

Please fill only in the space provided. Any additional details/notings/instructions or those provided at a non designated area of the form may not be executed. Kindly strike off the unused Sections of the Form to avoid misuse. Please use separate Transaction Form for each Transaction and for each Scheme / Plan and Kindly refer Instructions overleaf.

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

I/We confirm that the EUIIN 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.

Existing Folio Number	Name of Sole / First Unitholder	(Sole / First Applicant's Signature Mandatory)
-----------------------	---------------------------------	--

ADDITIONAL PURCHASE (DEFAULT PLAN/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.

Full Scheme/Plan/Option/Sub Option	Amount (₹)	Payment Mode:
1. DSP - Scheme Plan Option/Sub Option		<input type="checkbox"/> OTM Facility (One Time Mandate)
2. DSP - Scheme Plan Option/Sub Option		<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS
3. DSP - Scheme Plan Option/Sub Option		<input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer
Total	Amount in Figures	Cheque/DD/RTGS/NEFT Details:
Amount in words		Ref. No. _____
		Date dd / mm / yyyy
		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 & Branch _____

Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

REDEMPTION (Write Scheme Name, Plan / Option / Sub Option below)

Scheme Name/Plan/Option*/Sub Option* DSP - _____

Amount in Figures _____ Amount in Words _____

Rs. _____

OR (Please note that the Redemption can be done either in Units or in Amount and not in both)

Units in Figures _____ Units in Words _____

Bank Account for This Redemption Proceeds (This should NOT be construed as "Change of Bank Mandate" request. Refer Instructions overleaf.)

I/We agree that the redemption proceeds should be sent entirely at our risk to the following bank account, if already registered with the fund or to the default bank account if no bank account is mentioned here.

Bank Name _____

Account No. _____

Important Note: Unregistered bank account will not be considered, even if mentioned here. To change bank account, investors should avail multiple bank account registration facility and use a specific designated form for this purpose. If unit holder(s) provide a new and unregistered bank mandate with the redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds and will not be registered.

* Default Option may be applied in case of no information, ambiguity or discrepancy.

SWITCH (Write switch-out Scheme Name, Plan / Option / Sub Option below)

Scheme Name/Plan/Option*/Sub Option* DSP - _____

Amount in Figures _____ Amount in Words _____

Rs. _____

OR (Please note that the Switch can be done either in Units or in Amount and not in both)

Units in Figures _____ Units in Words _____

Switch-in To Scheme / Plan / Option* / Sub Option* _____

DSP _____

PAN AND KYC UPDATION

Sole / First Applicant / Guardian _____

Second Applicant / Guardian _____

Third Applicant / Guardian _____

KYC LETTER

Attached

Attached

Attached

PoA (Power of Attorney) REGISTRATION DETAILS (Refer Instructions overleaf)

Name of the PoA holder _____

PAN of the PoA holder _____

Attached KYC Letter (Mandatory)

Notarized copy of PoA

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 EUIIN is left blank/not mentioned; I/We hereby confirm that the EUIIN 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
--------------------------	--------------------	-------------------	--------------------

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 _____

Scheme/s _____

Additional Purchase or SIP (PDC)

Total Amount (Rs.) _____

Total Cheques _____

Cheques From _____

No.(s) To _____

Redemption or Switch

Amount (Rs.) _____

OR Units _____

PAN and KYC Updation

PoA Registration STP or SWP or DTP

ISC Stamp & Signature _____