

Distributor Name and ARN	Sub Agent's Code	For Office use only
ARN 3245 Distributor Contact No:		

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (First / Middle / Surname) _____ Title Mr.

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) DD / MM / YYYY Gender Male Female

Email ID (in capital) _____

PAN (1st applicant / guardian) _____ **Enclosed** Attested PAN card copy **OR** Form 49A acknowledgement copy, and Form 60/61 (if investment is > Rs. 50,000)

Name of Guardian (minor) **OR** **Contact Person** (for non-individuals) _____ Title Mr.

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

Insurance Company Fund of Fund Provident Fund / CF Bank / FI _____ (Please specify)

Occupation (Please tick Service Professional Business Student Homemaker Other Retired

2. JOINT APPLICANTS' DETAILS

Name of Second Applicant (First / Middle / Surname) _____ Title Mr.

PAN (2nd applicant) _____ **Enclosed** Attested PAN card copy **OR** Form 49A acknowledgement copy, and Form 60/61 (if investment is > Rs. 50,000)

Name of Third Applicant (First / Middle / Surname) _____ Title Mr.

PAN (3rd applicant) _____ **Enclosed** Attested PAN card copy **OR** Form 49A acknowledgement copy, and Form 60/61 (if investment is > Rs. 50,000)

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

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

Received, subject to realisation, verification and conditions, application for purchase of Units as mentioned in the application form. Application No. _____


From _____

vide cheque number _____

Checklist All Investments Bank Mandate is provided

PAN Card / Form 49A acknowledgement copy

Form 60/61 with address proof (in the absence of PAN, if investment is > Rs. 50,000)



3. BANK ACCOUNT DETAILS (Refer Instruction 3) (Mandatory)

Bank Name																
Bank Account No.											Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	NRE		
Branch Address																
	City					Pin										
9 Digit MICR code	This is a 9 digit number next to your cheque										IFSC code	(11 digit)				

4. OTHER FACILITIES / EMAIL COMMUNICATION (Optional)

I wish to receive the following documents via email in lieu of physical documents (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 ANDBAYMENT 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	D D / M M / Y Y Y Y
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

Scheme Name	Plan	Option & Sub Option
Cheque /DD No.	Cheque/DD Date	D D / M M / Y Y Y Y
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

6. NOMINATION DETAIL (Refer Instruction 6)

I/We do hereby nominate the person described hereunder and cancel the nomination made respect of units held by me/us.

Nominee Name																
Guardian Name											Relationship					
Address																
City																
Pin Code																
Nominee Date of Birth	D D / M M / Y Y Y Y					Signature of Nominee / Guardian										

7. DECLARATION & SIGNATURES

Having read and understood the contents of the Standard Offer Document, Key Information Memorandum and Instructions. 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, commission, 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 DSP Merrill Lynch Mutual 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 in my / our Non-Resident External / Ordinary Account / FCNR Account(s).

If NRI, Repatriation basis Non-Repatriation basis

SIGNATURES

First Applicant															
Second Applicant															
Third Applicant															

Website: www.dspmlmutualfund.com

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

email: dspmlmf@ml.com

Local Service Centre: 1901 425 12 34