

Debit Mandate Checklist:

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Write Amount in words and in Figures (maximum limit)
- Your NAME and SIGNATURE as in your bank account

SIP Registration Checklist:

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details
- Signature/s

Distributor / RIA / PMRN Name and ARN / Code ARN-64917	Sub Broker ARN & Name	Sub Broker/Branch/ RM Internal Code	EUIN (Refer note below) E434563	For Office use only
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The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registrations, using Physical Forms or Online.

DSP

MUTUAL FUND

OTM Debit Mandate Form NACH/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

UMRN	Office use only	Date	D	D	M	M	Y	Y	Y	Y	
Utility Code	Office use only	Tick (✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL									
Sponsor Bank Code	Office use only	I/We hereby authorize:	DSP MUTUAL FUND Schemes								
to debit (tick✓)	SB / CA / CC / SB-NRE / SB-NRO / Other	Bank A/c No.:									
With Bank:	Bank Name & Branch	IFSC/MICR									
an amount of Rupees	In Words	₹	In Figures								
Debit Type	<input type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount	FREQUENCY	<input type="checkbox"/> Mthly	<input type="checkbox"/> Qtrly	<input type="checkbox"/> H. Yrly	<input type="checkbox"/> Yrly	<input checked="" type="checkbox"/> As & when presented			
Reference 1	Folio No:	Reference 2	Appln No:								

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. This is to confirm that the declaration has been carefully read, understood and made by me/us. I/We have understood that I/we are authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH/Direct Debit. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/(Debits)/Direct Debits. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit facility and that my/our payment towards my/our investment in DSP Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of DSP Mutual Fund carrying this mandate form to get it verified and executed.

PERIOD

From

to	1.	2.	3.
	Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
Mobile	1.	2.	3.
	Name of Account Holder	Name of Account Holder	Name of Account Holder

DSP

MUTUAL FUND

SIP Registration/Renewal Form (for OTM registered investors only)

Attention: No need to attach OTM Debit Mandate again, if already registered earlier.

Please tick as applicable:

- OTM Debit Mandate is already registered in the folio. [No need to submit again]. OTM Debit Mandate is attached and to be registered in the folio.

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
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I/We confirm that the EUIN 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

Investor Name: _____ Existing Investor Folio No./Application No. _____

Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date (1st* to 31st)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 100 or in Percentage %) Amount (₹) or Percentage %	Frequency
1.	DSP -		D D	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From M M Y Y Y Y For <input type="checkbox"/> 30 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till M M Y Y Y Y	₹ OR % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
2.	DSP -		D D	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From M M Y Y Y Y For <input type="checkbox"/> 30 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till M M Y Y Y Y	₹ OR % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
3.	DSP -		D D	<input type="checkbox"/> Daily <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From M M Y Y Y Y For <input type="checkbox"/> 30 yrs <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till M M Y Y Y Y	₹ OR % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
(*Default option/Date) (*Default/30 yrs)		Total					

First SIP transactions via single cheque no. _____ favouring 'DSP Mutual Fund' Dated D D M M Y Y Y Y

Debit Bank Details: Bank Name: _____	A/C. No.: _____
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Declaration: Having read, understood and agreed to the contents of OTM Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DSP Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP instalments referred above through participation in NACH/Direct Debit. The ARN holder, where applicable, has disclosed to me/us all the commissions (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.

Signatures [as per Mutual Fund Records/Application]

<input checked="" type="checkbox"/> First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
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Acknowledgement Investor Name: _____ <input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM	DSP Mutual Fund Folio No./Application No. _____	ISC Stamp
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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 / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EJUN (Refer note below)	For Office use only

I/We confirm that the EJUN 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.

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 <input type="checkbox"/> CAMS OTM
Total Amount in words	Amount in Figures	<input type="checkbox"/> 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.

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	KYC LETTER
Sole / First Applicant / Guardian	<input type="checkbox"/> Attached
Second Applicant / Guardian	<input type="checkbox"/> Attached
Third Applicant / Guardian	<input type="checkbox"/> 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 FATCA

* Default Option 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 EJUN is left blank/not mentioned; I/We hereby confirm that the EJUN 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 _____	Amount (Rs.) _____
Folio Number _____	OR Units _____
Scheme/s _____	PAN and KYC Updation <input type="checkbox"/>
<input type="checkbox"/> Additional Purchase	PoA Registration <input type="checkbox"/> STP or <input type="checkbox"/> SWP or <input type="checkbox"/> IDCW TP
Total Amount (Rs.) _____	ISC Stamp & Signature _____

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Distributor / RIA / PMRN Name and ARN / Code	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

I/We confirm that the EUIIN box is intentionally left blank by me/us as this is not 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

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

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

DSP PLAN OPTION

Transfer Amount (Anyone) Fixed Sum of Rs. _____ (Minimum Rs.100/-) Capital Appreciation, subject to Minimum of Rs.100/-

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	D D Any date (1 st * to 31 st)
<input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	

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.

Withdrawal Amount Fixed Sum of Rs. _____ (Minimum Rs.100/-) Capital Appreciation, subject to Minimum of Rs.100/-

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.

IDCW TRANSFER PLAN (Please allow 7 days to register Income Distribution cum Capital Withdrawal (IDCW) Transfer Plan)

(Please mention complete Scheme, Plan & Option)

Source Scheme (From where Income Distribution cum Capital Withdrawal (IDCW) is to be transferred) **Target Scheme** (From where Income Distribution cum Capital Withdrawal (IDCW) is to be transferred)

DSP PLAN To OPTION **DSP** PLAN OPTION

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 IDCW 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. 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. For investors availing the transfer/ withdrawal of 'appreciation' option, where in any month or quarter, there is no appreciation or is less than Rs.100/-, 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 STP/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. **IDCW TRANSFER PLAN:** Please allow upto 7 days for IDCW Transfer Plan to be registered. Hence form should be submitted atleast 7 days before the record date of any forthcoming proposed IDCW. The Minimum amount of IDCW eligible for transfer under IDCW Transfer Plan is Rs. 100/-.