# MUTUAL FUND

Website: www.dspim.com E-mail: service@dspim.com Contact Centre: 1800-200-4499 / 1-800-208-4499

ACKNOWLEDGEMENT SLIP												
Acknowledgement is subject to verification. Request												
may not be processed in case of incomplete / ambiguous / improper / incorrect												
incomplete' / ambiguous / improper / incorrect details in Transaction Form.												
Investor Name												
Folio Number/s												
☐ Change of Bank Mandate												
PoA Registration												
Contact Details												
PAN and KYC Updation												
Change in Mode of Holding												
Consolidation of Folios												
Nomination Details												
Cancellation for Systematic Transactions												
SIP STP SWP												
DTP - Cancellation												
DIT - Curcentation												
ISC Stamp & Signature												
NON-FINANCIAL												
TRANSACTIONS												

<b>DSP</b>		
	MUTUAL	FUND

### **COMMON TRANSACTION FORM**

(For Existing Investors only)

NON-FINANCIAL TRANSACTIONS

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

Distributor/RIA Name and ARN/Code	Sub Broker Code	Sub Broker/Branch/ RM Internal Code	Employee Unique ID. No. (EUIN) (Refer note below)
ARN-64917			E029678

xisting Fol	io Numb	er/s																						
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lame of So	le / Firs	t Unithol	der (Le	eave spa	ce betwe	en first	/ middl	e / last	t name)	)∟ Mr. L	」Ms. □	M/s.	□ Oth	iers			_							
CHANGE													DETA	LS (Re	efer l	nstruc	tions	overl	leaf)					
ttach any o Latest Ba							t numbe	er pre-p	printea		E-Mail (IN CAPI													
ubmit origi											(	,												
y the Bank learly evid											Mobile	2												
ank Name																								
											Tel. (C	Off.)	STD Co	ode										
ore Bank											Tel. (Re	esi.)	STD Co	ode										
/c No. /c Type	☐ Saving	s 🗆 Curr	ent 🗆	NRE 🗆	NRO 🗆 F	ONR 🗆	Others				Also at	ttache	d self a	ntteste	d PAN	/ othe	r ident	ity pro	of for	PKRAN	folios			
ranch Name																0 0 0 1 1 0 1		, р. с	701 101		.00.05			
Address											PAN	AND	KYC U	PDAT	ION							KYC	LETT	ER
	City						Pin				Sole/ F	irst App	olicant/	Guardia	n								Attach	ed
FSC Code 11 digit)											Second	Applica	ant/ Gua	rdian									Attach	ed
NCR Code 9 digit)											Third A	pplican	t/ Guarc	lian									Attach	ed
3 ,																								
<b>CHANGE</b> (All Joint					ח כפנם ו	of "Any	, one c	or Surv	/ivor")				ION &				of the	Cchomo	Inform	ation D	ocumon	t and C	tataman	t of
New Mode											Addition	nal Info	rmation Mutual	, Key Ir	nformat	ion Mer	norand	um and	Instruc	tions. I	/ We, I	nereby a	apply to	the
CONSOLI	ATION	OF FO	IOC								conditio	ons, rul	es and re	egulatio	ns of th	e Scher	me. I /	We her	eby nom	inate th	e above	nomine	e to rec	eive
(All Joint	Holder	s should	l sign,	even i	n case o	of "Any	one o	or Surv	vivor")		nominat	tion. Si	ignature abilities	of the	nomine	ee ackn	owledg	ing rec	eipts of	my/ou	r credit	will co	nstitute	full
olios to be o	consolidat	ed (Mentio	on all so	urce folio	s i.e. the	folios to	be conso	olidated,	, here)		through	legitin	nate sou n, Rule,	rces onl	y and is	s not de	esigned	for the	purpose	e of con	traventi	on or ev	asion of	any
1.					4.						, ,	_	Statuto			rections	o or arry	y outlet	аррисац	ne iaws	enacted	by the	Governii	nent
2.					5.																			
3.					6.																			
arget Folio	No. for co	onsolidatio	on:				/																	_
PoA (Pow	er of At	tornev)	REGIS	TRATIC	ON DETA	ILS (Re	fer Ins	tructio	ons ove	erleaf)														V8 05/AUG/2019
ame of the																								/9N
oA holder AN of the					Δtta	ched	KYC Lette	er (Manda	atory)		Sc	ole / I	First Ho	older		Se	cond	Holde	r		Thir	d Hold	er	05/4
oA holder					ALLO	_	NIC Lette	,	D. A					(T	o be s	igned	as pe	r Mode	e of Ho	lding)				8

Notarized copy of PoA



#### COMMON TRANSACTION FORM

NON-FINANCIAL TRANSACTIONS

(For Existing Investors only)

Folio Number/s /			
Name of Sole / First Unitholder (Leave space between fir	rst / middle /	last name)□ Mr. □	Ms.
NOMINATION DETAILS (All Joint Holders should sign, even in case of	"Any one o	or Survivor")	CANCELLATION FORM FOR SYSTEMATIC TRANSACTIONS (SIP / SWP / STP)
☐ I/We wish to nominate ☐ I/We DO NOT wish to n		, , , , , , , , , , , , , , , , , , , ,	Source Scheme / Plan / Option (Please mention Folio no., Scheme, Plan / Option clearly DSP -
I/We do hereby nominate the person/s more particularly de the nomination made by me/us earlier in respect of Units			
the normation made by meras carter in respect of ones	Allocation %	Signature	Transaction Type (Please ✓) ☐ SIP ☐ STP ☐ SWP
Nominee 1 Name :	Allocation //	(Nominee/Guardian)	Frequency (✓ Tick any one)  □ Daily
Noninee F Name :			☐ Weekly ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
			☐ Monthly ☐ Half Yearly
Relationship with applicant:			☐ Quarterly ☐ Yearly
Date of Birth DD / MM / YYYY			
Guardian Name (if minor) :			Amount Rs. Discontinuation of SI transaction may take upto one month.
			SIP Auto Debit Bank Name
Nominee 2 Name :			Bank A/c No.
			STP in Scheme (in case of STP) DSP -
Relationship with applicant:			CANCELLATION FORM FOR DIVIDEND TRANSFER PLAN (DTP)
			(Please allow 7 days for DTP Cancellation)
Data of Birth			Source Scheme / Plan / Option (From where Dividend is transferred)
Date of Birth D D / M M / Y Y Y Y			DSP -
Guardian Name (if minor) :			New Dividend Sub option ☐ Dividend Payout ☐ Dividend Reinvestment (default)
			DECLARATION & SIGNATURES
Nominee 3 Name :			
			Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum and Instructions. 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 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 propiose acknowledges received of the propiose acknowledges received of the propiose acknowledges received of the propiose acknowledges.
Relationship with applicant:			/ 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
			of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of DSP 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
			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.
Date of Birth DDD / MMM / YYYYY			
Guardian Name (if minor):			
Total	100%		Sole / First Holder Second Holder Third Holder
			(To be signed as per Mode of Holding. However for nomination, all Joint Holders should sign.)

#### INSTRUCTIONS

■ CHANGE OF ADDRESS: Please always mention the Pincode while updating the address as it helps postal authorities and couriers in faster delivery. Change of address request for folios that are CVL KYC compliant will not be registered by the fund and investor should get the address updated with CVL system first. For details, please visit www. cvlindia.com. For Non KYC folios-Attach Proof of address AND PAN Card (OR Any other Proof of Identity for PAN event cases only).

Copies of all documents submitted should be self attested and accompanied by originals for verification or they should be attested by a KYD complied distributor or personnel / entities authorized for attesting as per KYC guidelines.

- CHANGE OF BANK MANDATE: Unitholder(s) need to attach any one of the following mandatory documents in original, in respect of each bank account for registering the bank accounts, failing which the particular bank account will not be registered. This will help in verification of the account details and register them accurately.
- ☐ Cancelled Cheque with name and account number pre-printed ☐ Latest Bank statement ☐ Latest Pass book ☐ Bank Letter
- a. If photocopy of any documents is submitted, the copy should be certified by the bank or investors must produce original for verification.
- All documents submitted should clearly evidence the bank name, account number and name of all account holders.

This bank account will be registered as the default account.

- CONTACT DETAILS: Applicants should provide contact information such as email address, mobile number and other telephone numbers. The fund sends transaction information and alerts via email and sms, which will assist them keep track of the activities in the folio. Account statements, newsletter, annual reports and other kinds of communication will be sent through email only instead of physical, for investors who provide their email address. Should they wish to have a hard copy, email request can be sent to service@dspim.com. It is deemed that the Unit Holder is aware of all the security risk associated with online communication, including possible third-party interception of documents sent via email.
- KYC COMPLIANCE: Investors shall note that KYC is mandatory and they need to comply with the 'Know Your Client' requirements, by submitting requisite documents to CDSL Ventures Limited. For more information on KYC, please Jog on to www.dspim.com/ www.cvlindia.com/www.amfiindia.com before investing. Applications are liable to be rejected without any intimation to the applicants, if KYC compliance, as required is not complied with by all the unit holders.
- CHANGE IN MODE OF HOLDING: Joint Applicants who wish to change their mode of holding from "Anyone or Survivor" to "Joint Holding" or vice versa should use this section and hereby agree that after the updation of new mode of holding/operation, any request based on previous holding/operation will not be honoured by the fund. Further, all unit holders need to sign the request irrespective of the Mode of holding.
- CONSOLIDATION OF FOLIOS: Consolidation of various folios can take place only if a. Names of unit holders, b. Order of unit holders and c. Tax status is identical in all the mentioned folios. By requesting for consolidation of folios, the unit holder/s agree that the mode of holding, bank mandate, address and nomination details in the Target Folio will be applicable and will prevail after consolidation even if they were different details in source folios.
- 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
- NOMINATION DETAILS: The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. Nomination facility is also not available for investments held on behalf of minor. If the units are held jointly, all joint holders will have to sign the Nomination Form, even if the mode of holding is "Either or Survivor". A minor can be nominated and in that event, the name and address of the guardian of the minor nominee shall be provided by the unit holder. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust. The Nominee shall not be a trust, other than a religious or charitable trust, society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A Non-Resident Indian can be a Nominee subject to the exchange controls in force, from time to time. Nomination in respect of the units stands rescinded upon the transfer of units. The cancellation of the nomination can be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination. On cancellation of the nomination, the nomination shall stand rescinded and the AMC shall not be under any obligation to transfer the units in favour of the Nominee. Investors who desire to make their nomination in favour of more than one and upto three individuals may do so by writing to the AMC/Registrar, specifying clearly the percentage to be allocated between the nominees. If no percentages are mentioned, nomination will be done equally for all the nominees. The rights in the units will vest in the nominee only upon the death of all unitholders. A new nomination request will imply simultaneous cancellation of existing nomination and request for fresh nomination. Applicants who do not wish to nominate, must at the designate space confirm their intention on not to nominate, failing which the form may be rejected at the discretion of the
- DIVIDEND TRANSFER PLAN (DTP): Form should be submitted atleast 7 days before the record date of any forthcoming proposed dividend. Please refer to <a href="https://www.dspim.com">www.dspim.com</a> Services > Dividend Transfer Plan for list of Source Scheme, Target Schemes and detailed terms and conditions.



# **EXISTING INVESTORS TRANSACTION FORM**

FINANCIAL TRANSACTIONS

Distributor / RIA N and ARN / Code			oker/Branch/RM ernal Code	EUIN	(Refer note below)		For Office use only
ARN-64917				E0296	78		
	the EUIN box is intention ce by the distributor pers		ne/us as this is an "e	xecution-o	nly" transaction without	any	
	directly by the investor to the AMFI reg			rious factors incl	uding the service rendered by the dis		(Colo / Eiret Applicant's Cignature Mandatory)
Existing Folio Numbe	er	Name of Sole /	First Unitholder			<u> </u>	(Sole / First Applicant's Signature Mandatory)
	CHASE (DEFAULT PLAN/ our of: "DSP Mutual Fund" if sing						
sireque/DD should be in lav	Full Scheme/Pla			c , iii casc or	Amount (₹)	•	Payment Mode:  OTM Facility (One Time Mandate)
1. DSP -	Scheme	Plan	Option/Sub	Option			Cheque DD RTGS
2. DSP -	Scheme	Plan	Option/Sub	Option			
3. DSP -	Scheme	Plan	Option/Sub	Option			Ref. No
Total	Amount in words						Date dd/mm/yyyyy DD charges, if any
Payment from Bank	A/c No.	Pay In A/c N	0.	A	c. Type ☐ Savings ☐ C		NRO FCNR Others
						_	
Bank Name & Brar							
	ed to avoid Third Party P						
REDEMPTION (Wr	ite Scheme Name, Plar	n / Option / Sub	Option below)		` `	t Scheme Nam	e, Plan / Option / Sub Option below)
Scheme Name/Plan/ Option*/Sub Option <sup>1</sup>					eme Name/Plan/ on*/Sub Option*	-	
Amount in Figures	Amount in Wor	ds		-	unt in Figures	Amount in Wor	ds
Rs.				Rs.	Diagon water that the Control	tak asa ka dawa	aishan in Haisa an in Amaruns and not in bath)
,	he Redemption can be done	either in Units or in	Amount and not in bot		in Figures	Units in Words	either in Units or in Amount and not in both)
Inits in Figures	Units in Words						
Davis Assessed for	. This Dadamatica D	lancana da (Thirach	and NOT be received		c <b>h-in To</b> Scheme / Plan /	Option* / Sub C	ption*
	r This Redemption P Mandate" request. Refer			eu -	I AND KYC UPDATIO	M	KYC LETTER
/We agree that the reden	nption proceeds should be sent the fund or to the default bar	entirely at our risk to	the following bank accounts	nt, Sole	/ First Applicant /	N	
Bank Name	the fame of to the deliquit bar	in account in no bank	account is mentioned nerv	Guar	dian nd Applicant /		Attached
Account No.				Guar			Attached
	ered bank account will not be	considered, even if m	entioned here. To change	Guar			Attached
	should avail multiple bank a purpose. If unit holder(s) prov	•			· · · · · · · · · · · · · · · · · · ·	REGISTRATION	I DETAILS (Refer Instructions overleaf)
he redemption request (	with or without necessary sup	porting documents) su	ch bank account will not	PoA h			
' '	nt of redemption proceeds and e applied in case of no inf	•		PAN o PoA h			Attached KYC Letter (Mandatory)  Notarized copy of PoA
DECLARATION & SI	••	ormation, ambiguit	y or discrepancy.				(To be signed as per Mode of Holding)
laving read and understood	the contents of the Scheme Info						sued by DSP Mutual Fund, I / We, hereby apply to the Trustee
designed for the purpose of	contravention or evasion of any	Act, Regulation, Rule, N	otification, Directions or an	y other applic	able laws enacted by the Gove	rnment of India or a	ed in the Scheme is through legitimate sources only and is not ny Statutory Authority. I / We have neither received nor been
	ifts, directly or indirectly in mak Funds from amongst which the So						any other mode), payable to him for the different competing ndian Nationality.
f EUIN is left blank/not menterson of the above distributers.	ntioned; I/We hereby confirm that tor or notwithstanding the advice	at the EUIN box has beer of in-appropriateness, if	intentionally left blank by any, provided by the employ	me/us as this yee/relationsh	is an "execution-only" transact ip manager/sales person of the	ion without any inter distributor and the di	raction or advice by the employee/relationship manager/sales stributor has not charged any advisory fees on this transaction.
			, , , ,				
Sole / Firs	st Unit Holder	Secor	d Unit Holder		Third Unit Hole	der	POA Holder, if any
	— <del>X</del> — — –		- — — — — .			- — — —	
ACKNOWLEDGE	MENT SLIP						DSP MUTUAL FUND
Acknowledgement is subject	t to verification. Request may not b	pe processed in case of inc	omplete / ambiguous / impro	per / incorrect	details in Transaction Form.	Redempt	_
Investor Name						Amount (Rs.)	
Folio Number			Additional Pur	chase or	SIP (PDC)	OR Units	
I ollo Hullibel						PAN and	KYC Updation
Scheme/s			Total Amount (Rs.)			☐ PoA Regi	stration STP or SWP or DTP
			Total Cheques				
			Cheques From No.(s) To				
			140.(5) To				ISC Stamp & Signature

Website: www.dspim.com | E-mail: service@dspim.com | Contact Centre: 1800-200-4499 / 1-800-208-4499



## SIP (PDC) / STP / SWP / DTP

	OAL FOND						
Distributor N and ARN		Broker Name and ARN	Branch/RM Internal Code	Emplo	yee Unique ID. No. (EUIN)		For Office use only
Name of Sole / Fir	r <b>st Unitholder</b> (Lea	ve space between	first / middle / last name)	☐ Mr. ☐	Ms. $\square$ M/s. $\square$ Others	Folio	Number
Scheme Name/Pla	n/Option*/Sub Opt	cion* DSP			PLAN		OPTION
SYSTEMATIC TI	RANSFER PLAN	(STP) (Please a	llow 7 days to register	STP)			left blank by me/us as this is an "execution-
	Plan/Option*/Sub		<u> </u>		•	•	vice by the distributor personnel concerned.  tor to the AMFI registered Distributors based on the
DSP	PLAN	1	OPTION		investors' assessment of var	ious factors including the	service rendered by the distributor.
Transfer	☐ Fixed Sum of	Rs.	(Minimum R	Rs.500/-)			
Amount (Anyone)		ciation, subject to A	,	,			
Frequency (√Ti	ick any one)	Days/Dates (√Tio	ck any one)			Solo / FirstApplicant'	s Signaturo Mandatory
☐ Daily		All Business days					s Signature Mandatory
□ Weekly		☐ Mon* ☐ Tue	☐ Wed ☐ Thu ☐	] Fri	DIVIDEND TRANSFER (Please allow 7 days	( PLAN (DTP) - El to register DTP)	NROLMENT DETAILS (Refer Terms and Conditions)
- 1 .	☐ Half Yearly	D D Any d	ate (1st* to 31st)		(Please mention complete		
☐ Quarterly l	Yearly		· · ·		Source Scheme (From w	•	' '
Transfer Period (Period to cover - minimum 6 STP transactions)	n From D D /	M M / Y	To D D / M M /	YY	DSP	PLAN	OPTION
Investments done			ated as investments throug	h SIP		٦	То
	cture for SIP will b	• • • • • • • • • • • • • • • • • • • •	allow 7 days to register SWP	)	Target Scheme (To when	e Dividend is to be t	ransferred)
Withdrawal			attow / days to register 5WF	)	DSP	PLAN	OPTION
Amount	☐ Fixed Sum of F		(Minimum Rs.5	600/-)	SYSTEMATIC INVEST	MENT PLAN (SIP)	POST DATED CHEQUES (PDC)
W. 1 1 1 5 4	☐ Capital Apprec		Ainimum of Rs.500/-		(Separate Cheque requi	red for investment i	in different Scheme / Plan)
Withdrawal Date		late (1st* to 31st)			Each SIP Amount (minim		months / quarters.
Frequency	☐ Monthly* ☐ Qu	uarterly 🗆 Half Y	early \( \sum \) Yearly			y date (1st* to 31st) F	requency Monthly Quarterly
Withdrawal Period (Period to cover - minimum 6 SWP transactions)	From D D /	M M / Y Y	To D D / M M / Y	Υ	SIP Period From D		
Please mention any of the		nt details in the folio for	Payout, If no details are mentioned p	payout	(Minimum 6 installments)		
Bank Name	a.aan bann decount,				Cheque Nos. From		То
Bank Account No.					Drawn on Bank/ Branch		
* Default Option/Da	ate may be applied	in case of no info	ormation, ambiguity or disc	repancy.	S. Allen		
DECLARATION							To be signed as per Mode of Holding)
Having read and understood DSP Mutual Fund for Udesigned for the purpose by any rebate or gifts, dir Mutual Funds from among	ood the contents of the So Jnits of the relevant Sche of contravention or evasion rectly or indirectly in making gst which the Scheme is b	cheme Information Docu eme and agree to abide on of any Act, Regulation ing this investment. The being recommended to n	ument and Statement of Additional Ir by the terms and conditions, rules a n, Rule, Notification, Directions or an ARN holder has disclosed to me/us a ne/us. Applicable to NRIs only: I/We	nformation, Key and regulations on any other applicate all the commission confirm that I a	Information Memorandum, Instruct of the Scheme. I / We declare that ole laws enacted by the Government ons (in the form of trail commission m/We are Non-Resident(s) of Indian	ions and addenda issued by the amount invested in the of India or any Statutory Au or any other mode), payable n Nationality.	DSP Mutual Fund, I / We, hereby apply to the Trustee Scheme is through legitimate sources only and is not ithority. I / We have neither received nor been induced to him for the different competing Schemes of various
If EUIN is left blank/not	mentioned: I/We hereby	confirm that the EUIN b	oox has been intentionally left blank	bv me/us as th	is is an "execution-only" transaction	on without any interaction o	or advice by the employee/relationship manager/sales or has not charged any advisory fees on this transaction
person of the above that		sand durine of its applop			manager sales person of the c	and the distribution	a. The charge any action y tees on any adisaction
Sole / F	First Unit Holder	•	Second Unit Holder	,	Third Unit Holde	er	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, RIM 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. The first unit holder should be one of the bank account the payment to the fund. If this is not evidenced on the payment of the payment should be given for each separate investment in different scheme, plan or option. The first unit holder should be one of the bank account the payment to the fund. If this is not evidenced on the payment of the payment should be given the fund, and bank, branch name of the bank account used for issuing the payments to the fund. If this is not evidenced on the payment cheeue/ Floration is not registered in should be given the fund. If this is not evidenced on the payment cheeue/ Floration is not registered, and the payment of the fund is represented by the fund, like bank certificate, bank passbook copy or statement to prove that the funds are from a bank account the lob provent in the payment of the fund state of the payment of the fund and the fund are registered in your folio under OTM facility, please mention the bank account unward and the fund at a payment and the fund and and the fund and