

EXISTING INVESTORS TRANSACTION FORM

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 mixture. Please use separate Transaction Form for each Transaction and for each Scheme / Plan and Kindly refer Instructions overlage

Distributor / RIA / PMI ARN / Cod	RN Name and	se use separate Transacti Sub Broker ARN & Nar	Sub Broker/Bran	FILIN (Refer note h	•	ly	
ARN-64	917			E434563			
I/We confirm that the	EUIN box is intention	nally left blank by me	/us as this is an "execu	tion-only" transaction without	any interaction or advice by the distributor p	ersonnel concerned.	
' '	e investor to the AMFI registered			ncluding the service rendered by the distributo	or. (Sole / First Applicant's Signature		
Existing Folio Number		Name of Sole / I	rirst Unitholder		(Sole / First Applicant's Signature	: mailuatory)	
ADDITIONAL PURCH	ASE (DEFAULT DLAN	I/OPTION WILL BE AP	DUED INCASE OF NO IN	FORMATION, AMBIGUITY OR DI	ISCREDANCY)		
	of: "DSP Mutual Fund" if si	ingle cheque with multiple so	chemes OR "Scheme Name", ir	n case of single scheme / scheme wise c	,		
4 000		lan/Option/Sub O		Amount (₹	OTM Facility (One Time	,	
1. DSP -	Scheme Scheme	Plan Plan	Option/Sub Op		☐ Cheque ☐ DD ☐ F ☐ NEFT ☐ Funds transfe		
3. DSP -	Scheme	Plan	Option/Sub Op Option/Sub Op		Cheque/DD/RTGS/NEFT Ref. No.	Details:	
	nount in words	- Can	орион зав ор	Amount in Fig	Date of d /mm / V V V V		
Payment from Bank A/c	· No	Pay In A/c No			DD charges, if any Current □ NRE □ NRO □ FCNR □ Others		
rayment ii om bank A/C	. NO.	Tay III A C TC		A/c. Type Savings (Current NKE NKO FCNK Others		
Bank Name & Branch							
	,		where applicable:	Bank Certificate, for DD	•		
REDEMPTION (Write	Scheme Name, Pla	an / Option / Sub (Option below)		ut Scheme Name, Plan / Option / Sub Op	tion below)	
Scheme Name/Plan/ Option*/Sub Option*	DSP -			Scheme Name/Plan/ Option*/Sub Option*	P -		
Amount in Figures	Amount in Wo	ords		Amount in Figures Rs.	Amount in Words		
Rs. OR (Please note that the R	edemotion can be don	ne either in Units or in A	Amount and not in both)	OR (Please note that the Sw	vitch can be done either in Units or in Amount	and not in both)	
Units in Figures	Units in Word		anodite did not in both)	Units in Figures	Units in Words		
				Switch-in To Scheme / Plan	/ Option* / Sub Option*		
Bank Account for Thas "Change of Bank Man				DSP		VVC LETTER	
I/We agree that the redemption if already registered with the	on proceeds should be se fund or to the default h	ent entirely at our risk to t	he following bank account,	PAN AND KYC UPDATION Sole / First Applicant / Guardian Attached			
Bank Name	rand or to the deraute p	ann account in no bank at		Guardian Second Applicant /			
Account No.			Guardian Attached Third Applicant /				
Important Note: Unregistered bank account, investors shou				Guardian PoA (Power of Attorney) REGISTRATION DETAILS (Refer Instructions overleaf) Name of the			
designated form for this purpo	ose. If unit holder(s) pro	ovide a new and unregiste	ered bank mandate with				
the redemption request (with be considered for payment of				PoA holder PAN of the PoA holder			
Default Option may be ap	oplied in case of no i	nformation, ambiguity	or discrepancy.	_	latory) Notarized copy of PoA FATCA		
DECLARATION & SIGN	ATURES				(To be signed as per i	MODE OF HOLDING)	
Having read and understood the of DSP Mutual Fund for Units of t	contents of the Scheme Int the relevant Scheme and a	formation Document and Sta	tement of Additional Informational conditions, rules and regul	on, Key Information Memorandum, Instruations of the Scheme. I / We declare the	uctions and addenda issued by DSP Mutual Fund, I / We, he hat the amount invested in the Scheme is through legitimat	reby apply to the Trustee e sources only and is not	
designed for the purpose of cont induced by any rebate or gifts, of Schemes of various Mutual Funds	travention or evasion of ar directly or indirectly in ma s from amongst which the	ny Act, Regulation, Rule, No aking this investment. The A Scheme is being recommen	tification, Directions or any oth ARN holder has disclosed to me ded to me/us. Applicable to N	ner applicable laws enacted by the Gove e/us all the commissions (in the form o	uctions and addenda issued by DSP Mutual Fund, I / We, he hat the amount invested in the Scheme is through legitimat rernment of India or any Statutory Authority. I / We have n of trail commission or any other mode), payable to him for e Non-Resident(s) of Indian Nationality.	either received nor been the different competing	
If EUIN is left blank/not mention	ed; I/We hereby confirm t	hat the EUIN box has been i	ntentionally left blank by me/i	us as this is an "execution-only" transac	ction without any interaction or advice by the employee/re e distributor and the distributor has not charged any advisory	elationship manager/sales	
person of the above distributor of	inocontributioning the duvic	п арргоргіасенезз, п а	ny, provided by the employeer	etacionismp manager/saces person or the	and the distributor has not charged any advisory	rees on this transaction.	
Sole / First U	nit Holder	Second	Unit Holder	Third Unit Ho		f any	
ACKNOWLEDGEME						MUTUAL FUND	
		t be processed in case of inco	mplete / ambiguous / improper /	incorrect details in Transaction Form.	Redemption or Switch	MOTOALTOND	
Investor Name					Amount (Rs.)		
Folio Number			■ Additional Purcha	se	OR Units		
			Total Amount (Rs.)		PAN and KYC Updation		
Scheme/s					PoA Registration STP or SWP	or	
					ISC Stamp & Signature		



STP / SWP / IDCW TP

MOTOAL FOND					
Distributor / RIA / PMRN Name and ARN / (Code Sub Broker Name and ARN	Branch/RM Internal Code	Employee Unique ID	. No. (EUIN)	For Office use only
ARN-64917			E43456	63	
Name of Sole / First Unitholder (Le	ave space between first / middle	e / last name)	Ms. □ M/s. □ O	thers	Folio Number
, ,	·	,			
Scheme Name/Plan/Option*/Sub Op	otion* DSP			PLAN	OPTION
I/We confirm that the EUIN box is int without any interaction or advice by			action		
Upfront commission shall be paid direct assessment of various factors including th	ly by the investor to the AMFI register		restors'		
•				Sole / FirstAp	plicant's Signature Mandatory
SYSTEMATIC TRANSFER PLAI	N (STP) (Please allow 7 day	ys to register STP)	SYSTEMATIC WI	THDRAWAL PLAN (SWP) (Please allow 7 days to register SWP)
STP in To Scheme/Plan/Option*/Scheme/Scheme/Plan/Option*/Scheme/Scheme/Scheme/Scheme/Scheme/Scheme/Scheme/Scheme/Scheme/Scheme	ub Option*	٧	Vithdrawal	☐ Fixed Sum of Rs.	
DSP PL	AN	OPTION	mount		(Minimum Rs.100/-) On, subject to Minimum of Rs.100/-
Transfer ☐ Fixed Sum of	of Rs.	(Minimum Rs.100/-)	Waladan Data		(1st* to 31st)
	reciation, subject to Minimum of R		Vithdrawal Date	D D Any date	(1* t0 31*)
Frequency (✓Tick any one)	Days/Dates (✓ Tick any one)	F	requency	☐ Monthly* ☐ Quart	erly 🗆 Half Yearly 🗆 Yearly
□ Daily	All Business days		Vithdrawal Period Period to cover - minimur	From D D / M	M / Y Y To D D / M M / Y Y
□ Weekly	☐ Mon* ☐ Tue ☐ Wed	☐ Thu ☐ Fri 6	SWP transactions)		
☐ Monthly* ☐ Half Yearly ☐ Quarterly ☐ Yearly	31 st)	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			
Transfer Period (Reriod to cover - minimum From DD / MM / YY To DD / MM / YY Bank Account No.					
6 STP transactions) Investments done in schemes throand the load structure for SIP wil		estments through SIP	Default Option/Da	te may be applied in	case of no information, ambiguity or discrepancy
IDCW TRANSFER PLAN (Plea	se allow 7 days to register I	ncome Distribution cur	n Capital Withd	rawal (IDCW) Trans	ifer Plan)
(Please mention complete Schem Source Scheme (From where Inco is to be transferred)	e, Plan & Option)	ndrawal (IDCW) Ta			bution cum Capital Withdrawal (IDCW)
DSP PL	AN To	OPTION	OSP	PLAN	OPTION
by any repate or girts, directly or indirectly in ma Mutual Funds from amongst which the Scheme is If EUIN is left blank/not mentioned; I/We hereb	ising this investment. The ARN holder has obeing recommended to me/us. Applicable y confirm that the EUIN box has been inte	isclosed to me/us all the commission of the NRIs only: I/We confirm that I a intionally left blank by me/us as the	ons (in the form of trail com/We are Non-Resident) is is an "execution-only"	ommission or any other mode (s) of Indian Nationality. " transaction without any int	(To be signed as per Mode of Holding) issued by DSP Mutual Fund, 1 / We, hereby apply to the Trustee ted in the Scheme is through legitimate sources only and is not latutory Authority. 1 / We have neither received nor been induced), payable to him for the different competing Schemes of various eraction or advice by the employee/relationship manager/sales distributor has not charged any advisory fees on this transaction.
Sole / First Unit Holder	Second U	nit Holder	Third U	nit 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.finstructions 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 object of the same on the poper and clear or in case of incomplete details, non-claimty or ambiguity, but 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/NETI/Funds transfer requests should necessarily mention the pay-in bank account details is exporting 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/NETI requests, or in case of demand drafts, unit holder should attach necessary properting 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 account the registered in your folio, please tick the relevant box and do not attach any cheque. If more than one bank accounts are registered by an advantage of the designation of the facility please mention the bank accounts are subject to the purchase amount. KYC COMPLIANCE: Investors shall note that KYC is mandatory an



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

ACKNOWLEDGEMENT SLIP 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/s Contact Details PAN and KYC Updation Change in Mode of Holding Consolidation of Folios PoA Registration
DCW - Cancellation Nomination Details Change of Tax Status
ISC Stamp & Signature
NON-FINANCIAL

TRANSACTIONS

$\underline{DSP}_{\text{mutual fund}}$

COMMON TRANSACTION FORM

NON-FINANCIAL

(For Existing Investors only)

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/Branch/ RM Internal Code	Employee Unique ID. No. (EUIN) (Refer note below)
ARN-64917		E434563

Existing Folio Number/s							
Name of Sole / First Unitholder (Leave space between first / middle / last name)□ Mr. □							
Name of Sole / First Officholder (Leave space between first / findule / tast fiame)— Mr.	ms. — m/s. — others						
CONTACT DETAILS (Refer Instructions overleaf)	PoA (Power of Attorney) REGISTRATION DETAILS (Refer Instructions overleaf)						
E-Mail	Name of the						
(IN CAPITAL)	PAN of the Attached KYC Letter (Mandatory)						
Mobile	PoA holder Notarized copy of PoA						
Contact details belong to family due to investor being, CANCELLATION FORM FOR INCOME DISTRIBUTION CUM WITHDRAWAL							
Self Spouse Dependent Child Dependent Parent Dependent Sibling	PLAN (IDCW) (Please allow 7 days for IDCW Cancellation)						
Guardian In case of Minor	Source Scheme / Plan / Option (From where IDCW is transferred)						
Tel. (Off.) STD Code Also attach Self-attested PAN	DSP -						
Tel. (Resi.) STD Code Other identity proof for PEKRAN folios	New IDCW Sub option ☐ IDCW Payout ☐ IDCW Reinvestment (default)						
PAN AND KYC UPDATION KYC LETTER	DECLARATION & SIGNATURES						
Sole/ First Applicant/ Guardian Attached	Having read and understood the contents of the Scheme Information Document and						
The state of the s	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						
Second Applicant/ Guardian Attached	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						
Third Applicant/ Guardian Attached	in the event of my/our death and have read the instructions for nomination. Signature						
Please attach self-attested copy of PAN card	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						
CHANGE IN MODE OF HOLDING	is through legitimate sources only and is not designed for the purpose of contravention						
(All Joint Holders should sign, even in case of "Any one or Survivor")	or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority.						
New Mode of Holding (please tick✓) ☐ Anyone or Survivor ☐ Joint Holding	,						
CONSOLIDATION OF FOLIOS							
Folios to be consolidated (Mention all source folios i.e. the folios to be consolidated, here) 1. 4.							
2. 5.	Sole / First Holder Second Holder Third Holder						
3. 6.							
Target Folio No. for consolidation:	(To be signed as per Mode of Holding)						

ARN-64917 E434563



COMMON TRANSACTION FORM

NON-FINANCIAL

(For Existing Investors only)

Fo	lio Number/s /			1			
				1			
NI-	me of Cale / First Unithelder (Leave space between	n first / midd	lo / lost name) Mr. [
Na	me of Sole / First Unitholder (Leave space between	en nrst / midd	te / tast name)∟ mr. ∟	JMS. □ M/S. □ Other	S		
	MINATION (PREFERABLE) OR OPT OUT (AVOIDABLE) No	minee Details o	r Opt-Out Declaration (by	CHANGE OF TAX	STATUS	Select any one ☑	
	y of tick) is mandatory to process the application.		*Mandatory				
	Nominee Name* & Nominee PAN	Allocation*	Nominee Signature	Existing Status 1 Resident Ind	New Status dividual NRI - NRO	Bank Account Type - New NRO	
ľ	Nominee Name & Nominee PAN	Allocation	Nonlinee Signature	The state in a			
					Resident	Savings	
	Relationship with Applicant*:			3 NRI - NRE	☐ NRI - NRO ☐ Reside	nt NRO Savings	
	If Nominee is a Minor:			NEW BANK DETAILS	5:		
	Guardian Name* & Guardian PAN:			New Bank Account N			
				Bank Name			
	Date of Birth of Minor*:			IFSC			
	Guardian Relation*:			Branch City			
2	Nominee Name* & Nominee PAN	Allocation*	Nominee Signature	Original Cancell	ed Cheque of new bank account (with	name & account number pre-	
				printed). If photoco	py is provided, please produce original	s for verification.	
					changed to NRE if investment is done through a	SB/NRO account.	
	Relationship with Applicant*:			FATCA DETAILS: (Mandatory)			
	If Nominee is a Minor:			Place & Country of	Birth PLACE	COUNTRY	
	Guardian Name* & Guardian PAN:			Nationality	Indian U.S. Other		
				#Please indicate all C	Countries, other than India, in which you Identification Number and it's Identificat	are a resident for tax purpose,	
	Date of Birth of Minor*:					,, ,	
	Guardian Relation*:			TINs to its residents;	e or mentioned, please mention reason as ; 'B' & mention why you are unable to ob	tain a TIN; 'C' if the authorities	
3	Nominee Name* & Nominee PAN				x residence entered above do not require		
			Nominee Signature	Country#	Tax Identification Number	Identification Type/Reason*	
	Relationship with Applicant*:						
	If Nominee is a Minor:						
	Guardian Name* & Guardian PAN:			DECLARATION &	SIGNATURES		
					ood the contents of the Scheme Information D	Document and Statement of Additional	
	Date of Birth of Minor*:			Information, Key Informa	ation Memorandum and Instructions. I / We, f the relevant Scheme and agree to abide by	hereby apply to the Trustee of DSP	
	Guardian Relation*: If Nominee is a Minor: Guardian Name & PAN:*			regulations of the Schem	ne. I / We hereby nominate the above nominor of my/our death and have read the instruct	ee to receive all the amounts to my/	
				nominee acknowledging	receipts of my/our credit will constitute full	discharge of liabilities of DSP Mutual	
				designed for the purpose	at the amount invested in the Scheme is throu of contravention or evasion of any Act, Regul	lation, Rule, Notification, Directions or	
	Date of Birth of Minor:			any other applicable law	s enacted by the Government of India or any	Statutory Authority.	
	Total	100%					
	case of each Minor as Nominee, please mention Guardian's regal Guardian. Kindly attach proof like Birth Certificate/School						
	OPT-OUT declaration: / We hereby confirm that / We do	not wish to app	oint any nominee(s) for my	Sole / First Hol	lder Second Holder	Third Holder	
	mutual fund units held in my / our mutual fund folio and under of nominee(s) and further are aware that in case of death of a	ll the account ho	lder(s), my / our legal heirs				
	would need to submit all the requisite documents issued by Co on the value of assets held in the mutual fund folio.	urt or other such	competent authority, based	(10 be signed as pe	er Mode of Holding. However for nomination	i, all Joint Holders should sign.)	

INSTRUCTIONS

- CONTACT DETAILS AND CORRESPONDENCE ADDRESS: a. Applicants should provide contact information such as email id, mobile number/s and correspondence address. However, the fund reserves the right to update communication postal address from KYC records registered with the SEBI designated KYC Registration Authority (KRA). Investors should also ensure that, the email id, mobile number provided in the application form is their own. Investors will clearly mention if the email id belongs to any of the immediate family member. The contact details should be same as the ones provided in the KRA. Where the email id, mobile number are not provided or where provided but the same is found to be invalid, or seems to be not pertaining to the investor or any of the immediate family member or is of a distributor or any other agency, then AMC/RTA reserves the right to remove the email id, mobile number without any notice and the email id, mobile number as per KRA records may be updated in the folio. Investors wanting to change their email id, mobile number & address must approach the KRA.
- b. It is mandatory for NRI investors to provide their overseas address in the application form as well as in the KYC records. NRI investors should mandatorily provide the overseas address in Section 2 of the application form. Application without overseas address is liable to be rejected even after allotment and subscription amount refunded in 5 days' time from the date of rejection.
- 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 log 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: a. The unit holder/s may nominate upto three nominees, in whom the units held by unit holder/s shall vest in the event of death of all unitholder/s. b. Nomination can be made only by individuals applying for / holding Units on their own behalf singly or jointly. Non-individuals (including societies, trusts, bodies corporate, partnership firms, etc.), Kartas of Hindu Undivided Families (HUF) and holders of Power of Attorney cannot nominate. Nomination facility is also not available for investments held on behalf of minor. c. A minor can be nominated, and in that event, the name and address of the guardian 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/her office, or a religious or charitable trust. d. The nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of HUF, or a Power of Attorney holder. An NRI can be a nominee, subject to the exchange controls in force from time to time. Where the nomination is in favour of a religious or charitable trust, the investor should attach a certificate confirming that the nominee is a religious or charitable trust. e. Nomination with the Fund can be made only by investors who opt for allotment in non demat form. In case of Units held in demat form, the nomination details as recorded for the depository account will be applicable investors who hold units in demat form may approach their DP for availing the nomination facility. f. Nomination in respect of the units stands rescinded upon the transfer of units. g. Transfer of Units in favour of a nominee(s) shall be valid discharge by the AMC against the legal heir. h. 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(s), i. Nomination can be made in favour of more than one, and upto three individuals. Investors who desire to make nomination in respect of multiple nominees should clearly specify the percentages to be allocated between the nominees. If no percentages are mentioned, nomination will be done equally for all the nominees. j. Nomination will be maintained at the folio or account level and will be applicable for all investments in the folio or account. k. Where a folio has joint holders, all joint holders should sign the request for nomination, even if the mode of holding is not 'joint'. l. A new nomination request will imply simultaneous cancellation of existing nomination and request for fresh nomination. m. Applicants who do not wish to nominate, must at the designate space confirming their intention on not to nominate, failing which the form may be rejected at the discretion of the AMC/Fund.