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	Sub Broker ARN & Name	Sub Broker/Branch/ RM Internal Code	EUIN (Refer note below)	For Office use only
ARN-79158			E027845	

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(✓) ☐ CREATE ☐ MODIFY ☐ 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 ☐ ~~Fixed Amount~~ ☑ Maximum Amount FREQUENCY ☐ ~~Mthly~~ ☐ ~~Qtly~~ ☐ ~~H. Yrly~~ ☐ ~~Yrly~~ ☑ 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

PERIOD

From D D M M Y Y Y Y

to D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only.

1. Signature of Account Holder 2. Signature of Account Holder 3. Signature of Account Holder

Mobile

1. Name of Account Holder 2. Name of Account Holder 3. 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
ARN-79158			E027845	

☐ 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 / FirstApplicant'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 %)	Top-Up (Minimum ` 100 or in Percentage %) Frequency
1.	DSP -		D D	☐ Daily ☐ Monthly* ☐ Quarterly	From M M Y Y Y Y For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till M M Y Y Y Y	` OR % Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
2.	DSP -		D D	☐ Daily ☐ Monthly* ☐ Quarterly	From M M Y Y Y Y For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till M M Y Y Y Y	` OR % Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
3.	DSP -		D D	☐ Daily ☐ Monthly* ☐ Quarterly	From M M Y Y Y Y For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till M M Y Y Y Y	` OR % Top-Up CAP*:	☐ Yearly* ☐ Half-yearly
(*Default option/Date) (#Default/40 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.:

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]

X First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature

Acknowledgement

Investor Name:

☐ DEBIT MANADATE FORM ☐ SIP FORM

DSP Mutual Fund

Folio No/Application No.

ISC Stamp