

## SIP (PDC) / STP / SWP / DTP

Distributor / RIA / PMI	RN Name and ARN / Co	de Sub Brol	ker Name and ARN	Branch/RM Internal Cod	Employee Uniq	que ID. No. (EUIN)	For Offi	ce use only			
					_						
	130842					E215826					
Name of Sole / First Unitholder (Leave space between first / middle / last name)											
Scheme Name/Plan	n/Option*/Sub Opti	ion* [	OSP			PLAN	OPT	TION			
SYSTEMATIC TR	RANSFER PLAN (	(STP) (Plea	se allow 7 day:	s to register STP)	I/We confi	rm that the EUIN box saction without any ir	is intentionally left blank nteraction or advice by the	by me/us as this is an "execution- e distributor personnel concerned.			
STP in To Scheme	/Plan/Option*/Sub	Option*			Upfront con	nmission shall be paid di	irectly by the investor to the A	MFI registered Distributors based on the			
DSP	PLAN	l	0	PTION	investors' a	ssessment of various fact	tors including the service rend	ered by the distributor.			
Transfer Amount (Anyone)	☐ Fixed Sum of ☐ Capital Apprec	Rs.	ct to Minimum of Rs.	(Minimum Rs.500/-)							
Frequency (✓Tio	ck any one)	Davs/Dates	(√Tick any one)								
Daily						Sole / FirstApplicant's Signature Mandatory					
□ Weekly	[	☐ Mon* ☐	Tue	☐ Thu ☐ Fri			N (DTP) - ENROLME				
☐ Monthly*	☐ Half Yearly	D D	A	441)				erms and Conditions)			
☐ Quarterly ☐	☐ Yearly	D D	Any date (1st* to 3°	134)	,	•	eme, Plan & Option) Dividend is to be transfe	rred)			
Transfer Period (Period to cover - minimum 6 STP transactions)	From D D /	M M /	Y Y To D D	/ M M / Y Y	DSP	·	PLAN	OPTION			
Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable.  Target Scheme (To where Dividend is to be transferred)											
SYSTEMATIC WI	THDRAWAL PLAI	<b>N (SWP)</b> (Pl	ease allow 7 days t	o register SWP)	DSP	and (10 miere bivie	PLAN	,			
Withdrawal	☐ Fixed Sum of Rs.							OPTION			
Amount	☐ Capital Appreciation, subject to Minimum of Rs.500/-			,	SYSTEMATIC INVESTMENT PLAN (SIP) POST DATED CHEQUES (PDC)						
Withdrawal Date		ate (1st* to 3			(Separate Cheque required for investment in different Scheme / Plan) All Cheques should be of same date of the months / quarters.						
Frequency						Each SIP Amount (minimum Rs. 500) Rs.					
Withdrawal Period	☐ Monthly* ☐ Quarterly ☐ Half Yearly ☐ Yearly  From ☐ ☐ / M M / Y Y To ☐ ☐ / M M / Y Y				SIP Date □ □ Any date (1st* to 31st) Frequency □ Monthly □ Quarterly						
(Period to cover - minimu 6 SWP transactions)	From D D /	M   M   /   `	Y Y To D D /	M M / Y Y	SIP Period From D D / M M / Y Y To D D / M M / Y						
Please mention any of the	Please mention any of the registered bank account details in the folio for Payout, If no details are mentioned payout						(Minimum 6 installments)				
will be credited to the default bank account.  Bank Name					Cheque Nos. From To						
Bank Account No.					Drawn on Bank/ Branch						
* Default Option/Date may be applied in case of no information, ambiguity or discrepancy.											
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 lead use 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 r	mentioned: I/We hereby of	confirm that the	EUIN box has been inte	entionally left blank by me/us a	this is an "execution	n-only" transaction withou	ut any interaction or advice by t	the employee/relationship manager/sales arged 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 fundity registered in your folio, please tick the relevant box and do not attach any cheque. If more than one bank accounts are registered by for fundity registered in your folio, please tick the relevant box and do not attach any cheque. If more than one bank accounts are registered by for Macility registered by nour folio under OTM facility registered by nour folio under other defaults bank mandate under OTM facility registered by nour folio under other defaults bank and additional details. ADDITIONAL PURCHASE THROUGHOUTH for facility registered in your f 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 th	e Form to avoid misuse. Plea		on Form for each Transacti	n designated area of the form may n on and for each Scheme / Plan and R				
	/ PMRN Name and / Code	Sub Broker ARN & Na	me Sub Broker/Bra Internal Co	FILIN (Refer note n	elow)	For Office use only		
☐ I/We confirm that	the EUIN box is intention	nally left blank by me	·/us as this is an "exect	ution-only" transaction without	any interaction	or advice by the distributor personnel concerned.		
pfront commission shall be paid	directly by the investor to the AMFI of	registered Distributors based on t	he investors' assessment of various	s factors including the service rendered by the d	istributor.			
pfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various:  Existing Folio Number  Name of Sole / First Unitholder				and service rendered by the t	(Sole / First A			
ADDITIONAL PUI	RCHASE (DEFAULT PLAN	N/OPTION WILL BE AF	PLIED INCASE OF NO II	NFORMATION, AMBIGUITY OR D	SCREPANCY)			
Cheque/DD should be in fa		ingle cheque with multiple s Plan/Option/Sub O		in case of single scheme / scheme wise o		Payment Mode:		
1. DSP -			Option/Sub O	Amount (₹	,	OTM Facility (One Time Mandate) Cheque DD RTGS		
2. DSP -	Scheme	Plan Plan	Option/Sub O	·		☐ NEFT ☐ Funds transfer		
3. DSP -	Scheme	Plan	Option/Sub O			Cheque/DD/RTGS/NEFT Details: Ref. No		
Total	Amount in words			Amount in Fig	ures	Date dd/mm/yyyy		
		Davida A / a M				DD charges, if any		
Payment from Ban	ık A/c No.	Pay In A/c No	).	A/c. Type Savings	Current NRE	NRO FCNR Others		
Bank Name & Bra	anch							
Documents Attach	ned to avoid Third Party	Payment Rejection,	where applicable:	Bank Certificate, for DD	Third Party De	eclarations		
REDEMPTION (W	rite Scheme Name, Pla	an / Option / Sub (	Option below)	SWITCH (Write switch-o	ut Scheme Nan	ne, Plan / Option / Sub Option below)		
Scheme Name/Plar				Scheme Name/Plan/	P -			
Option*/Sub Option Amount in Figures	n*	ords		Option*/Sub Option*  Amount in Figures	Amount in Wo	rds		
Rs.	Amount in we	л uз		Rs.	7Suite III 110	-		
	the Redemption can be don	ne either in Units or in	Amount and not in both)	OR (Please note that the Sw 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 Word	s		omes in rigares	Office III Word			
				Switch-in To Scheme / Plan	/ Option* / Sub	Option*		
	or This Redemption Mandate" request. Refe			DSP				
I/We agree that the rede	emption proceeds should be se	ent entirely at our risk to	the following bank account,	PAN AND KYC UPDATION Sole / First Applicant /	ON	KYC LETTER		
	h the fund or to the default b	oank account if no bank a	ccount is mentioned here.	Guardian				
Bank Name				Second Applicant / Attached				
Account No.	stered bank account will not b	ne considered even if me	entioned here. To change	Third Applicant / Guardian		Attached		
bank account, investors	should avail multiple bank	account registration fac	ility and use a specific	PoA (Power of Attorney)	REGISTRATIO	N DETAILS (Refer Instructions overleaf)		
	s purpose. If unit holder(s) pro (with or without necessary so			Name of the PoA holder				
	ent of redemption proceeds a	•		PAN of the PoA holder		Attached KYC Letter (Mandatory)		
	be applied in case of no in	mormation, ambiguity	or discrepancy.			Notarized copy of PoA  (To be signed as per Mode of Holding)		
DECLARATION & S  Having read and understoo		formation Document and Sta	atement of Additional Informat	tion. Kev Information Memorandum, Instr	uctions and addenda	issued by DSP Mutual Fund, I / We, hereby apply to the Trustee		
of DSP Mutual Fund for Uni	its of the relevant Scheme and a	agree to abide by the terms	and conditions, rules and regi	ulations of the Scheme. I / We declare tl	nat 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		
				ne/us all the commissions (in the form on NRIs only: I/We confirm that I am/We ar		any other mode), payable to him for the different competing Indian Nationality.		
						eraction or advice by the employee/relationship manager/sales distributor has not charged any advisory fees on this transaction.		
			, ,,,			, , , , , , , , , , , , , , , , , , , ,		
Sole / Fir	rst Unit Holder	Second	d Unit Holder	Third Unit Ho	lder	POA Holder, if any		
ACKNOWLEDG	EMENT SLIP					DSP MUTUAL FUND		
	ect to verification. Request may not	t be processed in case of inco	mplete / ambiguous / improper	/ incorrect details in Transaction Form.				
Investor Name					Amount (Rs.)			
Folio Number			Additional Purch	ase or SIP (PDC)	OR Units			
			Total Amount (Rs.)		PAN and KYC Updation			
Scheme/s			` ′		☐ PoA Reg	gistration STP or SWP or DTP		
			Total 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