

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
ARN - 95789			104467	

Existing Folio Number		Name of First holder	
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A. MODIFICATION IN <input type="checkbox"/> SIP <input type="checkbox"/> STP <input type="checkbox"/> SWP (Tick any one)				(Existing Scheme cannot be changed for STP)			
Details	Existing Details			New Details (Mention below only the details to be changed)			
Existing Scheme (SIP/SWP/STP Scheme)	DSP	Plan	Option	DSP	Plan	Option	
Target Scheme (only for STP)	DSP	Plan	Option	DSP	Plan	Option	
Existing Date	D	D		New Date (1 st to 31 st)	D	D	
Installment Amount	Rs			Rs			
Top Up Amount (only for SIP)	Rs Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly			Rs Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*			
				Top-up cap: ₹ (Minimum ₹ 100. Max per installment amount after Top up amount shall not exceed ₹ 5 Lakh)			
End Date	D	D	M M Y Y Y Y	D	D	M M Y Y Y Y	

B. SIP PAUSE (Please refer to terms & conditions)																					
Scheme Name	DSP			Scheme			Plan			Option/Sub Option											
SIP Date	D	D	SIP Amount	SIP Pause Start Month			M	M	/	Y	Y	Y	Y	SIP Pause End Month	M	M	/	Y	Y	Y	Y
Bank Account No.:											Bank Name										

C. CHANGE OF AUTO DEBIT BANK (ONLY FOR SIP)															
New Bank Account Number & Bank Name											(tick any one) <input type="checkbox"/> OTM to be registered (Attach OTM form given below, duly signed) <input type="checkbox"/> OTM is already registered (refer instruction number 6)				

D. CANCELLATION REQUEST <input type="checkbox"/> SIP <input type="checkbox"/> STP <input type="checkbox"/> SWP (Tick any one)															
Scheme /Plan / Option:	DSP			Plan			Option								
Installment Details:	Installment Amount: Rs. Installment Date:										Existing Bank Account Number (only for SIP)				
Reason of Cancellation for SIP (Mandatory)	<input type="checkbox"/> Non availability of funds <input type="checkbox"/> Scheme not performing <input type="checkbox"/> Service issue <input type="checkbox"/> Load revised <input type="checkbox"/> Wish to invest in other scheme <input type="checkbox"/> Change in Fund Manager <input type="checkbox"/> Goal achieved <input type="checkbox"/> Not comfortable with market volatility <input type="checkbox"/> Will be restarting SIP after few months <input type="checkbox"/> Modifications in bank/mandate/date etc <input type="checkbox"/> I have decided to invest elsewhere <input type="checkbox"/> This is not the right time to invest <input type="checkbox"/> Others _____														

DECLARATION & SIGNATURES: Having read and understood the contents of scheme related documents and details above, I /We hereby request to change details for future installments or cancel the existing registration as stated above and agree to abide by terms and conditions, rules and regulations of the relevant scheme(s) and this facility.

Sole / First Unit Holder	Second Unit Holder	Third Unit Holder
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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:															
<p>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</p>																											
<p>PERIOD</p> <p>From <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>to <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></p> <p>Maximum period of validity of this mandate is 40 years only.</p>												D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																				
D	D	M	M	Y	Y	Y	Y																				
Mobile											1. Signature of Account Holder	2. Signature of Account Holder	3. Signature of Account Holder														
											1. Name of Account Holder	2. Name of Account Holder	3. Name of Account Holder														

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	
<input type="checkbox"/> Changes in Scheme Details <input type="checkbox"/> Changes in Debit Bank <input type="checkbox"/> Cancellation Request		ISC Stamp & Signature	