

APPLICATION FORM

For Product Labelling & Suitability (Including Risk-o-Meter of Benchmark) and PRC

Matrix For Debt Schemes available on cover pages

Distributor / RIA / PMRN Name and ARN / Code S	ub Broker ARN & Name Sub Br	oker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
I/We confirm that the EUIN box is intentionally l				
Commission shall be paid directly by the investor to the rendered by the distributor. I am a First Time	e AMFI registered Distributors ba Investor in Mutual Fund Inc	ased on the investors' assess dustry.	ment of various factors including the isting Investor in Mutual Fund I	ndustry.
1. FIRST APPLICANT'S DETAILS				Sole / First Applicant's Signature Mandatory
Name of First Applicant (As per PAN) (Re	fer Instructions)			Date of Birth (1st Appl / Minor) (attach proof)
				D D / M M / Y Y Y
Name of Guardian (if minor)/POA/Con	tact Person (As per PAN)	(Refer Instructions) Gu	ardian is:	Date of Birth (Guardian)
			Father Mother Court Appo	inted D D / M M / Y Y Y Y
Existing Folio	PAN (1st Appl / Guardi	an)		
CKYC - KIN	PAN of F	POA	KYC attached	
2. CONTACT DETAILS AND CORRESPON	DENCE ADDRESS (As pe	r KYC records) NR	Investors should mention th	neir Overseas address (Refer instructions).
Email ID (in capital)				Address Type (Mandatory)
Mobile +91	Tel	(STD Code)		a. Residential & Business
Contact details belong to family due to	investor being,			☐ b. Residential☐ c. Business
☐ Self ☐ Spouse ☐ Dependent Child ☐	Dependent Parent 🗆 🛭	Dependent Sibling	Guardian In case of Minor	d. Registered Office
Address				
Landmark				
City	Pin Cod (Mandato	e ry)		
3. KYC DETAILS (Mandatory)				
3a. Status of Sole/1st Applicant (Please	tick ✓) ○ Indian Resident	Individual O Minor (Resi	dent) O Minor (Repatriable) O	Minor (Non Repatriable)
O FII ○ FPI-Category I/II/III ○ FCRA ○ GDN ○ De R Are you a Non-Profit Organization [NP 3b. Occupation Details (Please tick ✓ ○ Agriculturist ○ Retired ○ Housewife ○	O] or Company u/s 25 (Co) O Private Sector Service	mpanies Act 1956) or use O Public Sector Sei	•	O Business O Professional
3c. Gross Annual Income (Please tick	<i>'</i>	-5 Lacs ○5-10 Lacs	○10-25 Lacs ○>25 L	acs-1 crore O>1 crore
Net-worth in (Mandatory for Non-In 3d. For Individuals (Please tick ✓) ○	· · · · · · · · · · · · · · · · · · ·			, , , , , , , , , , , , , , , , , , , ,
4. JOINT APPLICANTS (IF ANY) DETAILS		otiticatty Exposed Perso	II O I am Related to Political	ty Exposed Person
		☐ Anyone or S	urvivor	Date of Birth
2nd Applicant Name				D D / M M / Y Y Y Y
(As per PAN) (Refer Instructions)	210/2 1/11			
PAN	CKYC - KIN			
a. Occupation Details (Please tick ✓)	O Privato Soctor Sondico	Dublic Sector Service	C Covernment Service C R	usinoss O Professional
b. Gross Annual Income (Please tick				
C. Others (Please tick ✓) ○ Not Applic	able O Politically Expose	ed Person (PEP) O Rela	ted to a Politically Exposed Per	rson (PEP)
3rd Applicant Name			Date of Bi	rth
(As per PAN) (Refer Instructions)	CKAC KINI			
PAN	CKYC - KIN			
3 Occupation Details (Disease tick ()	O Duburta Cantau Cambaa	O Dublic Costs of Costs		orinara O Bustantinus
a. Occupation Details (Please tick ✓)○ Agriculturist ○ Retired ○ Housewife			Government Service O B	
b. Gross Annual Income (Please tick	✓) ○ Below 1 Lac ○ 1-	5 Lacs O 5-10 Lacs	○ 10-25 Lacs ○ >25 Lacs-1 cr	ore O>1 crore
C. Others (Please tick ✓) ○ Not Applic	able OPolitically Expose	ed Person (PEP) O Rela	ted to a Politically Exposed Per	rson (PEP)
ACKNOWLEDGEMENT SLIP (To be filled i	n by the investor)			DSP MUTUAL FUND
				DSF-MOTOALT OND
Received, subject to realisation and verification an approximation from	oucation for purchase of Units as	mentionedin the application	i torm.	
Scheme	Cheque no.	Amount	7	
DSP	SSque not	Amount	1	

	Sole/F	irst Appli	cant/Gua	ardian							2nc	App	licant							□ 3rc	l Applic	ant	Г] POA		
Place & (PLAC		COUNT	RY	Pla	ace &	Coun	try			PLA		СС	DUNTF	RY	Place	e & Co		of Birt		LACE	_	COUNT	RY
Nationali	ity 🗌 Indi	 an □U.S.	☐ Other	r			Na	ationa	lity [] Ind	ian 🗆	U.S.	□ Oth	er				Nati	onality	/ □ Inc	dian 🗆	 U.S. □0	ther			
		ountries, ot or mentione																						rities o	f the cou	otr./
		d above do						Couri	y does	TIOLI	ssue i	1145 10	1115 1651	uenis,	D & III	ention	willy y	ou are	unable	; to obta	ııı a rııv	, C ii tile i	autric	illies o	i tile coul	iti y
Countr	-y #	Tax Identi Num			tificati /Reaso		(Count	ry #			lentii Numb	ficatio er		dentif Type/f			Co	ountry	#		entificat Iumber	tion		itificati e/Reasc	
							1											1								
							2										:	2								
							3											3								
BANK A	ACCOUN	T DETAI	LS (Ava	il Mult	iple B	ank F	Regis	strati	on Fa	cili	ty)															
nk Nan	ne																									
ınk A/C	No.						T		T							A/C	Туре	☐ Sa	avings	☐ Cur	rent 🗌	NRE 🗌	NRO	☐ FC	NR 🗆 O	the
ty				İ		Pin	1							IFSC	code	e: (11	digit	t)								
	TMENT	AND PAY	MENT	DETAI	IS (D	əfaul	t nl	an/o	ntion	/cu	h ont	ion v	will b			`		<u> </u>	form	ation	ambio	uity or	disc	renar	ocv)	
		e in favou																								
One tin	ne Lump	um Inves	tment [SIP:	Systen	natic	Inve	estme	ent Pl	an.	® A	ttach	n OTM	form	, if n	ot alr	ready	regi	stere						: SIP	
		Full So	cheme/	Plan/C	Option	/Sub	о Ор	tion							A	mour	nt (₹)				•	etails be				
DSP -		Schen			Plan				n/Sub													Mode:		_ `	. –	DD
DSP -		Schen			Plan				n/Sub													NE 🔲				INST
													-							_	eque/D f. No	D/RTGS/	INEF	Deta	115.	
DSP -		Schen	ne		Plan		0	ptior	n/Sub	Op	otion										te D		M M	1/1	/ Y	γĺ
al			Amoun	t in w	ords									1	Amou	nt in	r Fig	ures		DL) chard	es, if an		1,		
	D.	nk A/c N				Pay Ir	n A / .	c No						c Tu	, no [Condi	ngs [ارس	ront [J	☐FCNR)thore		
	`	PREFERA All details				`		BLE)	Nomi	inee	Detai	ls or	Opt-O	ut Dec	clarati	on (b	y way	of ti	ck) is	manda	tory to	process	the a	applica	ation.	
mination	o OPT-IN (All details	in below			atory)) atior	nship		inee	Detai	ls or	•		clarati nee is			of ti				process ocation			e/Guard	lian
mination	o OPT-IN (in below			atory) Rela)	nship :h		inee	Detai		•	lomin	ee is	a Mir		of ti	Da	manda te of sirth				omine		lian
mination	o OPT-IN (All details	in below			atory) Rela	atior	nship :h		inee	Detai		lf N	lomin	ee is	a Mir		of ti	Da	te of		ocation		omine	e/Guard	lian
mination	o OPT-IN (All details	in below			atory) Rela	atior	nship :h		inee	Detai		lf N	lomin	ee is	a Mir		of ti	Da	te of		ocation		omine	e/Guard	lian
1 2	n OPT-IN (All details	in below			atory) Rela	atior wit pplic	nship h cant				Gua	If N	lomin Nam	e & P	a Mir	nor*		Da B	te of irth	All	ocation	ı N	omine	e/Guard	lian
1 2 3	n OPT-IN (All details	in below			atory) Rela	ation wit pplic	nship h cant	f each	Mino	r as No	Gua	If Nordian	Name	nee is	a Mir	nor*	ionship	Da B	te of irth	All	ocation (%)	N N	omine Sig	e/Guard	lian
1 2 3 Addro	ess Geclarate of the control of the	All details	in below & PAN hereby coment of n	table is	that I /	Relatory) Relatory	*In as A	case o	f each /Fathe to appre thai	Minor r/Les oint t in c	r as No gal Gua any no case o	Gua minee rdian omine f deat	If Nordian	Name menti h proo	e & P. ion Gua if like B nutual accoun	a Min	nor* s relativertification	ionship ite/Scl held ii	Da B D with M hool Lea	te of Firth	All To	tal 100%	/Othe	omine Sig	e/Guard nature	ssue
1 2 3 Addre	ess Geclarate lived in numents is:	All details Name/s ion: I / We	thereby coment of nurt or oth	table is	that I /	Relatory) Relatory	*In as A	nship th cant case o Mother wish	f each /Fathe to appre that	Minor r/Les oint t in c	r as No gal Gua any no case o	Gua minee rdian omine f deat	If Nordian	Name menti h proo	e & P. ion Gua if like B nutual accoun	a Min	nor* s relativertification	ionship ite/Scl held ii	Da B D with M hool Lea	te of Firth	All To	tal 100%	/Othe	omine Sig	e/Guard nature	ssue
1 2 3 Addro	ess Geclarate blved in numents iss IOLDING	All details Name/s Name/s Name/s Name/s Name/s Name/s Name/s Name/s OPTION Demat	thereby coment of nurt or oth	confirm tominee(er such	that I /	Relatory) Relatory	*In as A	nship th cant case o Mother wish	f each /Fathe to appre that ased o	Minor r/Leg oint t in c	r as No gal Gua any no case o e valu	Gua minee rdian pminee f deat	If Nordian	Name mention h proo	nee is e & P. ion Gua f like B nutual accoun the m	a Min	nor* s relativertification	ionship ite/Scl held ii	Da B D with M hool Lea	te of Firth	To ertificate utual furrs would	tal 100%	//Other	omine Sig ers. ndersta nit all	e/Guard nature	ssue
1 2 3 Addre	ess Geclarate lived in nouments issisted to LDING the cent	All details Name/s	thereby coment of nurt or oth	confirm tomineed ser such	that I / (s) and compe	Relatory) Relatory	*In as A	case o o Mother wish e awai	f each /Fathe to app e that assed o	Minor r/Leg oint t in c n the	r as No gal Gua any no case o e Valu	Gua minee rdian ominee f deat e of a	If N rdian	Name Prementi	e & P. ion Gua ion Gua if like B mutual account the m	a Min	nor* s relativertification	ionship ite/Scl held ii	Da B D with M hool Lea	te of Firth	To ertificate utual furrs would	tal 100% //Passport. and folio and need to	//Other	omine Sig ers. ndersta nit all	e/Guard nature	ssue
1 2 3 Addre	ess Geclaration of the company of t	ion: I / We ion appoint ued by Co OPTION Demat Mode inclose for o	thereby comment of nurt or oth	confirm to commence (see such	that I / / ((s) and	Rela ap	*In as A	case o Mother wish e awarity, b	f each /Fathe to apppe e that ased o	Minor r/Leg oint t in con the sitory	r as No gal Gua any n case o e valu v Partie	Gua	If N rdian , please & Attac ee(s) for sseets h (DP) IC	Name menti h proo r my n t the a eld in	e & P. ion Gua ion Gua if like B mutual account the m	a Min	s relatertifica	ionship ite/Scl held ii	Da B D with M hool Lea	te of Firth	To ertificate utual furrs would	tal 100% //Passport. and folio and need to	//Other	omine Sig ers. ndersta nit all	e/Guard nature	ssue
1 2 3 Addra OPT-OUT invo doct UNIT H Accoun Statem Mode (Default	ess r declarate lolved in nouments is: iOLDING tent t) Eint wish to receive the received to receive the received to receive the received to receive the received the receive	All details Name/s N	thereby coment of nurt or oth	confirm toominee(er such	that I / / ((s) and	Rela ap	*In as A	case o Mother wish e awarity, b	f each /Fathe to apppe e that ased o	Minor r/Leg oint t in con the sitory	r as No gal Gua any n case o e valu v Partie	Gua	If N rdian , please & Attac ee(s) for sseets h (DP) IC	Name menti h proo r my n t the a eld in	e & P. ion Gua ion Gua if like B mutual account the m	a Min	s relatertifica	ionship ite/Scl held ii	Da B D with M hool Lea	te of Firth	To ertificate utual furrs would	tal 100% //Passport. and folio and need to	//Other	omine Sig ers. ndersta nit all	e/Guard nature	ssue
1 2 3 Addre	ess Geclaration Honorope All details Name/s N	thereby comment of nurt or oth	confirm to commence (see such	tthat I / / ((s) and compel	Relatory) Relatory) We do furtherent a	*In as A o noter are	case o o wother wish e awarity, b	f each /Fathe to app ree that assed o	Minor r/Leg ooint t in c n the sitory	r as No gal Gua any nn case o e valu v Partic	Gua minee rdian pminee f deat e of a	If N rdian , please & Attac ee(s) for formal sessets h (DP) IE	Name menti h proo r my n l the a eld in ONSDL	nee is P	a Min	nor* s relativertification units I der(s), fund f	ionship ite/Scl held in my / oolio.	Da B	tte of firth	All To- retificate utual fur rs would	tal 100% //Passport. and folio and need to	/Other	lomine Sig	e/Guard nature and the i the requ	ssue uisit	
1 2 3 Addro	ess Geclaration Honorope All details Name/s N	thereby comment of nurt or oth	confirm to commence (see such	tthat I / / ((s) and compel	Relatory) Relatory) We do furtherent a	*In as A o noter are	case o o wother wish e awarity, b	f each /Fathe to app ree that assed o	Minor r/Leg ooint t in c n the sitory	r as No gal Gua any nn case o e valu v Partic	Gua minee rdian pminee f deat e of a	If N rdian	Name menti h proo r my n l the a eld in ONSDL	nee is P	a Min	nor* s relativertification units I der(s), fund f	ionship ite/Scl held in my / oolio.	Da B	tte of firth	All To- retificate utual fur rs would	tal 100% //Passport. and folio and need to	/Other	lomine Sig	e/Guard nature and the i the requ	ssue uisit	
1 2 3 Addre	ess Geclaration Honorope All details Name/s N	thereby comment of nurt or oth	confirm to commence (see such	tthat I / / ((s) and compel	Relatory) Relatory) We do furtherent a	*In as A o noter are	case o o wother wish e awarity, b	f each /Fathe to app ree that assed o	Minor r/Leg ooint t in c n the sitory	r as No gal Gua any nn case o e valu v Partic	Gua minee rdian pminee f deat e of a	If N rdian	Name menti h proo r my n l the a eld in ONSDL	nee is P	a Min	nor* s relativertification units I der(s), fund f	ionship ite/Scl held in my / oolio.	Da B	tte of firth	All To- retificate utual fur rs would	tal 100% //Passport. and folio and need to	/Other	lomine Sig	e/Guard nature and the i the requ	ssue uisit	
1 2 3 Addro	ess Geclaration Honorope All details Name/s N	thereby comment of nurt or oth	confirm to commence (see such	tthat I / / ((s) and compel	Relatory) Relatory) We do furtherent a	*In as A o noter are	case o o wother wish e awarity, b	f each /Fathe to app ree that assed o	Minor r/Leg ooint t in c n the sitory	r as No gal Gua any nn case o e valu v Partic	Gua minee rdian pminee f deat e of a	If N rdian	Name menti h proo r my n l the a eld in ONSDL	nee is P	a Min	nor* s relativertification units I der(s), fund f	ionship ite/Scl held in my / oolio.	Da B	tte of firth	All To- retificate utual fur rs would	tal 100% //Passport. and folio and need to	/Other	lomine Sig	e/Guard nature and the i the requ	ssue uisit	
Addre DPT-OUT invo doct UNIT H Accoun Stateme Mode (Default) I/We v DECL ing read a e to time, ormation r ther confir	ess I declarate bleed in no uments iss IOLDING at tent E wish to recurrent that the forcet requirement must be forcet.	All details Name/s N	thereby comment of nurt or oth limits. It call copy of the the Truste plication of any	confirm to commence (see such	tthat I / / ((s) and compel	We do do further and master and m	*In as A o not er are uthor ond Crue true, other	case o Mother wish e awarrity, b	f each /Fathe to app ree that assed o	Minor r/Leg oint t in the itory ion/F	r as No gal Gua any nn case o e valu v Partic	Gua minee rdian pminee f deat e of a	If N rdian	Name menti h proo r my n l the a eld in ONSDL	nee is e & P. ion Guarin Guar	a Min ardian's irth Ce fund o thold cornat bide by the hold trine d by th	nor* s relativertification units I der(s), fund f	moran moran moran moran moran moran moran moran moran moran	Da B	tte of firth	All To- retificate utual fur rs would	tal 100% //Passport. and folio and need to	/Other nd ur o subnition s	lomine Sig	e/Guard nature and the i the required ber (NSD) utual Fur understo to the sai	ssue uisit
Addres DPT-OUT invo doct UNIT H Accoun Stateme Mode (Default) I/We v DECL ing read a e to time, rmation r her confir	ess I declarate bleed in no uments iss IOLDING at tent E wish to recurrent that the forcet requirement must be forcet.	ion: I / We on appoint ued by Co OPTION Demat Mode Ceive physi N & SIG ood the coneby apply to spring apply to spring apply to the coneby apply to	thereby comment of nurt or oth limits. It call copy of the the Truste plication of any	confirm to commence (see such	tthat I / / ((s) and compel	We do do further and master and m	*In as A o not er are uthor ond Crue true, other	case o Mother wish e awarrity, b	f each /Fathe to app re that assed o Depos ansact umma d State relewerence, and Direct	Minor r/Leg oint t in the itory ion/F	r as No gal Gua any nn case o e valu v Partic	Gua minee rdian pminee f deat e of a	If N rdian	Name menti h proo r my n l the a eld in ONSDL	nee is e & P. ion Guarin Guar	a Min ardian's irth Ce fund o thold cornat bide by the hold trine d by th	nor* s relative trification in the strength of the strength o	moran moran moran moran moran moran moran moran moran moran	Da B	tte of firth	All To- retificate utual fur rs would	tal 100% //Passport. and folio and need to deficiary Addenda issregulation multiple and to the control of the c	/Other nd ur o subnition s	lomine Sig	e/Guard nature and the i the required ber (NSD) utual Fur understo to the sai	ssue uisit
OPT-OUT invo docu UNIT H Accoun Stateme Mode (Default) I/We v DECL Ving read a le to time, ormation r ther confir purpose of	ess r declarate blved in no uments iss rouments iss rou	ion: I / We on appoint ued by Co OPTION Demat Mode Ceive physi N & SIG ood the coneby apply to spring apply to spring apply to the coneby apply to	thereby comment of nurt or oth limits of the thereby cal copy of the thereby cal copy of the thereby can be the the thereby can be the thereby can	confirm to commence (see such	tthat I / / ((s) and compel	We do do further than 1 Master	*In as h o not care are uthor	case o Mother wish e awarity, b	f each /Fathe to app re that assed o Depos ansact umma d State relewerence, and Direct	Minory oint t in c n the iitory iion/F ry, if	r as No any no case o e valu r Partic Holding f emai	Gua minee rdian ominee f deat e of a state lidis litionar Plan/nd Plan/nd cher a	If N rdian	Name menti h proo r my n l the a eld in ONSDL	nee is e & P. ion Guarin Guar	a Min AN ardian's fund of the folion formation in the folion forma	nor* s relativertification. ion Mee y the text of th	moran moran the Scrimer	Da B B o with M hool Lea	structic tions, n e relate sthrougia or any	Too ertificate utual fur rs would Beno bus and a docum h legitim y Statuto	docation (%) tal 100% //Passport. and folio and need to deficiary Addenda issued to deficial to def	/Other nd ur o substitute of the substitute of t	lomine Sig	e/Guard nature and the i the requirements ber (NSD) utual Fur understo to the sai not desig	ssue uisit
OPT-OUT invo docc UNIT H Accoun Stateme Mode (Default). I/We v 1. DECL ving read a le to time, ormation r ther confir e purpose of	ess Geclarate blved in no uments is: GOLDING to ent The wish to recent and understall to the property of contrave. First Appraid: servential to the property of the propert	ion: I / We in appoint ued by Co OPTION Demat Mode Circlese for Co Serve physion N & SIG Ood the Co Sign of Co	e hereby coment of nurt or other limits of the limits of t	confirm toomineed ser such N ion: ES es Scheme e of DSP / orm, included to show me / us Act, Regulary and the service of DSP / orm, included to show t	that I / / (s) and compet	We do further that a state of further than the fund for t	*In as h o not care are uthor	case o Mother wish e awarity, b limits of this correction, and Approximately site:	f each /Fathe to appre that assed o Depos ansact umma d State relevirement irement i	Minory r/Leg oint t in con the control of the contr	r as No any no any no case o e valu / Partic Holding f emai t of Add cheme. erms a polete. I or any o	Gua minee rdian ominee f deat e of a state l id is ditiona Plan/ d con ther a	If N rdian , please & Attac e(s) for the of al sssets h (DP) IE Information of the of al ditions of the of al ditions of the of al and of t	lomin Name Permentit h proo I the a eld in O(NSDL) DIS gistere nation, and agr (read a hathe laws	ee is e & P. ion Guadion Guad	a Min AN ardian's firth Ce fund it hold utual format bide by ith insi d by th	s relative relations in the second relations in the se	moran erms ar in the Science of the	Da B B B B B B B B B B B B B B B B B B B	tte of irth Ainor aving Ce our mu ggal hei structic titions, n e relate in or an	Too ertificate in tual furrs would be sand adules and id documn by Statuto	denda issregulation ents) and alte sourcery Authorit	No N	omine Sig	e/Guard nature	ssue uisit L on ood t me a ned
OPT-OUT invo doccu UNIT H Accoun Stateme Mode (Default) I/We v I DECL Stateme to time, or mation r ther confine purpose of the confine pu	ess r declaration	ion: I / We in appoint ued by Co OPTION Demat Mode Ceive physi N & SIG ood the ploy cots of the apinformation or eva- ce@dspin s mention s, Email III	the hereby coment of nurt or other limits of the limits of	confirm toominee(er such N of the ar ES e Schemer of DSP/orm, incl by me/us Act, Regu	that I / / (s) and compet	Relatory) Relatory) Relatory We dod furthement and formula for	*In as A o noter are uthor r Unit nd CRe econ Web:	case o o Mother wish e awarrity, b wish so of this S requestation,	f each /Fathe to apppre that assed o Depos ansact umma d Statte r releviremen tri, and Direct www	Minor r/Leg ooint t in con the iitory iion/F rry, iff	r as No gal Gua any nr case o e valu r Partie Holding f emai t of Add. cheme. crms any o end or any o end or any o	Gua minee rdian ominee f deat e of a stipant lid is lid is om liditiona Plan/ d con ther a	If N rdian , please & Attac ee(s) for other of all sessets h (DP) IE (DP) IE all Inform Option oditions ement not re e, plan ls and	Name Rementith proop I the a letter of the control of the contro	ion Guadion Gu	a Mindan's and a Mindan	s relative retification Me y the tetruction is e Government and the control of th	moran moran sins and serimes are serimental	Dag B B B B B B B B B B B B B	tte of irth tinor aving Ce our mu ggal hei itions, n e relate through a relate in a ram in a ram pre-pi	All Too entificate attual fur rs would Bend Bend Statuto 208-4	ddenda issregulation entis) and alte source ry Authoriti	/ Other nd ured by substituted by su	lomine Sig	e/Guard nature	ssue uisit L on ad fo ood t an ned
Mination 1 2 3 Addrd OPT-OUT invo docc UNIT H Accoun Stateme Mode (Default I/We v DECI ving read a lee to time, ormation retarding the purpose of the confine purpose of the confi	ess r declaration	ion: I / We in appoint ued by Co OPTION Demat Mode Ceive physi N & SIG OOD HE	the hereby coment of nurt or other limits of the hereby coment of nurt or other limits. It can be a compared to the first tents of the hereby lication of any uardian and an another limits. It can be a compared to the first limits of the lim	confirm toomineed er such N of the ar ES e Scheme of DSP / orm, included to make of DSP / orm, such of the area of DSP / orm, included to make of DSP /	that I / / (s) and competed the learning of th	We dod further than the control of t	*In as A o noter are uuthor r'unit nd CRe econ Web:	case o o Mother wish e awarrity, b wish so of this section, and Approximation, and Approximation, and Approximation, and Approximation, etc.	f each /Fathe to apppre that assed o Depos ansact umma dd Statte e releve iremer iremer brine brine Full No	Minorr/Leg on the tin con the ry, if ry, if ry, if ry, if ry, if ry, if	r as Nogal Gua any nr case o e valu / Partic Holding f emai t of Add cheme. crms any o poim. c	Gua minee rdian pminee f deat e of a stipant lid is lidion Plan/ nd con name detai facilif facilif	If N rdian , please & Attac & Attac ee(s) for the of all assets h (DP) IE (DP) IE Information of the original of the origin	Name I mentith proop I the a eld in I (NSDL) DIS DIS DIS Anation, and agricultured a chicken action, and agricultured action, action, actio	nee is e & P. ion Guain	a Mindan's and a Mindan	s relative retification Me y the tetruction is e Government and the control of th	moran moran service se	Da B B B B B B B B B B B B B B B B B B B	tte of irth tinor aving Ce our mu gal hei structic itions, r e relations, r e relations or an itional in or an itional pre-pr nand D	All To Pertificate Itual fur rs would Bend Bend John Sand ad Joh	ddenda issregulation entis) and alte source ry Authoriti	/Other nd urray substitute of the substitute of	John Num Jy DSP M Ne have you acceed and is	e/Guard nature	ssue uisit L on ood t me a ned