

Distributor/RIA/PMRN name and ARN/code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)	For Office use only

Existing Folio Number  Name of First holder

**A. MODIFICATION IN**  SIP  STP  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 <sup>st</sup> to 31 <sup>st</sup> ) 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: ₹ (*Default if frequency not mentioned) (Minimum ₹ 500. 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
Bank Account No.:			Bank Name	

**C. CHANGE OF AUTO DEBIT BANK (ONLY FOR SIP)**

New Bank Account Number & Bank Name	<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)
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**D. CANCELLATION REQUEST**  SIP  STP  SWP (Tick any one)

Scheme /Plan / Option:	DSP	Plan	Option	
Installment Details:	Installment Amount: Rs. Installment Date:		Existing Bank Account Number (only for SIP)	

**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]

Date

Tick(✓)  
 CREATE  MODIFY  CANCEL  
 UMRN  Office use only   
 Sponsor Bank Code  Office use only Utility 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  OR MICR

an amount of Rupees  In Words ₹  In Figures

FREQUENCY  Mthly  Qtly  H. Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 Folio No:  Mobile

Reference 2 Appln No:  Email id

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.

PERIOD  
 From  to   
 or  Until Cancelled

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Name of Account Holder	Name of Account Holder	Name of Account Holder

**Declaration:** 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/Standing Instructions. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH (Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit / Standing instructions 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.

Please attach a cancelled cheque/cheque copy

### 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

Changes in Scheme Details  Changes in Debit Bank  Cancellation Request ISC Stamp & Signature