

Sole / First Unit Holder

SIP (PDC) / STP / SWP / DTP

| MUTUAL FUND | | | | | | | | |
|---|--|--|--|---|--|--|--|--|
| Distributor / RIA / PMRN Name and ARN | / Code Sub Broker Name and ARN | Branch/RM Internal Code | Employee Unique ID. No. (EUIN) | For Office us | e only | | | |
| Name of Sole / First Unitholder (I | Leave space between first / midd | le / last name) | Ms. M/s. Others Folio Number | | | | | |
| Scheme Name/Plan/Option*/Sub | Option* DSP | | PLAN | OPTION | | | | |
| SYSTEMATIC TRANSFER PLA | N (STP) (Please allow 7 day | ys to register STP) | | box is intentionally left blank by me | | | | |
| STP in To Scheme/Plan/Option*/S | Sub Option* | | 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 | | | | | |
| DSP PLAN OPTION | | | investors' assessment of various factors including the service rendered by the distributor. | | | | | |
| Transfer | of Rs. preciation, subject to Minimum of Rs | (Minimum Rs.500/-) s.500/- | | | | | | |
| Frequency (√Tick any one) | ncy (✓Tick any one) Days/Dates (✓Tick any one) | | | Cala / Firethanlisant's Cirattura Handatan | | | | |
| ☐ Daily All Business days | | | Sole / FirstApplicant's Signature Mandatory | | | | | |
| □ Weekly | ☐ Mon* ☐ Tue ☐ Wed | ☐ Thu ☐ Fri | | PLAN (DTP) - ENROLMENT D | | | | |
| Monthly* Half Yearly Quarterly Yearly Yearly | | | | | | | | |
| Transfer Period (Period to cover - minimum From D D 6 STP transactions) | / M M / Y Y To D D | / M M / Y Y | DSP | PLAN | OPTION | | | |
| Investments done in schemes thr and the load structure for SIP wi | | estments through SIP | To | | | | | |
| SYSTEMATIC WITHDRAWAL P | | to register SWP) | Target Scheme (To where Dividend is to be transferred) | | | | | |
| \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | y | DSP | PLAN | OPTION | | | |
| Amount (Minimum Rs. | | | SYSTEMATIC INVESTMENT PLAN (SIP) POST DATED CHEQUES (PDC) | | | | | |
| · · · · · · · · · · · · · · · · · · · | , · · · | (Separate Cheque required for investment in different Scheme / Plan) All Cheques should be of same date of the months / quarters. | | | | | | |
| Each SIP Amount (minimum Rs. 500) Rs. | | | | | | | | |
| Frequency | | | | | | | | |
| 6 SWP transactions) | / M M / Y Y To D D | | SIP Date \square \square Any date (1st^ to 31st) Frequency \square Monthly \square Quarterly SIP Period From \square | | | | | |
| Please mention any of the registered bank ac will be credited to the default bank account. | count details in the folio for Payout, If no de | etails are mentioned payout | (Minimum 6 installments) | | | | | |
| Bank Name | | | Cheque Nos. From | То | | | | |
| Bank Account No. | | | Drawn on Bank/ Branch | | | | | |
| Default Option/Date may be appl | ied in case of no information, ar | mbiguity or discrepancy. | | | | | | |
| DECLARATION & SIGNATURES Having read and understood the contents of to DSP Mutual Fund for Units of the relevant designed for the purpose of contravention or e by any rebate or gifts, directly or indirectly in Mutual Funds from amongst which the Scheme | Scheme and agree to abide by the terms are evasion of any Act, Regulation, Rule, Notifica making this investment. The ARN holder has | nd conditions, rules and regulations ition, Directions or any other applical disclosed to me/us all the commission | of the Scheme. I / We declare that the ble laws enacted by the Government of ons (in the form of trail commission or a | s and addenda issued by DSP Mutual Fund, I , e amount invested in the Scheme is through India or any Statutory Authority. I / We have ny other mode), payable to him for the differ | egitimate sources only and is n | | | |
| If EUIN is left blank/not mentioned; I/We her person of the above distributor or notwithstan | reby confirm that the EUIN box has been in Iding the advice of in-appropriateness, if an | tentionally left blank by me/us as th y, provided by the employee/relatio | his is an "execution-only" transaction w nship manager/sales person of the distr | vithout any interaction or advice by the emp ributor and the distributor has not charged an | loyee/relationship manager/sal ny advisory fees on this transacti | | | |

Third Unit Holder

POA Holder, if any

Second Unit Holder

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 option. In case the details are not proper and clear or in case of demand drafts, unit holder should attend the pay-in bank account. Hourhase application through Cheque/DD/RTGS/NEFT/Fugust, or in case of demand drafts, unit holder should attach necessary supporting documents are required by the fund, like bank certificate, bank passbook copy or statement to prove that the funds are from a bank account holders in the fund 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 on bank accounts he debit to happen. If the same is not mentioned or is not registered, default bank mandate united or TM 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, in the purchase amount. KYC COMPLIANCE: Investors shall note that KYC is mandatory and they need to comply with the "Know Your Client



EXISTING INVESTORS TRANSACTION FORM

FINANCIAL TRANSACTIONS

| he unused Séctions of the F | orm to avoid misuse. Ple | | ion Form for each Transactio | n designated area of the form m on and for each Scheme / Plan a | | | |
|--|---|---|---|--|--|---|--|
| Distributor / RIA / P ARN / C | | Sub Broker ARN & Na | me Sub Broker/Brar Internal Co | | e below) | For Office use only | |
| | | | | | | | |
| ☐ I/We confirm that th | e EUIN box is intentio | onally left blank by me | e/us as this is an "execu | tion-only" transaction with | out any interaction | or advice by the distributor personnel concerned. | |
| nfront commission shall be paid dire | ectly 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 | | • | First Unitholder | .accord measuring the service rendered by | and distributor. | | |
| | | | | | | | |
| ADDITIONAL PURC | HASE (DEFAULT PLA | N/OPTION WILL BE AF | PPLIED INCASE OF NO IN | NFORMATION, AMBIGUITY OF | R DISCREPANCY) | | |
| Cheque/DD should be in favou | | single cheque with multiple s Plan/Option/Sub C | | in case of single scheme / scheme w Amount | _ ' | Payment Mode: | |
| 1. DSP - | Scheme | Plan | Option/Sub Op | | ((() | ☐ 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: Ref. No. | |
| Total | Amount in words | | | Amount in | Figures | Date dd/mm/yyyy | |
| Daymont from Pank A | /a No | Pay In A/c N | n | | | DD charges, if any | |
| Payment from Bank A | VC NO. | ray III A7 C N | J. | A/c. Type Savings | CurrentNRE | E NRO FCNR Others | |
| Bank Name & Brand | ch | | | | | | |
| Documents Attached | to avoid Third Party | Payment Rejection, | where applicable: | Bank Certificate, for DD | ☐ Third Party D | eclarations | |
| REDEMPTION (Writ | e Scheme Name, P | lan / Option / Sub | Option below) | SWITCH (Write switch | h-out Scheme Na | me, Plan / Option / Sub Option below) | |
| Scheme Name/Plan/ | DSP - | | | Scheme Name/Plan/ Option*/Sub Option* | DSP - | | |
| Option*/Sub Option* Amount in Figures | Amount in W | ords/ | | Amount in Figures | Amount in W | ords | |
| Rs. | | | | Rs. | | | |
| OR (Please note that the | • | | Amount and not in both) | OR (Please note that the Units in Figures | e Switch can be dor Units in Word | ne either in Units or in Amount and not in both) | |
| Units in Figures | Units in Word | ds | | | | | |
| D 1 4 | T I. D I .: | 5 1 = 1. | | Switch-in To Scheme / P DSP | lan / Option* / Sub | Option* | |
| as "Change of Bank M | | | ould NOT be construed af.) | | TION | VVC LETTER | |
| I/We agree that the redemp | | | | PAN AND KYC UPDA Sole / First Applicant / | ATION | KYC LETTER | |
| if already registered with the fund or to the default bank account if no bank account is mentioned here. Bank Name | | | | Guardian Attached Second Applicant / | | | |
| Account No. | | | | Guardian Attached Third Applicant / | | | |
| Important Note: Unregistered bank account will not be considered, even if mentioned here. To change | | | | Guardian Attached | | | |
| bank account, investors sh designated form for this pu | • | • | | PoA (Power of Attorney) REGISTRATION DETAILS (Refer Instructions overleaf) Name of the | | | |
| 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. | | | | PoA holder | | | |
| be considered for payment | or redemption proceeds | and will not be registered | 1. | PAN of the PoA holder | | | |
| Default Option may be applied in case of no information, ambiguity or discrepancy. Attached KYC Letter (Mandatory) Notarized copy of PoA FATCA | | | | | | | |
| DECLARATION & SIG | | | | | | (TO BE SIGNED AS PER MODE OF HOLDING) | |
| Having read and understood the of DSP Mutual Fund for Units of designed for the purpose of a | ne contents of the Scheme I of the relevant Scheme and | nformation Document and St agree to abide by the terms | atement of Additional Informat and conditions, rules and regu stification. Directions or any of | ion, Key Information Memorandum, Ilations of the Scheme. I / We decla | Instructions and addendance that the amount inve | a issued by DSP Mutual Fund, I / We, hereby apply to the Trustee sted in the Scheme is through legitimate sources only and is not | |
| induced by any rebate or gift Schemes of various Mutual Fu | s, directly or indirectly in r | making this investment. The e Scheme is being recommen | ARN holder has disclosed to mided to me/us. Applicable to N | e/us all the commissions (in the fo IRIs only: I/We confirm that I am/W | rm of trail commission of le are Non-Resident(s) of | a issued by DSP Mutual Fund, I / We, hereby apply to the Trustee sted in the Scheme is through legitimate sources only and is not any Statutory Authority. I / We have neither received nor been or any other mode), payable to him for the different competing f Indian Nationality. | |
| If EUIN is left blank/not ment | ioned; I/We hereby confirm | that the EUIN box has been | intentionally left blank by me/ | us as this is an "execution-only" tra | ansaction without any in | teraction or advice by the employee/relationship manager/sales distributor has not charged any advisory fees on this transaction. | |
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| | | | | | | | |
| Sole / First | Unit Holder | Secon | d Unit Holder | Third Unit | Holder | POA Holder, if any | |
| | - - - - | | | | | ·× | |
| ACKNOWLEDGE | | | and the Combination of the | A forest and the first transfer to the first transfer transfer to the first transfer tra | | DSP MUTUAL FUND | |
| Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / Investor Name | | | correct details in Transaction Form. Redemption or Switch Amount (Rs.) | | | | |
| | | | | , | OR Units | | |
| Folio Number | | Additional Purchase or SIP (PDC) | | _ | PAN and KYC Updation | | |
| Schome/s | | | Total Amount (Rs.) | | | gistration STP or SWP or DTP | |
| Scheme/s | | | Total Cheques | | FUA RE | SISTERCOL ST. OI STAL OI DIE | |
| | | | Cheques From | | | | |
| | | | No.(s) To | | | ICC Change C. Company | |
| | | | | | | ISC Stamp & Signature | |

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