

| Name and AMFI Reg. No. (ARN) | Sub Agent's Name and ARN | NFO Bank Branch | NFO Bank Serial No. | Registrar's No. |
|------------------------------|--------------------------|-----------------|---------------------|-----------------|
| ARN-3852 | | | | |

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 - Investment Details. 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 PAN card copy Form 60 Form 61 (With address proof) (Please tick)

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 NRI (Repatriable)* NRI (on Non-Repatriable basis)* Resident Individual
 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)
 * Attach photocopy of payment cheque / FIRC / Debit Certificate

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) _____ NRI Enclosed PAN card copy Form 60 Form 61 (With address proof)

Name of Third Applicant (First / Middle / Surname) _____ Title Mr. Ms. M/s (Please tick)

PAN (3rd applicant) _____ NRI Enclosed PAN card copy Form 60 Form 61 (Please tick) (With address proof)

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


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

Received (subject to realisation) from _____

an application for purchase of Units as mentioned in the form

Checklist PAN card copy is provided Bank Mandate is provided

Application No. _____



3. BANK ACCOUNT DETAILS (mandatory)

| | | | | | | |
|-------------------|--|-----------------------|----------------------------------|----------------------------------|------------------------------|------------------------------|
| A/c. No. | | Account Type | <input type="checkbox"/> Savings | <input type="checkbox"/> Current | <input type="checkbox"/> NRE | <input type="checkbox"/> NRO |
| Bank Name | | | | | | |
| Branch Address | | | | | | |
| | | City | | Pin | | |
| 9 Digit MICR code | | IFSC code: (11 digit) | | | | |

4. OTHER FACILITIES / EMAIL COMMUNICATION (Please ✓)

I wish to receive the following document(s) via email in lieu of physical document(s)
 Account Statement Newsletter & Annual Report Other statutory information

I would like to receive a PIN (for telephone & internet transactions, as and when started)

5. INVESTMENT DETAILS (Please ✓)

DSP MERRILL LYNCH TAX SAVER FUND
(Minimum Rs. 500/-)

Growth (Default) Payout Dividend Reinvest Dividend*

Default option: this will be applied in case of no information, ambiguity or discrepancy.
*Units allotted against dividend will be subject to a Lock-in Period from the date of reinvestment.

6. PAYMENT DETAILS (cheque favouring "DSP Merrill Lynch Tax Saver Fund")

For SIP application, a separate cheque for SIP is not required. Please fill attached SIP form in addition to this form. Mention the same cheque number in both forms.

| | | | |
|--------------------------|--|-------------------|--|
| Cheque / DD No. | | Cheque / DD Date: | |
| Cheque / DD Amount (i) | | Drawn on Bank | |
| DD Charges*, if any (ii) | | Branch Name | |
| Total Amount (i) + (ii) | | Account Type | |
| Amount in Words | | | |

*DD charges will be borne only in case of investors from locations other than collecting locations.

7. NOMINATION DETAILS

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

| | | | |
|-----------------------|--|---------------------------------|--|
| Nominee Name | | | |
| Guardian Name | | Relationship | |
| Address | | | |
| City | | Pin Code | |
| Nominee Date of Birth | | Signature of Nominee / Guardian | |

8. DECLARATION & SIGNATURES

Having read and understood the contents of the Offer Document, Key Information Memorandum, Instructions and Addenda, if any, issued from time to time of the Scheme, 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 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 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 of my/our Non-Resident External / Ordinary Account(s) / FCNR Account(s).

SIGNATURE (S)

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

Website: www.dspmlmutualfund.com

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

email: dspmlmf@ml.com

Local Service Centre: 1901 44 12 34