

Distributor Name and ARN	Sub Agent's Code	For Office use only
ARN 2655 Distributor Contact No:		

1. FIRST APPLICANT'S DETAILS

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

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) (Please tick ✓)

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

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 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 / PF Bank / FI (Please specify) _____ (Please specify) _____ Fund

Occupation (Please tick ✓) Service Professional Business Student/Housewife Other Retired

2. JOINT APPLICANTS' DETAILS

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

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

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

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

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

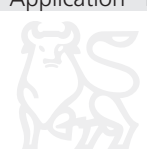
ACKNOWLEDGEMENT SLIP (To be filled in by the investor) **DSP MERRILL LYNCH MUTUAL FUND**

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 acknowledgment 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	<input type="checkbox"/> 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 statements

5. INVESTMENT AND PAYMENT 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.)											Account Type		Please <input checked="" type="checkbox"/>	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE					
	In figures (Rs.)																					

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.)											Account Type		Please <input checked="" type="checkbox"/>	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE					
	In figures (Rs.)																					

6. NOMINATION DETAIL (Refer Instruction 6)

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

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

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 named person 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 (49 BSNL Lines)
Alternative Number: 044 3048 2855

email: dspmlmf@ml.com

Local Service Centre: 1901 425 12 34



First SIP Cheque and Auto Debit Form

DSP Merrill Lynch Fund Managers Limited
Website: dspmlmutualfund.com
E-mail: dspmlmf@ml.com
Toll Free Number: 800-345-4499 (MTNL/BSNL Lines)
Alternative Line: 044 3048 2855

First SIP cheque and subsequent Auto Debit in select cities only.

REGISTRATION CUM MANDATE FORM FOR ECS (Debit Clearing) Debit/Standing Instructions

BROKER ARN: ARN 2655	Sub Agent's Code	For Office use only
Contact No:		

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name _____

Existing Folio No. (If any) _____

Scheme _____

Plan _____ Option/Sub option _____

Email ID: (In capital) _____

Mobile Number: _____ (For SMS Alerts) (For Email Delivery instead of physical account statement.)

Sole / First Applicant / Guardian _____ Second Applicant / Guardian _____ Third Applicant / Guardian _____

PAN (Provide attested PAN card copy) _____

OR Form 49A acknowledgement copy, and Form 49A acknowledgement copy, and Form 49A acknowledgement copy, and Form 60/61 (if investment is > Rs. 50,000) Form 60/61 (if investment is > Rs. 50,000) Form 60/61 (if investment is > Rs. 50,000)

SIP AND BANK DETAILS

Each SIP Amount (Rs.) _____ Frequency Monthly (Default)

(Minimum Rs. 2,000/-)

First SIP Cheque No.: _____ Cheque date _____

(Cheque amount same as Auto Debit Amount) (Note: Cheque should be drawn on bank whose details are provided *Default)

SIP Auto Debit Dates: 1st* 7th 14th 21st All four dates of the month / quarter (minimum six months)

Start From End On

SIP Period

(Note: Please allow minimum one month for auto debit to register and start.)

I/We hereby authorise DSP Merrill Lynch Mutual Fund and their authorised service providers to debit my/our following bank account by ECS (Clearing) / auto debit to account for collection of SIP payments.

PARTICULARS OF BANK ACCOUNT

Account holder Name as in Bank Account _____

Bank Name _____

Branch Name _____

Account Number _____ Account Type Savings Current

9 Digit MICR Code _____ (Please enter the 9 digit number that appears after your cheque number)

Having read and understood the contents of the Standard Offer Documents, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme of DSP Merrill Lynch Mutual Fund mentioned within, I/We declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Auto Debit/Standing Instructions. If the transaction is delayed or not effected at all for reasons incomplete or incorrect information, I would not hold the institution responsible, I will also inform DSP Merrill Lynch Fund, about any changes in my bank account. I have agreed to the terms and conditions mentioned overleaf.

First Accountholder's Signature _____ (As in Bank Records)

Second Accountholder's Signature _____ (As in Bank Records)

Third Accountholder's Signature _____ (As in Bank Records)

For Office Use only (Not to be filled in by Investor)

Recorded on _____	Scheme Code _____
Recorded by _____	Credit Account Number _____
Bank use Mandate Ref. No. _____	Customer Ref. No. _____

Authorisation of the Bank Account holder (to be signed by the Account holder)

This is to inform that I/We have registered for RBI Electronic Clearing Service (Debit Clearing) / Debit/Standing Instructions Facility and that my/our payment towards my/our investment in DSP Merrill Lynch Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise representative carrying this mandate form to get verified & executed.

Bank Account Number _____

First Accountholder's Signature _____ (As in Bank Records)

Second Accountholder's Signature _____ (As in Bank Records)

Third Accountholder's Signature _____ (As in Bank Records)

SIP payment through Electronic Clearing Service (Debit Clearing) of the Reserve Bank of India (RBI)

List of Cities for SIP Auto Debit Facility via ECS (Debit Clearing)

- Agra • Ahmedabad • Allahabad • Amritsar • Aurangabad • Bangalore • Bardwan • Baroda • Bhilwara • Bhopal
- Bhubaneswar • Calicut • Chandigarh • Chennai • Cochin • Coimbatore • Dehradun • Delhi • Durgapur • Erode
- Gorakhpur • Guwahati • Gwalior • Hubli • Hyderabad • Indore • Jabalpur • Jaipur • Jalandhar • Jammu • Jammu
- Jodhpur • Kanpur • Kolhapur • Kolkata • Lucknow • Ludhiana • Madurai • Mangalore • Mumbai • Mysore • Mysore
- Nasik • Nellore • Panjim • Patna • Pondicherry • Pune • Raipur • Rajkot • Ranchi • Salem • Shimla • Sholapur
- Surat • Thirupur • Tirupati • Trichur • Trichy • Trivandrum • Udaipur • Varanasi • Vijaywada • Vizag

In other cities, the facility is available only for account holders of ICICI Bank, IDBI Bank and HDFC Bank.

1. This facility is offered to investors having bank accounts in select cities and banks as mentioned above. is caused, in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, unavailability of bank's computer system, force majeure events, or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
2. Complete application form and SIP Auto debit form along with the first cheque should be submitted to the Fund or the Registrar.
3. Investors should mandatorily give a cheque for the first transaction, drawn on the same bank account as for auto debit / standing instruction.
4. Auto debit / standing instruction will take a minimum of one month for registration with the bank and hence the first auto debit will be carried out only after one month, on the SIP date mentioned on the form. The Fund and the Registrar reserve the right to modify the SIP period depending on the one month period and various clearing cycles of ECS.
5. The SIP period should cover minimum 6 transactions, whether monthly or quarterly. 15. DSP Merrill Lynch Fund Managers Ltd., its Registrar, banks and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
6. For each SIP, it is mandatory to provide PAN of all the applicants, irrespective of mode of holding. A copy of the PAN card should be enclosed. Investors who do not have a PAN shall provide an acknowledgement photocopy of Form 49A, and without assigning any reason thereof. 16. DSP Merrill Lynch Fund Managers Ltd. reserves the right to reject any application for SIPs available in DSP Merrill Lynch Liquidity Fund, DSP Merrill Lynch Short Term 60/61 along with address proof. If PAN details are not provided or Form 49A, DSP Merrill Lynch Floating Rate Fund, DSP Merrill Lynch Liquid Plus Fund - Institutional Plan, DSP Merrill Lynch Small and Mid Cap Fund - Institutional Plan, DSP Merrill Lynch Equity Fund - Institutional Plan, DSP Merrill Lynch Top 100 Equity Institutional Plan, DSP Merrill Lynch Opportunities Fund - Institutional Plan and DSP Merrill Lynch India T.I.G.E.R. Fund - Institutional Plan.
7. The cities in the list may be modified/updated/changed/removed at any time in the future at the discretion of the AMC without assigning any reasons or prior notice. If any city is removed, SIP instructions for investors in such cities via ECS (Debit) will be discontinued without prior notice.
8. The bank account provided for ECS (Debit) should participate in load shedding. 18. The minimum investment amount for each SIP is Rs. 2000/- in all schemes. 19. Please refer the Key Information Memorandum and Standard Offer Documents for Applicable NAV, Risk Factors, load and other information on the respective Scheme Plan before investing.
9. SIP auto debit facility is available only on specific dates of the month, viz. 14th / 21st.
10. In case "all four dates" is selected, SIP will be registered for a minimum of six months for each of the four days. The auto debit will start after one month along with the mandatory first SIP Cheque.
11. The cheque should be drawn on the same bank account which is to be used for ECS (Debit). 21. If no end date is specified or in the absence of SIP end date, SIP will be registered for a period of 10 years.
12. The investor agrees to abide by the terms and conditions of ECS facility returned to the investor within 20 days via normal post. 22. Incorrect, incomplete or ambiguous forms will not be accepted and will be rejected.
13. The investor undertakes to keep sufficient funds in the funding account till the date of execution of standing instruction. The investor hereby declares that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor would not hold the Fund or the Bank responsible. If the date of debit to the investor's account happens to be a non Business Day as per the Fund, execution of the standing instructions (SI) will happen on the day of holiday and allotment of Units will happen as per the terms and conditions listed in the Offer Document of the scheme concerned. The Fund, its Registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or

