

COMMON APPLICATION FORM

Please read Instructions before completing this Form

Existing Folio No Date of Birth Mode of holding will be as per existing folio number with PAN validation, please mention and skip to section 5. Mode of holding will be as per existing folio number with PAN validation, please mention and skip to section 5. Mode of holding will be as per existing folio number with PAN validation, please mention and skip to section 5. Mode of holding will be as per existing folio number with PAN validation, please mention and skip to section 5. Mode of holding will be as per existing folio number with PAN validation, please mention and skip to section 5. Mode of holding will be as per existing folio number with PAN validation, please mention and skip to section 5. Mode of holding will be as per existing folio number with PAN validation, please mention and skip to section 5. Mode of holding will be as per existing folio number with PAN validation, please mention and skip to section 5. Mode of holding will be as per existing folio number with PAN validation, please mention and skip to section 5. Mode of holding will be as per existing folio number with PAN validation, please mention and skip to section 5. Mode of holding will be as per existing folio number with PAN validation, please female as per existing folio number with PAN validation, please female and skip to section 5. Mode of holding will be as per existing folio number with PAN validation and skip to section 5. Mode of holding will be as per existing folio number with PAN validation of holding will be as per existing folio number with PAN validation of holding will be as per existing folio number with PAN validation of holding will be as per existing folio number with PAN validation of holding will be as per existing folio number with PAN validation of holding will be as per existing folion umber with PAN validation of holding will be as per existing folion will be as per existing folion umber with PAN validation of holding will be as per existing folion umber with PAN validation of holding will be as per existing folion	Sub Agent's Code For Office use only
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Name of First Applicants / Middle / Surname) Title	DETAILS
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From ————————————————————————————————————	
vide cheque number Checklist 🖾 All Investments Bank Mandate is provided	

3. BANK ACCOUNT DETA(Refer Instruction 3) and ato	ory)
Bank Name	
Bank Account No.	Account Typ€ Savings □ Cl□ent □ N
Branch Address	
City	Pin
9 Digit MICR code is is a 9 digit number next to your theque IFSC code(11 d	ligit)
4. OTHER FACILITIES / EMAIL COMMUNICATION ✓	
I wish to receive the following documents via email in lieu of physi Account Statemen Newsletter & Anr al Report	ical doc <mark>ument(ல</mark> ould like to receive a PIN (for telephone & interr Other statu tran ysa irtfonn gat as n and when started)
5. INVESTMENT ANDAYMENT DETAILS (Refer Instru	uction 5)
(Default plan/option/sub option will be applied incase of no informat	
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6. NOMINATION DETAIL(Refer Instruction 6) We do hereby nominate the person described hereunder and can Nominee Name Guardian Name Address City	ncel the nomination maide respieent loof lubrits held by me/us. Relationship
Pin Code	Signature of Nominee / Guardian
Nominee Date of B D D / M M / Y Y Y Y	Norminee / 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 Cyn Fund for Units of the Scheme and agree to abide by the terms and conditions, regulations of the Scheme. I / We have neither received nor been induced by any rebedirectly or indirectly in making this investment. I / We hereby nominate the above not receive all the amounts to my/our credits in the event of my/our death and have instructions for nomination. Signature of the nominee acknowledging receipts of my/our will constitute full discharge of liabilities of DSP Merrill Lynch Mutual Fund. I / We already amount invested in the Scheme is through legitimate sources only and is not designe purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions 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, (V) Repatriation basis Non-Repatriation basis	nch Mutual First วัญธ์ ลูกตัวเรร วัญธ์ ลูกตัวเรา เอลิเผอะนีเลา e read the credit
Website: www.dspmlmutualfund.com	Toll Free Number: 1800 345 (444999BSNL Lines) Alternative Number: 044 3048 2855
email: dspmlmf@ml.com	Local Service Centre: 1901 425 12 34

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