

Please fill only in the space provided. Any additional details/notings/instructions or those provided at a non designated area of the form may not be executed. Kindly strike off the unused Sections of the Form to avoid misuse. Please use separate Transaction Form for each Transaction and for each Scheme / Plan and Kindly refer Instructions overleaf.

| Distributor / RIA Name and ARN / Code | Sub Broker ARN & Name | Sub Broker/Branch/RM Internal Code | EUIIN (Refer note below) |
|---------------------------------------|-----------------------|------------------------------------|--------------------------|
| ARN-64917 | | | E029678 |

I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

| Existing Folio Number | Name of Sole / First Unitholder | (Sole / First Applicant's Signature Mandatory) |
|-----------------------|---------------------------------|--|
| | | |

ADDITIONAL PURCHASE (DEFAULT PLAN/OPTION WILL BE APPLIED INCASE OF NO INFORMATION, AMBIGUITY OR DISCREPANCY)

Cheque/DD should be in favour of: "DSP Mutual Fund" if single cheque with multiple schemes OR "Scheme Name", in case of single scheme / scheme wise cheques.

| Full Scheme/Plan/Option/Sub Option | Amount (₹) | Payment Mode: |
|--|-------------------|---|
| 1. DSP - Scheme Plan Option/Sub Option | | <input type="checkbox"/> OTM Facility (One Time Mandate) |
| 2. DSP - Scheme Plan Option/Sub Option | | <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS |
| 3. DSP - Scheme Plan Option/Sub Option | | <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer |
| Total | Amount in Figures | Cheque/DD/RTGS/NEFT Details: |
| | | Ref. No. _____ |
| | | Date dd / mm / yyyy |
| | | DD charges, if any _____ |

Payment from Bank A/c No. _____ Pay In A/c No. _____ A/c. Type Savings Current NRE NRO FCNR Others _____

Bank Name & Branch _____

Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

REDEMPTION (Write Scheme Name, Plan / Option / Sub Option below)

Scheme Name/Plan/Option*/Sub Option* DSP - _____

Amount in Figures _____ Amount in Words _____

Rs. _____

OR (Please note that the Redemption can be done either in Units or in Amount and not in both)

Units in Figures _____ Units in Words _____

Bank Account for This Redemption Proceeds (This should NOT be construed as "Change of Bank Mandate" request. Refer Instructions overleaf.)

I/We agree that the redemption proceeds should be sent entirely at our risk to the following bank account, if already registered with the fund or to the default bank account if no bank account is mentioned here.

Bank Name _____

Account No. _____

Important Note: Unregistered bank account will not be considered, even if mentioned here. To change bank account, investors should avail multiple bank account registration facility and use a specific designated form for this purpose. If unit holder(s) provide a new and unregistered bank mandate with the redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds and will not be registered.

* Default Option may be applied in case of no information, ambiguity or discrepancy.

SWITCH (Write switch-out Scheme Name, Plan / Option / Sub Option below)

Scheme Name/Plan/Option*/Sub Option* DSP - _____

Amount in Figures _____ Amount in Words _____

Rs. _____

OR (Please note that the Switch can be done either in Units or in Amount and not in both)

Units in Figures _____ Units in Words _____

Switch-in To Scheme / Plan / Option* / Sub Option* _____

DSP _____

PAN AND KYC UPDATION

Sole / First Applicant / Guardian _____

Second Applicant / Guardian _____

Third Applicant / Guardian _____

KYC LETTER

Attached

Attached

Attached

PoA (Power of Attorney) REGISTRATION DETAILS (Refer Instructions overleaf)

Name of the PoA holder _____

PAN of the PoA holder _____ Attached KYC Letter (Mandatory)

Notarized copy of PoA

DECLARATION & SIGNATURES (TO BE SIGNED AS PER MODE OF HOLDING)

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by DSP Mutual Fund, I / We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. 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. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Applicable to NRIs only: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality.

If EUIIN is left blank/not mentioned; I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

| | | | |
|--------------------------|--------------------|-------------------|--------------------|
| Sole / First Unit Holder | Second Unit Holder | Third Unit Holder | POA Holder, if any |
|--------------------------|--------------------|-------------------|--------------------|

ACKNOWLEDGEMENT SLIP DSP MUTUAL FUND

Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / incorrect details in Transaction Form.

Investor Name _____

Folio Number _____ Additional Purchase or SIP (PDC)

Scheme/s _____ Total Amount (Rs.) _____

Total Cheques _____ Cheques From _____ No.(s) To _____

Redemption or Switch

Amount (Rs.) _____

OR Units _____

PAN and KYC Updation

PoA Registration STP or SWP or DTP

ISC Stamp & Signature _____

| Distributor Name and ARN | Sub Broker Name and ARN | Branch/RM Internal Code | Employee Unique ID. No. (EUIIN) | For Office use only |
|--------------------------|-------------------------|-------------------------|---------------------------------|---------------------|
| | | | | |

Name of Sole / First Unitholder (Leave space between first / middle / last name) Mr. Ms. M/s. Others _____ Folio Number _____

Scheme Name/Plan/Option*/Sub Option* **DSP** PLAN OPTION

SYSTEMATIC TRANSFER PLAN (STP) (Please allow 7 days to register STP)

STP in To Scheme/Plan/Option*/Sub Option* _____

DSP PLAN OPTION

Transfer Amount (Anyone) Fixed Sum of Rs. _____ (Minimum Rs.500/-) Capital Appreciation, subject to Minimum of Rs.500/-

| Frequency (✓Tick any one) | Days/Dates (✓Tick any one) |
|---|---|
| <input type="checkbox"/> Daily | All Business days |
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Mon* <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri |
| <input type="checkbox"/> Monthly* <input type="checkbox"/> Half Yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly | D D Any date (1 st * to 31 st) |

Transfer Period (Period to cover - minimum 6 STP transactions) From **D D / M M / Y Y** To **D D / M M / Y Y**

Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable.

SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please allow 7 days to register SWP)

Withdrawal Amount Fixed Sum of Rs. _____ (Minimum Rs.500/-) Capital Appreciation, subject to Minimum of Rs.500/-

Withdrawal Date **D D** Any date (1st* to 31st)

Frequency Monthly* Quarterly Half Yearly Yearly

Withdrawal Period (Period to cover - minimum 6 SWP transactions) From **D D / M M / Y Y** To **D D / M M / Y Y**

Please mention any of the registered bank account details in the folio for Payout. If no details are mentioned payout will be credited to the default bank account.

Bank Name _____

Bank Account No. _____

* Default Option/Date may be applied in case of no information, ambiguity or discrepancy.

DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by DSP Mutual Fund, I / We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. 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. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Applicable to NRIs only: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality.

If EUIIN is left blank/not mentioned; I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

| | | | |
|--------------------------|--------------------|-------------------|--------------------|
| | | | |
| Sole / First Unit Holder | Second Unit Holder | Third Unit Holder | POA Holder, if any |

INSTRUCTIONS

This form should be used by existing investors only by mentioning their folio number, name and Scheme details. Please read the Scheme related documents, Addenda, KIM and Instructions there-in and below mentioned instructions carefully before filling up the form. Investors should provide details/instructions only in the designated space provided in the form else the same may not be considered. **ADDITIONAL PURCHASE & PAYMENT DETAILS:** Investors should fill name of the scheme, plan, option and sub-option. In case the details are not proper and clear or in case of incomplete details, non-clarity or ambiguity, default options will be considered and applied. Separate cheques and form should be given for each separate investment in different scheme, plan or option. The first unit holder should be one of the bank account holders in the pay-in bank account. Purchase application through Cheque/DD/RTGS/NEFT/Funds transfer requests should necessarily mention the pay-in bank account details i.e. account number and bank, branch name of the bank account used for issuing the payments to the fund. If this is not evidenced on the payment cheque/funds transfer/RTGS/NEFT request, or in case of demand drafts, unit holder should attach necessary supporting documents as required by the fund, like bank certificate, bank passbook copy or statement to prove that the funds are from a bank account held by first unit holder only. If the documents are not submitted with the application, the fund reserves the right to reject the application or call for additional details. **ADDITIONAL PURCHASE THROUGH OTM FACILITY:** If you are making payment through OTM facility registered in your folio, please tick the relevant box and do not attach any cheque. If more than one bank accounts are registered in your folio under OTM facility, please mention the bank account number and bank name where you wish the debit to happen. If the same is not mentioned or is not registered, default bank mandate under OTM facility will be considered to debit the purchase amount. **KYC COMPLIANCE:** Investors shall note that KYC is mandatory and they need to comply with the 'Know Your Client' requirements as applicable from time to time. Applications are liable to be rejected without any intimation to the applicants, if required KYC compliance is not completed by all the applicants/unit holders. **REDEMPTION REQUEST:** Redemption may not be processed if folio number and full scheme name including plan and option is not mentioned. Please ensure that either of amount or units is mentioned in the redemption request. The fund offers a facility to register multiple bank accounts and designate one of the bank account as "Default Bank Account". Default Bank Account will be used for all dividends and redemptions payouts including FMP schemes maturity proceeds unless investor specifies one of the existing registered bank account in the redemption request for receiving redemption proceeds. A new non-registered bank account specified in the specific redemption request for receiving redemption proceeds will not be considered. Consequent to introduction of "Multiple Bank Accounts Facility", the existing facility of redemption with change of bank mandate is discontinued by the fund. New bank accounts can only be registered using the designated "Bank Account Registration Form". **BANK ACCOUNT FOR REDEMPTION PROCEEDS:** Please note the following important points related to payment of redemption proceeds: Proceeds of any redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing. Unit holder(s) may choose to mention any of the existing registered bank accounts with redemption request for receiving redemption proceeds. If no registered bank account is mentioned, default bank account will be used. If unit holder(s) provide a new and unregistered bank mandate with a specific redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds. **POA REGISTRATION:** Only a General Power of Attorney agreement without any restrictions and perennial validity is accepted. The PoA must be executed on stamp paper and registered in India and a duly notarized copy should be enclosed. The PoA must have signatures of the investor as well the PoA holder. If the signature of PoA holder is not available, the fund may call for additional documents or declarations on a case to case basis. PoA will be registered within 10 working days of receipt of all valid documents. **SYSTEMATIC INVESTMENT PLAN (SIP):** Minimum Investment Amount for each SIP instalment is Rs.500/-. SIP/STP/SWP facility is available on all dates. **SYSTEMATIC TRANSFER PLAN (STP) / SYSTEMATIC WITHDRAWAL PLAN (SWP):** Please allow upto 7 days for STP/ SWP to be registered and first STP/ SWP transaction to happen. Hence form should be submitted atleast 7 days before STP / SWP start date. STP / SWP is available in all the schemes of the Fund. STP/SWP of capital appreciation, Flex STP, Value STP is not available in case of daily & weekly frequency. For investors availing the transfer/ withdrawal of 'appreciation' option, where in any month or quarter, there is no appreciation or is less than Rs.500/-, switch/withdrawal as mentioned above, may not be carried out. In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP/STP/SWP will be processed on the immediate next business day/date. You can choose to discontinue this facility by giving 30 days written notice to the Registrar. **DIVIDEND TRANSFER PLAN (DTP):** Please allow upto 7 days for DTP to be registered. Hence form should be submitted atleast 7 days before the record date of any forthcoming proposed dividend. The Minimum amount of dividend eligible for transfer under Dividend Transfer Plan is Rs. 500/-.

I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole / First Applicant's Signature Mandatory

DIVIDEND TRANSFER PLAN (DTP) - ENROLMENT DETAILS
(Please allow 7 days to register DTP) (Refer Terms and Conditions)

(Please mention complete Scheme, Plan & Option)

Source Scheme (From where Dividend is to be transferred)

DSP PLAN OPTION

To

Target Scheme (To where Dividend is to be transferred)

DSP PLAN OPTION

SYSTEMATIC INVESTMENT PLAN (SIP) POST DATED CHEQUES (PDC)

(Separate Cheque required for investment in different Scheme / Plan)

All Cheques should be of same date of the months / quarters.

Each SIP Amount (minimum Rs. 500) _____ Rs.

SIP Date **D D** Any date (1st* to 31st) Frequency Monthly Quarterly

SIP Period From **D D / M M / Y Y** To **D D / M M / Y Y**
(Minimum 6 installments)

Cheque Nos. From _____ To _____

Drawn on Bank/ Branch _____