

1. DISTRIBUTOR INFORMATION (Not to be filled in by Applicant)

Name and AMFI Reg. No. (ARN)	Sub Agent's Name and ARN	FOR OFFICE USE ONLY
ARN-3852 <i>(AMFI Registered Only)</i>		

2. APPLICANTS' INFORMATION

Name of Sole / First Applicant (First / Middle / Surname)	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others
Date of Birth (First holder / Minor)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Existing Folio Number, if any (Proceed to Section 3)	OR <input type="checkbox"/> Create a new Folio (Fill all details below)
Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors)	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others
Name of Second Applicant / Guardian	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others
Name of Third Applicant / Guardian	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others
Mode of Holding (please ✓)	<input type="checkbox"/> Single <input type="checkbox"/> Joint* <input type="checkbox"/> Anyone or Survivor (* Default, in case of more than one applicant)
Address of Sole / First Applicant / Guardian (P.O. Box Address is not sufficient) (Local Address for NRIs / FIIs)	
City	Pin Code (Mandatory)
NRI / FI Overseas Address (Mandatory) (P.O. Box Address is not sufficient)	
Occupation (please ✓)	<input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Others
Status (please ✓)	<input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> HUF <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> FIs <input type="checkbox"/> Trust <input type="checkbox"/> Partnership (Please specify) <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Bank <input type="checkbox"/> Proprietary Firm <input type="checkbox"/> Society/Club <input type="checkbox"/> Others

3. INVESTMENT & PAYMENT DETAILS – Separate Cheque / DD / Fund 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 / Branch Name)	
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
Amount in figures (Rs.)	Amount in words (Rs.)
Drawn on (Bank / Branch Name)	
Account Type [Please (✓)] <input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	

* Default Option will be applied in case of no information, ambiguity or discrepancy.

Cheque / DD to be drawn in favour of "Scheme Name"

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

Scheme Name/ Plan / Option		
Scheme Name/ Plan / Option		
Amount (Rs.)	Bank / Branch	Cheque / DD No. & Date

ISC Stamp & Signature



4. CONTACT PAN AND UIN DETAILS

STD Code	Tel. Off.	Tel. Resi.
FOR SMS & EMAIL ALERTS		
Mobile		
E-Mail (In capital)		
Sole / First Applicant / Guardian		
Second Applicant / Guardian		
Third Applicant / Guardian		
PAN		
OR (Please <input checked="" type="checkbox"/> Form No. 60 attached	<input type="checkbox"/> Form No. 60 attached	<input type="checkbox"/> Form No. 60 attached
Mandatory (Refer KIM Instructions)		

5. BANK ACCOUNT DETAILS (Please note that as per SEBI Regulations it is mandatory for investors to declare bank account details)

A/C No.	A/c. Type [Please <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Bank Name	
Branch Name & Address	
City	Pin Code
Nine Digit MICR-No. Helps in ECS/EFT	

6. NOMINATION DETAILS

I/We do hereby nominate* the person more particularly described hereunder/cancel* the nomination made by us earlier in respect of units held by me/us.

Nominee Name	Date of Birth of Nominee
Guardian Name	
Address	
City	Pin Code
STD Code	Tel. Resi.
PAN	Signature of Nominee / Guardian
(* strike off if not applicable)	

7. E-MAIL COMMUNICATION

I/We wish to receive the following via e-mail instead of physical document (please

- Account Statement
- Quarterly Newsletter & Annual Report
- Communication on Change of Address, Bank, etc.

8. OTHER FACILITIES

I/We would like to subscribe to the following Facility/Facilities offered by DSP Merrill Lynch Mutual Fund (Please

- Personal Identification Number (PIN) Facility Issue me/us a PIN for Telephone Transactions & for Internet Transactions as and when started. I/We have read and agree to the terms & conditions of this facility.
- Systematic Investment / Withdrawal / Transfer Facility (Please fill in the enclosed SIP / SWP / STP Form)

9. ALERT REGISTRATION

Alert by E-mail SMS Scheme

- Alert on a particular date (dd/mm/yy)
- Alert on reaching a particular NAV
 - NAV above Rs. _____ ; or
 - NAV below Rs. _____
- Alert after completion of particular investment horizon
 - Purchase transaction date (dd/mm/yy)
 - Alert after _____ days from purchase
- Alert on reaching a particular BSE Sensex target
 - BSE Sensex closed above _____ points; or
 - BSE Sensex closed below _____ points

An alert will be sent on the first occurrence of each of the events as specified above by you. To receive subsequent alerts, please submit another copy of this Alert Slip, which is available at any of our Investor Service Centres.

10. DECLARATION & SIGNATURES

Having read and understood the contents of the Standard Offer Document, 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 receipt 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 / Guardian

Third Applicant / Guardian

Received from

Mr./Ms.

an application for purchase of Units as mentioned overleaf.

Cheques / demand drafts as mentioned overleaf are subject to realisation.

Checklist PAN proof is provided Bank Mandate is provided

Website :
www.dspnimmultualfund.com

email : dspnimmf@ml.com

Toll Free Call Centre : 1800 345 4488

Alternative : 04430482855

Local Service Centre : 1901 44 12 34