

SIP (PDC) / STP / SWP / DTP

Mot	OAL FUND					1						
Distributor / RIA / PMI	RN Name and ARN /	Code Sub B	Broker Name and ARN	Branch/RM Int	ernal Code	Employee Uniq	ue ID. No. (EUIN)	For O	fice use only			
	103807					F	133071					
N 66 1 (F)				" / L	п п			- 1: N 1				
Name of Sole / Fire	st Unitholder (Le	eave space b	etween first / mid	dle / last name)	□ Mr. □	Ms. ∟M/s. I	☐ Others ☐	Folio Numbe	er			
Scheme Name/Plan	n/Option*/Sub O	ption*	DSP				PLAN	0	PTION			
SYSTEMATIC TRANSFER PLAN (STP) (Please allow 7 days to register STP) I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execute only" transaction without any interaction or advice by the distributor personnel concern												
STP in To Scheme/Plan/Option*/Sub Option* Upfront commission shall be paid directly by the investor to the AMFI regist												
DSP PLAN OPTION				OPTION		investors' assessment of various factors including the service rendered by the distributor.						
Transfer	☐ Fixed Sum o	f Rs.		(Minimum Rs	inimum Rs.500/-)							
Amount (Anyone)	☐ Capital Appreciation, subject to Minimum of Rs.500/-				3.3007)							
, ,			<u> </u>									
Frequency (✓Tick any one) □ Daily All Business days						Sole / FirstApplicant's Signature Mandatory						
· ·				DIVIDEND TRANSFER PLAN (DTP) - ENROLMENT								
☐ Monthly* ☐ Half Yearly ☐ Quarterly ☐ Yearly ☐ D Any date (1st* to 31st)						(Please allow 7 days to register DTP) (Refer Terms and Conditions) (Please mention complete Scheme, Plan & Option) Source Scheme (From where Dividend is to be transferred)						
Transfer Period (Period to cover - minimum 6 STP transactions)	From D D	/ M M /	/	D / M M / D	YY	DSP	ine (From Wile)	PLAN	OPTION			
Investments done and the load struc	in schemes thro	ugh STP will be applica	l be treated as inv ble.	estments through	h SIP	To						
SYSTEMATIC WI				s to register SWP)		larget Sche	me (To where L	Dividend is to be transferr	ed)			
Withdrawal	☐ Fixed Sum o		(i tease attori i da)		20 ()	DSP		PLAN	OPTION			
Amount	□ Capital Appr	eciation sub	piect to Minimum of I	(Minimum Rs.50	007-)	SYSTEMATIC INVESTMENT PLAN (SIP) POST DATED CHEQUES (PDC)						
☐ Capital Appreciation, subject to Minimu				3.3007		(Separate Cheque required for investment in different Scheme / Plan) All Cheques should be of same date of the months / quarters.						
Withdrawal Date	Each SIP Amount (minimum Rs. 500) Rs.							, dancers,				
Withdrawal Period	Frequency						SIP Date D D Any date (1st* to 31st) Frequency Monthly Quarterly					
Withdrawal Period (Period to cover - minimum 6 SWP transactions) From D D / M M / Y Y To D D / M M / Y Y S To D D / M M / Y Y Y To D D / M M / Y Y Y To D D / M M / Y Y Y To D D / M M / Y Y Y To D D / M M / Y Y Y To D D / M M / Y Y Y To D D / M M / Y Y Y Y To D D / M M / Y Y Y Y To D D / M M / Y Y Y Y To D D / M M / M / Y Y Y Y To D D / M M M / Y Y Y Y To D D / M M M / Y Y Y Y TO D D / M M M / Y Y Y Y Y TO D D / M M M / Y Y Y Y TO D / M M M / Y Y Y Y TO D / M M M / Y Y Y Y TO D / M M M / Y Y Y Y TO D / M M M / Y Y Y Y TO D / M M M / Y Y Y Y TO D / M M M / Y Y Y Y Y							SIP Period From D D / M M / Y Y To D D / M M / 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.							(Minimum 6 installments)					
Bank Name						Cheque Nos. From To						
Bank Account No.						Drawn on Bank/ Branch						
* Default Option/Da	te may be applie	ed in case of	f no information, a	ambiguity or discr	epancy.							
DECLARATION & Having read and understo of DSP Mutual Fund for U designed for the purpose of by any rebate or gifts, dir Mutual Funds from among	ood the contents of the nits of the relevant Sc of contravention or eva ectly or indirectly in m	Scheme Inform heme and agree asion of any Act, aking this invest s being recomme	nation Document and Sta e to abide by the terms Regulation, Rule, Notific ment. The ARN holder ha ended to me/us. Applica	ement of Additional In and conditions, rules ar ation, Directions or any as disclosed to me/us al ble to NRIs only: I/We o	formation, Key nd regulations o other applicab I the commissio confirm that I a	Information Memo of the Scheme. I / ole laws enacted by ons (in the form of of m/We are Non-Res	orandum, Instructions We declare that the the Government of I trail commission or a sident(s) of Indian Na	s and addenda issued by DSP Mutus amount invested in the Scheme i India or any Statutory Authority. I ny other mode), payable to him for	igned as per Mode of Holding) al Fund, I / We, hereby apply to the Trustee s through legitimate sources only and is not We have neither received nor been induced the different competing Schemes of various			
If EUIN is left blank/not r person of the above distri	mentioned; I/We herel ibutor or notwithstand	by confirm that ing the advice of	the EUIN box has been i f in-appropriateness, if a	ntentionally left blank ny, provided by the em	by me/us as thi ployee/relation	is is an "execution nship manager/sale	n-only" transaction w es person of the distr	rithout any interaction or advice be ibutor and the distributor has not	y the employee/relationship manager/sales charged any advisory fees on this transaction.			

Sole / First Unit Holder Second Unit Holder Third Unit Holder POA Holder, if any

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 obtain, son-claimly 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/NETT/Funds transfer requests should necessarily mention the pay-in bank account details i.e. account member and bank, branch name of the bank account used for issuing the payments to the fund. If the funds are from a bank account held by the fund, like bank pastbook topy or statement to prove that the funds are from a bank account held by first unit holder should attach necessary supporting documents are not submitted with the application, the fund reserves the right to register the application or call for additional details. ADDITIONAL PURCHASE THROUGHOUTH FACILITY: If you are making payment through for funds the redemption request to the application of the fund seem where you wish the debit to happen. If the same is not nettoined or is not registered, default bank mandate under OTM facility will be considered to debit to happen. If the same is not nettoined or is not registered, default bank mandate under OTM facility will be considered to debit to happen. If the same is not not registered by for the payment and t 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



EXISTING INVESTORS TRANSACTION FORM

FINANCIAL TRANSACTIONS

he unused Sections	of the Form to avoid misuse.			designated area of the form may r n and for each Scheme / Plan and I				
	RIA / PMRN Name and ARN / Code	Sub Broker ARN & Na	me Sub Broker/Bran Internal Cod		elow)	For Office use only		
I/We confirm	that the EUIN box is inter	ntionally left blank by me	e/us as this is an "execu	tion-only" transaction without	any interaction	or advice by the distributor personnel concerned.		
ofront commission shall	he naid directly by the investor to the A	MFI registered Distributors based on	the invectors' assessment of various f	factors including the service rendered by the	dietributor	·		
Existing Folio		*	First Unitholder	actors including the service rendered by the	Jisti ibutoi.			
ADDITIONAL	PURCHASE (DEFAULT P	LAN/OPTION WILL BE A	PPLIED INCASE OF NO IN	FORMATION, AMBIGUITY OR D	ISCREPANCY)			
Cheque/DD should b		if single cheque with multiple : e/Plan/Option/Sub C		n case of single scheme / scheme wise		Payment Mode:		
1. DSP -	Scheme	Plan	Option/Sub Op	Amount (()	OTM Facility (One Time Mandate) Cheque DD RTGS		
2. DSP -	Scheme	Plan	Option/Sub Op			□ NEFT □ Funds transfer		
3. DSP -	Scheme	Plan	Option/Sub Op			Cheque/DD/RTGS/NEFT Details:		
Total	Amount in words		орегон зав ор	Amount in Fig	oures	Ref. No Date dd/mm/yyyyy		
						DD charges, if any		
Payment from	n Bank A/c No.	Pay In A/c N		A/c. Type Savings	Current NRE	NRO FCNR Others		
Bank Name 8	& Branch							
Documents A	ttached to avoid Third Pa	rty Payment Rejection,	where applicable:	Bank Certificate, for DD	Third Party De	eclarations		
REDEMPTION	(Write Scheme Name,	Plan / Option / Sub	Option below)	SWITCH (Write switch-c	ut Scheme Nan	ne, Plan / Option / Sub Option below)		
Scheme Name				Scheme Name/Plan/	P -			
Option*/Sub O Amount in Fig	ption*	Words		Option*/Sub Option* Amount in Figures	Amount in Wo	ords		
Rs.	gures Amount in	Words		Rs.	Amount in We	7.03		
	that the Redemption can be	done either in Units or in	Amount and not in both)	OR (Please note that the SV Units in Figures	vitch can be done Units in Word	e either in Units or in Amount and not in both)		
Units in Figures	Units in W	ords		Office III Igares	Omes in word			
				Switch-in To Scheme / Plan	/ Option* / Sub	Option*		
	nt for This Redemption Bank Mandate" request. I			DSP				
I/We agree that the	e redemption proceeds should b	be sent entirely at our risk to	the following bank account,	PAN AND KYC UPDATI Sole / First Applicant /	ON	KYC LETTER		
	ed with the fund or to the defa	ult bank account if no bank a	account is mentioned here.	Guardian		Attached		
Bank Name				Second Applicant / Guardian Attached				
Account No.	Inregistered bank account will r	not be considered, even if me	entioned here. To change	Third Applicant / Guardian Attached				
bank account, inv	estors should avail multiple b	oank account registration fac	cility and use a specific	PoA (Power of Attorney) REGISTRATIO	N DETAILS (Refer Instructions overleaf)		
	or this purpose. If unit holder(s quest (with or without necessa			Name of the PoA holder				
	payment of redemption proceed	-		PAN of the PoA holder		Attached KYC Letter (Mandatory)		
•	may be applied in case of i	no information, ambiguity	or discrepancy.			Notarized copy of PoA (To be signed as per Mode of Holding)		
	N & SIGNATURES erstood the contents of the Schem	ne Information Document and St	atement of Additional Informati	on. Kev Information Memorandum. Inst	ructions and addenda	issued by DSP Mutual Fund, I / We, hereby apply to the Trustee		
of DSP Mutual Fund t	for Units of the relevant Scheme a	and agree to abide by the terms	and conditions, rules and regul	lations of the Scheme, L / We declare t	hat the amount inves	ted in the Scheme is through legitimate sources only and is not any Statutory Authority. I / We have neither received nor been		
induced by any reba	te or gifts, directly or indirectly	in making this investment. The	ARN holder has disclosed to me	e/us all the commissions (in the form of RIs only: I/We confirm that I am/We a	of trail commission or	r any other mode), payable to him for the different competing		
If EUIN is left blank/	not mentioned; I/We hereby confiding the	irm that the EUIN box has been advice of in-appropriateness, if	intentionally left blank by me/	us as this is an "execution-only" transa	ction without any int	eraction or advice by the employee/relationship manager/sales distributor has not charged any advisory fees on this transaction.		
F			,,,					
Sole	/ First Unit Holder	Secon	d Unit Holder	Third Unit Ho	older	POA Holder, if any		
	_		- — — — — —					
ACKNOWLE	EDGEMENT SLIP					DSP MUTUAL FUND		
_		ay not be processed in case of inco	omplete / ambiguous / improper /	/ incorrect details in Transaction Form.	Redemp	otion or Switch		
Investor Nam	ne				Amount (Rs.)		
Folio Number			Additional Purcha	ase or SIP (PDC)	OR Units			
1 Ono Rumber			Total Amount (Rs.)		PAN and	PAN and KYC Updation		
Scheme/s			` ,		PoA Reg	gistration STP or SWP or DTP		
			Total Cheques Cheques From					
			Cheques From No.(s) To					
			10			ISC Stamp & Signature		

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