COMMON APPLICATION FORM

Please read Instructions before completing this Form



| 1. DISTRIBUTOR IN | IFORMATION (Not to be filled in by Applicant) | |
|---|---|--|
| Name and AMFI Reg. | No. (ARN) Sub Agent's Name and ARN | FOR OFFICE USE ONLY |
| | | |
| (AMFI Registere | ed Only) | |
| | | |
| 2. APPLICANTS' INF | | |
| Name of Sole / First / | Applicant (First / Middle / Surname) | Title ☐ Mr. ☐ Ms. ☐ M/s ☐ Others |
| | | |
| Date of Birth (First holder / Minor) | | Sex Male Female |
| Existing Folio Number | , if any DD MM YYYY | |
| (Proceed to Section 3) | OR | Create a new Folio (Fill all details below) |
| Name of Guardian (in cas | e of Minor) OR Contact Person (in case of Non-individual Investors) | Title Mr. Ms. Ms. Others |
| Name of Second Appl | icant / Guardian | Title ☐ Mr. ☐ Ms. ☐ M/s ☐ Others |
| Name of Second Appl | icant / Guardian | Title VIII. VIIS. VIVS Others |
| Name of Third Applica | ant / Guardian | Title Mr. Ms. Ms. Others |
| | | |
| Mode of Holding (plea | ase ✓) □ Single □ Joint* □ Anyone or | Survivor (* Default, in case of more than one applicant) |
| Address of Sole / First | t Applicant / Guardian (P.O. Box Address is not sufficier | nt) (Local Address for NRIs / FIIs) |
| | | |
| | Pin Code | |
| City | (Mandatory) | State |
| NRI / FII Overseas Ad | dress (Mandatory) (P.O. Box Address is not sufficient) | |
| | | |
| | | |
| Occupation (please ✓) | | sewife Retired Student Others |
| Status (please ✓) | Resident Individual NRI HUF Company Don behalf of Minor Bank Proprietary Firm | Body Corporate ☐ Flls ☐ Trust ☐ Partnership Society/Club ☐ Others (Please specify) |
| 3. INVESTMENT 8 | · · · | Transfer instruction required for investment in each Scheme |
| | | |
| Scheme Name | | |
| Plan* | Option & Sub Option | |
| Cheque / DD No. | | Cheque / DD Date |
| Amount in figures (Rs.) | Amount in words (Rs.) | |
| Drawn on (Bank / Brand | | |
| Account Type [Please | (✔)] SAVINGS □ CURRENT □ NRE | □ NRO □ FCNR |
| Scheme Name | | |
| | Ontion 9 Sub Ontion | |
| Plan* | Option & Sub Option | |
| Cheque / DD No. | A | Cheque / DD Date |
| Amount in figures (Rs.) | Amount in words (Rs.) | |
| Drawn on (Bank / Brand | ch Name) | |
| Account Type [Please | ✓)] □ SAVINGS □ CURRENT □ NRE | NRO FCNR |
| * Default Option will be app | lied in case of no information, ambiguity or discrepancy. | Cheque / DD to be drawn in favour of "Scheme Name |
| ACKNOWLEDGEM | ENT SLIP (To be filled in by the investor) | DSP MERRILL LYNCH MUTUAL FUND |
| Scheme Name/ | | ISC Stamp & Signature |
| Plan / Option Scheme Name/ | | (L)_ |
| Plan / Option Amount (Rs.) | Bank / Branch Cheque | / DD No. & Date |
| | Cheque | 628 |
| | | |

| 4. CONTA | CT PAN AND | UIN DETAIL | .S | | | | | | | | | | | | |
|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|
| STD Code | | Tel. Off. | | | | | Tel. Resi. | | | | | | | | |
| FOR SMS & E | EMAIL ALERTS | | | | | | | | | | | | | | |
| Mobile | | | | | | | | | | | | | | | |
| E-Mail (In capital) | | | | | | | | | | | | | | | |
| | Sole / First | Applicant / Gu | ıardian | | Second | Applica | nt / Gu | ardian | | Th | nird Ap | plicar | nt / G | uardiar | 1 |
| PAN | , | N CO II | | | | | | | | | 7 - | | 50 1 | | |
| OR (Please Mandatory (| (Refer KIM Inst | m No. 60 attac tructions) | hed | | <u> </u> | rm No. 6 | o0 attac | ched | | L | Form | n No. | 60 at | tached | |
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| Branch Name | | | | | | | | | | | | | | | |
| & Address | | | C:+- | | | | | | | D' | CI. | | | | |
| | | | City | | | | | | | Pin | Code | | | | |
| Nine Digit N | /IICR-No. Helps | in ECS/EFT | | | | | | | | | | | | | |
| 6. NOMIN | ATION DETAI | LS | | | | | | | | | | | | | |
| I/We do hereb | y nominate* the | person more part | ticularly c | described he | reunder/a | cancel* th | ne nomir | nation ma | ade by us | earlier | in resp | ect of | units I | neld by | me/u |
| Nominee | | · ' | | | | | | | | Date | of Birth | | | , | |
| Name Guardian | | | | | | | | | | of No | ominee | | | | |
| Name | | | | | | | | | | | | | | | |
| Address | | | | | | | | | | Pin (| Code | | | | |
| City STD Code | | Tel. Off. | | | | | | | Tel. | Resi. | Couc | | | | |
| PAN | | | | | Sic | nature | of | | | | | | | | |
| (* strike off i | if not applicable | e) | | | | minee / | | dian | | | | | | | |
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