nos

Type of Address given at KRA ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office

ADDITIONAL KYC DETAILS (Mandatory)

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 ₹ ____________________ as on D D / M M / Y Y Y Y *(Not older than 1 year)*

INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

City of Incorporation:	Country of Incorporation:	Date of Incorporation:

Is Entity a tax resident of any country other than India? ☐ Yes ☐ No *(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)*

In case TIN or its functional equivalent is not available, please provide Company Identification number of Global Entity Identification Number or GIIN, etc.

	Country of Tax Residency	TIN or equivalent number	Identification Type/Reason*
1.			
2.			
3.			
4.			

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box: ☐ (refer definition D4)

FATCA and CRS DETAILS (Mandatory)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART I (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, *(please tick as appropriate)*

☐ Financial Institution *(Refer definition A)*

or

☐ Direct reporting NFE *(Refer definition B)*

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity:

GIIN - Not Available ☐ **Applied for**

If the entity is a financial institution, ☐ Not required to apply for - please specify 2 digits sub-category ☐☐ (refer definition C)

☐ Not obtained – Non-participating FI

PART II (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

Is the Entity a publicly traded company? *(that is, a company whose shares are regularly traded on an established securities market)* *(Refer definition D1)*	Yes ☐ *(If yes, please specify any one stock exchange on which the stock is regularly traded)* Name of stock exchange ____________________
Is the Entity a related entity of a publicly traded company? *(a company whose shares are regularly traded on an established securities market)* *(Refer definition D2)*	Yes ☐ *(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)* Name of listed company ____________________ Nature of relation: ☐ Subsidiary of the Listed Company OR ☐ Controlled by a Listed Company Name of stock exchange ____________________
Is the Entity an Active NFE? *(Refer definition D3)*	Yes ☐ Also provide UBO Form ☐ Nature of Business ____________________ Please specify the sub-category of Active NFE ☐☐ *(Mention code - refer D3)*
Is the Entity a Passive NFE? *(Refer definition E2)*	Yes ☐ Also provide UBO Form ☐ Nature of Business ____________________

V2 15/NOV/2016

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. 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 confirm that the information provided by me/us on this form are true, correct, and complete.

Place : Date :

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Definitions/ Instructions / Guidance

A. ***Financial Institution (FI)***- The term FI means any financial institution that is a:

1 ***Depository institution:*** Accepts deposits in the ordinary course of banking or similar business.

2 ***Custodial institution:*** An entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's *gross income attributable to holding financial assets and related financial services equals or exceeds* 20 percent of the entity's gross income during the shorter of-

(a) The three-year period ending on December 31 of the year preceding the year in which the determination is made;

(b) The period during which the entity has been in existence before the determination is made)

3 ***Investment entity :*** Conducts a business or operates for or on behalf of a customer for any of the following activities: (a) Trading in money market instruments, foreign exchange, foreign currency,etc. (b) Individual or collective portfolio management. (c) Investing, administering or managing funds, money or financial asset on behalf of other persons. [OR] The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described herein. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or (ii) The period during which the entity has been in existence.

4 ***Specified Insurance company:*** Entity issuing insurance products i.e. life insurance or cash value products.

5 ***Holding company or treasury company:*** Is an entity that is a holding company or treasury centre that is a part of an expanded affiliate group that includes a depository, custodial institution, specified insurance company or investment entity

B. ***Direct Reporting NFE:*** *means a Non-financial Entity (NFE) that elects to report information about its direct or indirect substantial U.S. owners to the IRS*

C. **GIIN not required: Categories with codes**

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors and Investment Managers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	FI with a local client base
10	Non-registering local banks
11	FI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FI

D. ***Non-Financial Entity (NFE):*** Entity that is not a financial institution (including a territory NFE). Types of NFEs excluded from FATCA reporting are as below:

1. ***Publicly traded corporation (listed company):*** A company is publicly traded if its stock are regularly traded on one or more established securities markets.
2. ***Related entity of a listed company:*** The NFE is a related entity of an entity of which is regularly traded on an established securities market;
3. ***Active NFE:*** (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFE's gross income for the preceding financial year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE is a 'non for profit' organization which meets all of the following requirements: • It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; • It is exempt from income tax in India; • It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;

The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

Code	Sub-Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 581
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan
14	Owner Documented FI

E. ***Other definitions***

1 ***Related entity:*** An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the vote or value in an entity.

2 ***Passive NFE:*** The term passive NFE means any NFE that is not (i) an Active NFE (including publicly traded entities or their related entities), or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations.(Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)

3 ***Passive income:*** The term passive income means the portion of gross income that consists of: (a) Dividends, including substitute dividend amounts; (b) Interest; (c) Income equivalent to interest, including substitute interest and amounts received from or with respect to a pool of insurance contracts if the amounts received depend in whole or part upon the performance of the pool; (d) Rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFE; (e) Annuities; (f) The excess of gains over losses from the sale or exchange of property that gives rise to passive income described in this section.; (g) The excess of gains over losses from transactions (including futures, forwards, and similar transactions) in any commodities, but not including: (i) Any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation; or (ii) Active business gains or losses from the sale of commodities, but only if substantially all the foreign entity's commodities are property (h) The excess of foreign currency gains over foreign currency losses; (i) Net income from notional principal contracts; (j) Amounts received under cash value insurance contracts; (k) Amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts

4 ***Controlling persons:*** Controlling persons are natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force recommendations.

5 ***Specified US Persons –*** Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker

6 ***Expanded affiliated group:*** Expanded affiliated group is defined to mean one or more chains of members connected through ownership (50% or more, by vote or value, as the case may be) by a common parent entity if the common parent entity directly owns stock or other equity interests meeting the requirements in at least one of the other members.

7 ***Owner documented FI:*** An FI meeting the following requirements: (i) The FI is an FI solely because it is an investment entity; (ii) The FI is not owned by or related to any FI that is a depository institution, custodial institution, or specified insurance company; (iii) The FI does not maintain a financial account for any nonparticipating FI; (iv) The FI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and (v) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 FI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FI that holds its interest through a participating FI, a deemed-compliant FI (other than an owner-documented FI), an entity that is a U.S. person,an exempt beneficial owner, or an excepted NFE.

DSP MUTUAL FUND

(Mandatory for Non-Individual Applicants/Investors, including HUF)

Ultimate Beneficial Ownership (UBO) Declaration form

This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company

A: APPLICANT/INVESTOR DETAILS:

Name: **Application No.:**

PAN: **Folio Nos.:**

B: CATEGORY [tick applicable category]:

☐ Unlisted Company ☐ Partnership Firm ☐ LLP ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust/ Trust created by a Will ☐ Others ____________________ [please specify]

C: DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)

Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.

S No	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type (Refer Instruction 4)	% of beneficial interest	Controlling person type Code (Refer Instruction 5)	Place & Country of Birth	Date of Birth [dd- mmm- yyyy]	Address & Contact details [include City, Pincode, State, Country	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
	[-------------------------Mandatory-------------------------]							[------------Mandatory, if PAN not provided------------]					
1													☐ Service ☐ Business ☐ Others
2													☐ Service ☐ Business ☐ Others
3													☐ Service ☐ Business ☐ Others
4													☐ Service ☐ Business ☐ Others
5													☐ Service ☐ Business ☐ Others

I /We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.

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 are true, correct, and complete.

Date:

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]