

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
361161			E689889	
Name of Sole / First Unitholder (Leave space between first / middle / last name) ☐ Mr. ☐ Ms. ☐ M/s. ☐ Others_____				Folio Number

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.

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

STP from Scheme/Plan/Option*/Sub Option

DSPPLANOPTION

STP to Scheme/Plan/Option*/Sub Option

DSPPLANOPTION

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)
☐ Daily	All Business days
☐ Weekly	☐ Mon* ☐ Tue ☐ Wed ☐ Thu ☐ Fri
☐ Monthly* ☐ Quarterly	D D Any date (1 st * to 31 st)

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.

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

SWP from Scheme/Plan/Option*/Sub Option

DSPPLANOPTION

Withdrawal Amount

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

Frequency (✓ Tick any one)	Days/Dates (✓ Tick any one)
☐ Weekly	☐ Mon* ☐ Tue ☐ Wed ☐ Thu ☐ Fri
☐ Monthly* ☐ Quarterly	D D Any date (1 st * to 31 st)

Withdrawal Period (Period to cover - minimum 6 SWP transactions) From

D D / M M / Y Y

 To

D D / M M / Y Y

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)

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

DSPPLANOPTION

To

Target Scheme (To where Income Distribution cum Capital Withdrawal (IDCW) is to be transferred)

DSPPLANOPTION

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 EUIN is left blank/not mentioned; I/We hereby confirm that the EUIN 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 SIP/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.

STP/ SWP will be ceased automatically as per the below table :

STP/ SWP Interval	Failed Attempts Before STP/SWP Cancellation
*Daily	3 instalments (*only STP)
Monthly / Weekly/ Quarterly	3 Instalments

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/-.

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
361161			E689889	

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/-salesperson of the distributor/sub broker.

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Name as per PAN card is mandatory)		Date of Birth/Incorporation (Mandatory)	
		D D / M M / Y Y Y Y	
Name of Guardian (if minor)/POA/Contact Person		Guardian is:	
		☐ Father ☐ Mother ☐ Court Appointed Attach proof if 1st applicant is a minor	
Date of Birth (Guardian) (Mandatory)		D D / M M / Y Y Y Y	
Existing Folio	PAN (1st Appl / Guardian)	Gender	☐ Male ☐ Female ☐ Others
CKYC - KIN	PAN of POA	☐ KYC attached	

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records) NRI Investors should mention their Overseas address (Refer instructions).

Email ID (in capital)			
Mobile +91	Tel (STD Code)		
Email ID belongs to	☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA		
Mobile No belongs to	☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA		
Address	Address Type (Mandatory)		
Landmark	☐ a. Residential & Business ☐ b. Residential ☐ c. Business ☐ d. Registered Office		
City	Pin Code (Mandatory)		
Overseas address - Overseas address is mandatory for NRI/FPI Applicants			
Address	☐ a. Residential & Business ☐ b. Residential ☐ c. Business ☐ d. Registered Office		
Landmark			
City	Pin Code (Mandatory)		

3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick✓) ☐ Indian Resident Individual ☐ Minor (Resident) ☐ Minor (Repatriable) ☐ Minor (Non Repatriable)

☐ NRI (Repatriable) ☐ NRI (Non Repatriable) ☐ Sole Proprietorship ☐ HUF - Indian ☐ HUF - NR ☐ Partnership Firm ☐ Limited Partnership (LLP)

☐ Public Ltd. Co. ☐ Private Ltd. Co. ☐ Body Corporate ☐ Bank ☐ FIs ☐ Insurance Companies ☐ Government Body ☐ AOP/BOI ☐ NPS Trust ☐ Provident Fund

☐ Superannuation/Pension Fund ☐ Gratuity Fund ☐ Mutual Fund ☐ FII ☐ FPI-Category I/II/III ☐ Others

☐ Trust ☐ Society } Are you a Non-Profit Organization constituted and registered as a Trust or Society under Societies Registration Act, 1860 for religious or charitable purpose as referred to in Clause (15) of Section 2 of the Income Tax Act, 1961, or a company registered under Section 8 of the Companies Act. 2013. ☐ Yes, our NPO Reg. No is _____ ☐ No (Mandatory)

3b. Occupation Details (Please tick✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

3c. Gross Annual Income (Please tick✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on D D / M M / Y Y Y Y Y (Not older than 1 year)

3d. For Individuals (Please tick✓) ☐ Not Applicable ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person

4. SECOND APPLICANT'S DETAILS (IF ANY)

☒ Mode of Holding (Please tick✓) ☐ Joint (Default) ☐ Anyone or Survivor Date of Birth (Mandatory)

2nd Applicant Name D D / M M / Y Y Y Y

(Name as per PAN card is mandatory) (Refer Instructions)

PAN CKYC - KIN

a. Occupation Details (Please tick✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

b. Gross Annual Income (Please tick✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

c. Others (Please tick✓) ☐ Not Applicable ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Email ID (in capital)

Mobile +91 Tel (STD Code)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Mobile No belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from _____ an application for purchase of units. Subject to verification and funds realization.

Scheme _____ Cheque no _____ Amount _____

5. THIRD APPLICANT'S DETAILS (IF ANY)

3rd Applicant Name

Date of Birth (Mandatory)

(Name as per PAN card is mandatory) (Refer Instructions)

PAN

CKYC - KIN

D D / M M / Y Y Y Y

a. Occupation Details (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

b. Gross Annual Income (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

c. Others (Please tick ✓) ☐ Not Applicable ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

Email ID
(in capital)

Mobile +91

Tel (STD Code)

Email ID belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

Mobile No belongs to ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor ☐ POA

6. FATCA and CRS DETAILS

Sole/First Applicant/Guardian			2nd Applicant			☐ 3rd Applicant ☐ POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality ☐ Indian ☐ U.S. ☐ Other			Nationality ☐ Indian ☐ U.S. ☐ Other			Nationality ☐ Indian ☐ U.S. ☐ Other		

Are you a tax resident of any country other than India ☐ Yes ☐ No If yes, please provide your tax identification details below

Country #	Tax Identification Number or equivalent	Identification Type/Reason*	Country #	Tax Identification Number or equivalent	Identification Type/Reason*	Country #	Tax Identification Number or equivalent	Identification Type/Reason*
1			1			1		
2			2			2		

If you do not have a TIN, you may provide an equivalent TIN as mentioned in Option a, or choose one option from Option b. Please attach a self-attested copy of the documentary proof.

☐ a ☐ Social Security Number ☐ National Insurance Number ☐ Citizen Or Personal Identification Code or Number ☐ Resident Registration Number OR

☐ b ☐ Student ☐ Dependent parent (Appropriate Visa) ☐ Diplomat (Diplomat Visa) ☐ Mariner / Sea farer (CDC) ☐ Sports person / Professional (Appropriate Visa) ☐ Recently Shifted residence (Appropriate Visa) ☐ Temporary Visit (Temporary work visa Teacher, Tourist or other visa) ☐ Not qualifying as tax resident as not meeting requisite no. of days' stay (Appropriate Visa) ☐ Country does not issue TIN to residents' ☐ The authorities of the country of tax residence mentioned does not require the TIN to be disclosed ☐ Other (please specify)

7. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

Bank Name

Bank A/C No.

A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

City

Pin

IFSC code: (11 digit)

8. INVESTMENT AND PAYMENT DETAILS (Default plan/option/sub 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.

☐ One time Lumpsum Investment ☐ SIP: Systematic Investment Plan.  Attach OTM form, if not already registered. Mention LUMP SUM and First SIP

Full Scheme/Plan/Option/Sub Option

Amount (₹)

Cheque Details below

1. DSP -	Scheme	Plan	Option/Sub Option		Payment Mode: ☐ Cheque ☐ DD
2. DSP -	Scheme	Plan	Option/Sub Option		☐ RTGS ☐ NEFT ☐ Funds transfer
3. DSP -	Scheme	Plan	Option/Sub Option		☐ One Time Mandate OTM*
Total				Amount in words	Cheque/DD/RTGS/NEFT Details:
				Amount in Figures	Ref. No. _____
					Date D D / M M / Y Y Y Y
					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

*Please note that OTM can be selected as mode of payment provided OTM is already registered

9. I/We wish to receive physical copy of the annual report/a bridged summary, if email id is not registered in the folio. ☐

10. UNIT HOLDER OPTION:

☐ Account Statement Mode (Default)

☐ Demat Mode

NSDL: I N

CDSL: _____

Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

Enclose for demat option: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy

Email: service@dspm.com

Website: www.dspm.com

Contact Center: 1800-208-4499 / 1800-200-4499

Quick Checklist 

- ☐ Name/s mentioned are as per PAN only
- ☐ Address, Email ID/Mobile are correctly mentioned.
- ☐ KYC information provided for each applicant
- ☐ FATCA/CRS details provided for each applicant
- ☐ Non Individual investors should attach ☐ FATCA Details and Declaration Form ☐ UBO Declaration Form
- ☐ Full scheme name, plan, option is mentioned
- ☐ Pay-In bank details and supportings are attached
- ☐ Nomination facility opted
- ☐ Form is signed by all applicants
- ☐ Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.

11. NOMINATION

I/We request DSP Mutual Fund (the fund) to update the Nomination in the folio as per details mentioned below.

I/We do hereby nominate the person/s more particularly described hereunder / and cancel the nomination made by me/us earlier in respect of Units held by Me/us.

I/ We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Share of nominee: ** if % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division shall be transferred to the first nominee mentioned in the form.

Identity Number:***Provide only number: PAN or Driving License or Adhaar (Last 4 digits). Passport number(in case of NRI/OCI/PIO). Copy of the document is not required.

Nomination Details								
Mandatory Details			Optional Details					
Name of nominee	Date of birth of nominee (minor)	Relationship	Where Nominee is a minor, Guardian Name	Postal Address (Mention complete postal address)	Mobile number E-mail	Identity Number ***	Share of Nominee (%) **	
1.				☐ Same as First Applicant				
2.				☐ Same as First Applicant				
3.				☐ Same as First Applicant				
		Total 100%	In case of each Minor as Nominee, please mention Guardian's relationship with Minor as Mother/Father/Legal Guardian. Kindly attach proof like Birth Certificate/School Leaving Certificate/Passport/Others.					

☐ **OPT-OUT declaration:** I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

I / We want the details of my / our nominee to be printed in the statement of holding, provided to me/ us by the AMC as follows; (please tick, as appropriate)

☐ Name of nominee(s) OR ☐ Nomination Registered[#]

#Default

11a. DECLARATION & SIGNATURES FOR NOMINATIONS (To be signed by all unit holders)

I / We have read the terms and conditions for nomination and hereby nominate the above nominee/s to receive all the amounts to my/our credits in the event of my/our death. Signature of the nominee/s acknowledging receipts of my/ our credit will constitute full discharge of liabilities of DSP Mutual Fund.

Sole / First Holder[^]

Second Holder[^]

Third Holder[^]

[^]If any holder affixes a thumb impression, it must be witnessed by two persons. Witnesses details to be filled below:

Witness 1 Details	Name	Signature	Address
Witness 2 Details	Name	Signature	Address

12. DECLARATION & SIGNATURES (TO BE SIGNED BY ALL UNIT HOLDERS/POA)

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 from time to time. I/We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme/Plan/ Option and agree to abide by the terms and conditions, rules and regulations. I/We have understood the Information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read alongwith instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form is true, correct and complete. 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).

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any
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Terms and Conditions

- a. The unit holder/s may nominate up to three nominees, in whom the units held by unit holder/s shall vest in the event of death of all unit holder/s.
- b. Nomination can be made only by individuals applying for / holding Units on their own behalf singly or jointly.
- c. A minor can be nominated, and in that event, the name, address and identity number of the guardian of the minor nominee may be optionally provided by the Unit Holder.
- d. 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.
- e. An NRI can be a nominee, subject to the exchange controls in force from time to time.
- f. Non-individuals (including societies, trusts, bodies corporate, partnership firms, etc.), Karta 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.
- g. 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. 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.
- h. 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.
- i. Nomination in respect of the units stands rescinded upon the transfer of units.
- j. Transfer of Units in favour of a nominee(s) shall be valid discharge by the AMC against the legal heir.
- k. 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).
- l. 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.
- m. Nomination will be maintained at the folio or account level and will be applicable for all investments in the folio or account.
- n. A new nomination request will imply simultaneous cancellation of existing nomination and request for fresh nomination.
- o. Applicants who do not wish to nominate, must at the designate space confirm their intention to opt-out of nomination, failing which, the form may be rejected at the discretion of the AMC/Fund.
- p. If an investor places their thumb impression on the nomination form, it must be witnessed by two individuals, and the details of these witnesses shall be properly recorded in the nomination form.
- q. In case of Opt-out, if no claim is made on the account / folio for a prolonged period after the demise of unit holder(s), the holdings may be treated as unclaimed assets, and they may be transferred to Investor Education and Protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.
- r. Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- s. Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC.

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

Utility Code

Office use only

Sponsor Bank Code

Office use only

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

☐ Daily ☐ Weekly ☐ Bi-Monthly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Annually ☒ 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

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

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

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

☐ I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/salesperson of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/salesperson of the distributor/sub broker.

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 (1 st * to 31 st)	Frequency	Start Month/Year End Month/Year [#]	Top-Up (Minimum ₹ 100 or in Percentage %)			
						Amount (₹) or Percentage %	Frequency		
1.	DSP -			☐ Daily ☐ Weekly ☐ Mon*☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Monthly* ☐ Quarterly	From For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till	₹	OR	%	☐ Yearly* ☐ Half-yearly
2.	DSP -			☐ Daily ☐ Weekly ☐ Mon*☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Monthly* ☐ Quarterly	For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till	₹	OR	%	☐ Yearly* ☐ Half-yearly
3.	DSP -			☐ Daily ☐ Weekly ☐ Mon*☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Monthly* ☐ Quarterly	For ☐ 40 yrs ☐ 10 yrs ☐ 7 yrs ☐ 5 yrs Or till	₹	OR	%	☐ Yearly* ☐ Half-yearly
(*Default option/Date) (#Default/40 yrs)		Total							

First SIP transactions via single cheque no. favouring 'DSP Mutual Fund' Dated

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

Terms and Conditions and Instructions

For detailed terms and conditions on SIP, including for OTM facility,

please visit our website www.dspim.com and also refer to scheme related documents.

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, sent to the updated mobile number and email id.
- The OTM forms require three important and mandatory dates to be filled in:**
 - a) Mandate Registration Date:** This date is located on the top right corner of the form. This will be the initial date from which the mandate will be registered.
 - b) Period "From" Date:** This is the starting date of the period for which the mandate will be applicable.
 - c) Period "To" Date:** This date will be the end of the period for which the mandate is valid. The "To" date must be within 40 years from the Mandate Registration Date This is a strict requirement and should not be exceeded.
- *The mandate will be rejected if the "To" date is either beyond 40 years, left blank, or if there are any ambiguities in the date provided.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- With the introduction of One Time mandate (OTM) facility, the mandate registration and SIP registration through OTM facility has been delinked. There are two separate forms, 1) for onetime mandate registration and 2) for SIP Registration.
- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- Transaction amount should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five business days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- While the Fund and RTA reserve the right to enhance the SIP period to ensure minimum installments as per respective scheme offer documents, even if the investor has submitted the form late or requested for a period less than minimum installments, they may reject the applications for less than minimum installments.
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five business days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered. If end date is not specified the SIP will be registered for 40 years from the registration date or end date of mandate, whichever is earlier.
- Under Daily SIP, the Unit Holder can invest a fixed amount into the scheme on a daily basis. Daily SIP installment shall be processed only when it is a Business Day for the scheme.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with DSP Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year.
- In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date.
- For SIPs through OTM, the maximum per installment amount after Top-Up shall not exceed Rs. 5 lakhs or the maximum amount mentioned in OTM form, whichever is less.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor needs to cancel the existing SIP and enroll for a fresh SIP with Top-up option.
- DSP Mutual Fund or the AMC, its registrars and other service providers are not responsible if the registration and subsequent transaction are delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
- SIP will be ceased automatically as per the below table :

S No	SIP Interval	No of failed debit attempts prior to cancellation of SIP
1	Daily	3 instalments
2	Weekly	3 instalments
3	Monthly	3 instalments
4	Quarterly	3 instalments

- If SIP is for minor investment/ folio; it will be registered only till the date of minor attaining majority even though the instructions may be for a period beyond that date.
- 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
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through 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.