	UAL FUND			S TRANSACTION		FINANCIAL TRANSACTIONS
	the Form to avoid misuse. Please u	ise separate Transa		n designated area of the form may n on and for each Scheme / Plan and K		
and ARN / C			nternal Code	EUIN (Refer note below)	For	Office use only
RN-112	2708			E161581		
	at the EUIN box is intentional lvice by the distributor persor		me/us as this is an "exec	cution-only" transaction withou	t any	
t commission shall be pa	aid directly by the investor to the AMFI regist	ered Distributors based o		factors including the service rendered by the d		Annlinent's Genetuurs Handatama)
sting Folio Nun	nber	Name of Sole	/ First Unitholder		(Sole / First	Applicant's Signature Mandatory)
				IFORMATION, AMBIGUITY OR D		lada
	Full Scheme/Plar			Amount (₹	Tayment w	acility (One Time Mandate)
. DSP -	Scheme	Plan	Option/Sub Op	otion	Chequ	e DD RTGS
. DSP -	Scheme	Plan	Option/Sub Op	otion		D/RTGS/NEFT Details:
. DSP -	Scheme	Plan	Option/Sub Op		Ref. No	
otal	Amount in words			Amount in Fig	Date Date Date DD charge	/ m m / y y y y s, if any
ayment from Ba	ank A/c No.	Pay In A/c	No.	A/c. Type Savings	Current NRE NRO	
ank Name & B	ranch					
		mant Detecti		Peole Contificate for DD	Third Davis Declaration	
	ched to avoid Third Party Pay					Option / Sub Option holow)
	Write Scheme Name, Plan	/ Option / Sub	Option below)	Schome Name/Plan/		Option / Sub Option below)
eme Name/Pla ion*/Sub Opti				Option*/Sub Option*	Ρ-	
ount in Figure	es Amount in Words	S		Amount in Figures	Amount in Words	
				Rs. OR (Please note that the Sw	vitch can be done either in L	Inits or in Amount and not in both)
Please note tha s in Figures	t the Redemption can be done e Units in Words	ither in Units or i	n Amount and not in both)	Units in Figures	Units in Words	
is in riguies				Switch in To Scheme / Dian	(Ontingt / Sub Ontingt	
nk Account	for This Podomotion Dr.	acaada (This s	hould NOT be construed	Switch-in To Scheme / Plan DSP		
	for This Redemption Pro nk Mandate" request. Refer In			PAN AND KYC UPDATIO	2N	
e agree that the re	demption proceeds should be sent e rith the fund or to the default bank	entirely at our risk to	o the following bank account,	Sole / First Applicant /		KYC LETTER
ik Name			account is mentioned here.	Guardian Second Applicant /		Attached
count No.				Guardian		Attached
	gistered bank account will not be c	onsidered, even if r	nentioned here. To change	Third Applicant / Guardian		Attached
account, investo	ors should avail multiple bank acc	count registration f	acility and use a specific	PoA (Power of Attorney)	REGISTRATION DETAILS	(Refer Instructions overleaf)
	nis purpose. If unit holder(s) provid st (with or without necessary suppo			Name of the PoA holder		
onsidered for pay	ment of redemption proceeds and	will not be register	ed.	PAN of the PoA holder		Attached 🔄 KYC Letter (Mandatory)
. ,	/ be applied in case of no info	rmation, ambigui	ty or discrepancy.	POA Holder		Notarized copy of PoA
	SIGNATURES				N	o be signed as per Mode of Holding)
P Mutual Fund for L	Jnits of the relevant Scheme and agree	e to abide by the terr	ns and conditions, rules and regu	lations of the Scheme. I / We declare the	hat the amount invested in the Sche	Autual Fund, I / We, hereby apply to the Trusto me is through legitimate sources only and is n
ed by any rebate o	or gifts, directly or indirectly in making	g this investment. Th	e ARN holder has disclosed to m	e/us all the commissions (in the form o	f trail commission or any other mod	uthority. I / We have neither received nor be de), payable to him for the different competi
				IRIs only: I/We confirm that I am/We ar /us as this is an "execution-only" transa		ity. ice by the employee/relationship manager/sal
n of the above distr	ibutor or notwithstanding the advice of	in-appropriateness,	if any, provided by the employee/	relationship manager/sales person of the	e distributor and the distributor has n	not charged any advisory fees on this transactio
Sole / F	First Unit Holder	Seco	nd Unit Holder	Third Unit Ho	lder	POA Holder, if any
	<u> </u>	<u> </u>				*
KNOWLED	GEMENT SLIP					DSP MUTUAL FUN
-	oject to verification. Request may not be	processed in case of ir	ncomplete / ambiguous / improper	/ incorrect details in Transaction Form.	Redemption or	Switch
nvestor Name					Amount (Rs.)	
lio Number			Additional Purcha	ase or 🗌 SIP (PDC)	OR Units	
			Total Amount (Rs.)		PAN and KYC Upda	tion
heme/s					PoA Registration	STP or SWP or DTP
			Total Cheques			
			Cheques From			
			No.(s) To			Stamp & Signature
					- JC .	stamp a signature

Website : www.dspim.com | E-mail : service@dspim.com | Contact Centre: 1-800-200-4499

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DSP

SIP (PDC) / STP / SWP / DTP

MOTOAL FOND								
Distributor Name and ARN	Sub Broker Name and ARN	Branch/RM Internal Code	Employee Unique ID.	No. (EUIN)	For Office use only			
Name of Sole / First Unitholo	ler (Leave space betwo	een first / middle / last name)	□ Mr. □ Ms. □ M/s. □	Others F	olio Number			
Scheme Name/Plan/Option*/	Sub Option* DS	Р		PLAN	OPTION			
SYSTEMATIC TRANSFER	PLAN (STP) (Pleas	e allow 7 days to register		that the EUIN box is intention of the time of the tention of tention o				
STP in To Scheme/Plan/Opti	on*/Sub Option*		Upfront comn	nission shall be paid directly by the i	investor to the AMFI registered Dis	ributors based on the		
DSP	PLAN	OPTION		essment of various factors including				
Transfer Dixed	Sum of Rs.	(Minimum Rs	s.500/-)					
	l Appreciation, subject	to Minimum of Rs.500/-						
Frequency (✓ Tick any one) Days/Dates (v	Tick any one)		Sole / FirstApplic	ant's Signature Mandatory			
Daily All Business days				Sole / FirstApplicant's Signature Mandatory				
Weekly	Mon*	Fue 🗌 Wed 🔲 Thu 🗌		FRANSFER PLAN (DTP) · ow 7 days to register DT		anditions)		
🗆 Monthly* 🗆 Half Yea	rly D D Ar	ny date (1st [*] to 31st)				jindicions)		
Quarterly Vearly		, , , , , , , , , , , , , , , , , , ,	`	(Please mention complete Scheme, Plan & Option) Source Scheme (From where Dividend is to be transferred)				
Transfer Period	D D / M M / Y			PLAN	,	ION		
(Period to cover - minimum From 6 STP transactions)	D D / M M / Y	Y To D D / M M / Y	DSP	PLAN		ION		
Investments done in scheme and the load structure for S	s through STP will be IP will be applicable.	treated as investments through			To			
SYSTEMATIC WITHDRAW	AL PLAN (SWP) (Plea	ase allow 7 days to register SWP)		e (To where Dividend is to I	,	101		
Withdrawal 🛛 Fixed	Sum of Rs.	(III) D 5		PLAN		ION		
Amount	l Appreciation, subject	(Minimum Rs.50 to Minimum of Rs 500/-	STSTEMAT	C INVESTMENT PLAN (S				
Withdrawal Date	Any date (1 ^{st*} to 31 st			eque required for investme should be of same date of t		Plan)		
			Each SIP Amo	unt (minimum Rs. 500) R	s.			
Withdrawal Period	y* □ Quarterly □ Ha		SIP Date	D Any date (1 ^{st*} to 31 ^s	st) Frequency 🔲 Monthly	Quarterly		
(Period to cover - minimum 6 SWP transactions)	D / M M / Y	Y TO D D / M M / Y	SIP Period Fro	m D D / M M /	YYTODD/N			
'		o for Payout. If no details are mentioned p						
Bank Name	.ount.		Cheque Nos.	From	То			
			Drawn on Bar	k/				
Bank Account No.			Branch					
	••	information, ambiguity or discr	repancy.					
DECLARATION & SIGNATU		Desument and Chaterrant of Addition	formation Vou Information W	ndum lastructions	(To be signed as per M	ode of Holding)		
naving read and understood the conten of DSP Mutual Fund for Units of the rel designed for the purpose of contraventii by any rebate or gifts, directly or indired Mutual Funds from amonest which the S	ts of the Scheme Information evant Scheme and agree to al on or evasion of any Act, Regu ttly in making this investment, cheme is being recommended	Document and Statement of Additional In bide by the terms and conditions, rules ar lation, Rule, Notification, Directions or any . The ARN holder has disclosed to me/us al to me/us. Applicable to NRIs only: I/We c	rormation, Key information Memora nd regulations of the Scheme. I / W v other applicable laws enacted by t I the commissions (in the form of tr confirm that I am/We are Non-Revir	Indum, instructions and addenda issue le declare that the amount invested i he Government of India or any Statuto all commission or any other mode), pay lent(s) of Indian Nationality.	n the Scheme is through legitimate ry Authority. I / We have neither rec yable to him for the different compe	sources only and is not eived nor been induced ting Schemes of various		

If EUIN is left blank/not mentioned; I/We hereby confirm that the EUIN 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

INSTRUCTIONS

INSTRUCTIONS
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 only in the designated space provide details, non-clarity or ambiguity, default options will be considered ad applied. Separate cheques and form should be given for each separate investment in different scheme, plan, option and arbit, with holder should arbit of resumpting the details, non-clarity or ambiguity, default options will be considered ad applied. Separate cheques and form should be given for each separate investment in different scheme, plan ad bank, branch name of the bank account badyers in the pay-in bank account. Furchase application or they devide stranged for sisuing the payments to the (fund). If this is not evidenced on the payment cheque (PUD/RIGS/NETT request should necessarily mention the pay-in bank account target are registered in your folio, loages that checurs as a required by the fund, like bank certificate, bank passbook copy or statement to prove that the funds are functional try registered in your folio, loages that checurs as an adverted details. ADDITONAL PURCHASE THROUGH OTM RACILITY: If you are making payment through OTM facility registered in your folio, loages that che necessary subporting documents, if required KYC compliance is not complexed by all the applicants or with the debit to happen. If the same is not mentioned or is not registered bank caccunt well be registered withing to registered bank account second and redemption request. The fund offers a facility to register multiple bank account are and designated on payment the elefonention proceeds. A new non-registered bank account second in the specific redemption request of redemption request for receiving registered bank account with redemption request for receiving registered bank account will be used for all dividends and additated in the folio at the tindice registered bank accoun