

EXISTING INVESTORS TRANSACTION FORM

FINANCIAL TRANSACTIONS

Distributor / RIA			Broker/Branch/RM	EUIN (Refer note below)		y refer Instructions overleaf. For Office use only		
and ARN / Co	ode Na	ame I	nternal Code			,		
I/We confirm tha	t the EUIN box is inte	ntionally left blank by	me/us as this is an "exec	cution-only" transaction withou	ıt any			
interaction or adv	vice by the distributor	personnel concerned.		·	•			
ont commission snall be pai cisting Folio Num		•	on the investors' assessment of various / First Unitholder	factors including the service rendered by the	distributor.	(Sole / First Applicant's Signature Mandatory)		
		Nume of Sole	7 i i se dimenolaci					
DDITIONAL BU	DCHASE (DEFAULT D	DIAN/OPTION WILL BE	APPLIED INCASE OF NO. II	NFORMATION, AMBIGUITY OR D	ISCDEDANCY)			
				in case of single scheme / scheme wise		Dayment Meder		
		e/Plan/Option/Sub		Amount (•	Payment Mode: OTM Facility (One Time Mandate)		
1. DSP -	Scheme	Plan	Option/Sub O	ption		☐ Cheque ☐ DD ☐ RTGS		
2. DSP -	Scheme	Plan	Option/Sub O	ption		☐ NEFT ☐ Funds transfer Cheque/DD/RTGS/NEFT Details:		
3. DSP -	Scheme	Plan	Option/Sub O	ption		Ref. No		
Гotal	Amount in word	S		Amount in Fi	gures	Date dd/mm/yyyy		
Payment from Bai	nk A /c No	Pay In A/c	No	A/a Tima C Carriaga C	Command DAIDE	DD charges, if any		
rayillelit il Olli bal	TIKA/C NO.	T dy III A / C		A/C. Type Savings	Current NKE	NRO FCNR Others		
Bank Name & Br	anch							
ocuments Attac	hed to avoid Third Pa	rtv Pavment Rejection	n, where applicable:	Bank Certificate, for DD	Third Party De	eclarations		
		Plan / Option / Su		,	,	ne, Plan / Option / Sub Option below)		
`	n/	Tan / Option / Su	5-option below)	Schomo Namo/Plan/		ne, Pan / Option / Sab Option Sciow)		
ieme Name/Pla tion*/Sub Optio				Option*/Sub Option*	iP -			
ount in Figure	s Amount in	Words		Amount in Figures	Amount in Wo	ords		
				Rs.	witch can be don	a aither in Units or in Amount and not in both		
•	•		in Amount and not in both)	Units in Figures	Units in Word	e either in Units or in Amount and not in both s		
ts in Figures	Units in W	ords						
				Switch-in To Scheme / Plan	/ Option* / Sub	Option*		
		on Proceeds (This s Refer Instructions over	should NOT be construed	DSP				
e agree that the red	lemption proceeds should b	oe sent entirely at our risk	to the following bank account.	PAN AND KYC UPDATI Sole / First Applicant /	ON	KYC LETTER		
	th the fund or to the defa	ult bank account if no ban	k account is mentioned here.	Guardian		Attached		
nk Name				Second Applicant / Guardian Attached				
count No.				Third Applicant / Guardian Attached				
			mentioned here. To change facility and use a specific		A DECISTRATIO	ON DETAILS (Refer Instructions overleaf)		
ignated form for thi	s purpose. If unit holder(s	s) provide a new and unreg	istered bank mandate with	Name of the) REGISTRATIC	IN DETAILS (Refer Instructions overtear)		
		ary supporting documents) eds and will not be registe	such bank account will not red.	PoA holder PAN of the		Attached KYC Letter (Mandato		
' '		no information, ambigu		PoA holder		Notarized copy of Po		
CLARATION &	SIGNATURES					(To be signed as per Mode of Holding		
ng read and understo	od the contents of the Schen					issued by DSP Mutual Fund, I / We, hereby apply to the Tr		
						sted in the Scheme is through legitimate sources only and any Statutory Authority. I / We have neither received nor		
ced by any rebate or mes of various Mutua	gifts, directly or indirectly all Funds from amongst which	in making this investment. T	he ARN holder has disclosed to mended to me, Applicable to 1	ne/us all the commissions (in the form NRIs only: I/We confirm that I am/We a	of trail commission o re Non-Resident(s) of	r any other mode), payable to him for the different com		
JIN is left blank/not n	mentioned; I/We hereby conf	firm that the EUIN box has be	en intentionally left blank by me	/us as this is an "execution-only" transa	ction without any int	teraction or advice by the employee/relationship manager distributor has not charged any advisory fees on this transa		
on or the above distrib	butor or notwitistanding the	advice of in-appropriateless,	ii any, provided by the employees	retationship manager/sales person of th	e distributor and the	distributor has not charged any advisory rees on this transa		
Sole / Fi	irst Unit Holder	Seco	ond Unit Holder	Third Unit Ho	older	POA Holder, if any		
	· - - X-							
	EMENT SLIP					DSP MUTUAL FL		
knowledgement is subj	ect to verification. Request ma	ay not be processed in case of	incomplete / ambiguous / improper	/ incorrect details in Transaction Form.		ption or Switch		
mvestoi Name					Amount (Rs.	.)		
olio Number			☐ Additional Purch	ase or SIP (PDC)	OR Units			
			Total Amount (Rs.)	,	PAN and	d KYC Updation		
cheme/s			` ,		☐ PoA Re	gistration STP or SWP or D		
			Total Cheques					
			Cheques From					
			No.(s) To			ISC Stamp & Signature		
						IN MARIO & MONATURE		

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



SIP (PDC) / STP / SWP / DTP

	OAL FOND												
Distributor Name Su and ARN		Broker Name and ARN	Branch/RM Internal Code	Employ	ee Unique ID. No. (EUIN)		For Office use only						
Name of Sole / Fir	rst Unitholder (Lea	ve space between	first / middle / last name)	☐ Mr. ☐ A	As. \square M/s. \square Others	Folio	Number						
Scheme Name/Pla	n/Option*/Sub Opt	tion* DSP			PLAN		OPTION						
SYSTEMATIC TRANSFER PLAN (STP) (Please allow 7 days to register STP) I/We confirm that the EUIN 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.													
	/Plan/Option*/Sub		<u> </u>	•	•	tor to the AMFI registered Distributors based on the							
DSP	PLAN	٧	OPTION		investors' assessment of var	ious factors including the s	ervice rendered by the distributor.						
Transfer	☐ Fixed Sum of	Rs.	(Minimum R	s.500/-)									
Amount (Anyone)	_	ciation, subject to A	,	,									
Frequency (√Ti	ick any one)	Days/Dates (√Tio	ck any one)			Solo / FirstApplicant's	Signaturo Mandatory						
☐ Daily		All Business days					Signature Mandatory						
□ Weekly		☐ Mon* ☐ Tue	☐ Wed ☐ Thu ☐] Fri	DIVIDEND TRANSFER (Please allow 7 days	R PLAN (DIP) – EN to register DTP)	(Refer Terms and Conditions)						
- 1 .	☐ Half Yearly	D D Any d	ate (1st* to 31st)	-	(Please mention complete								
☐ Quarterly l	Yearly				Source Scheme (From w	′ '	<i>'</i>						
Transfer Period (Period to cover - minimum 6 STP transactions)	n From D D /	M M / Y	To D D / M M /	YY	DSP	PLAN	OPTION						
Investments done			ated as investments throug	h SIP		7	Ō						
and the load structure for SIP will be applicable. Target Scheme (To where Dividend is to be transferred) SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please allow 7 days to register SWP)													
Withdrawal		<u> </u>	allow / days to register 5WF))	DSP	PLAN	OPTION						
Amount	☐ Fixed Sum of F		(Minimum Rs.5	00/-)	SYSTEMATIC INVEST	MENT PLAN (SIP)	POST DATED CHEQUES (PDC)						
		ciation, subject to A	Minimum of Rs.500/-		(Separate Cheque required for investment in different Scheme / Plan)								
Withdrawal Date	All Cheques should be of same date of the months / quarters. Each SIP Amount (minimum Rs. 500) Rs.												
Frequency	☐ Monthly* ☐ Qu	thly* Quarterly Half Yearly Yearly SIP Date D Any date (1st* to 31st) Frequency Monthly Quarterly											
Withdrawal Period (Period to cover - minimum 6 SWP transactions) SIP Period From D D / M M / Y Y To D D / M M / Y Y Y To D D / M M / Y Y To D D / M M / Y Y Y To D D / M M													
Please mention any of the		nt details in the folio for	Payout. If no details are mentioned p	payout	(Minimum 6 installments)								
Bank Name	cruate bank account.				Cheque Nos. From		То						
Bank Account No.					Drawn on Bank/ Branch								
* Default Option/Da	* 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 understo of DSP Mutual Fund for L designed for the purpose by any rebate or gifts, dir Mutual Funds from among	ood the contents of the So Inits of the relevant Sche of contravention or evasion rectly or indirectly in makingst which the Scheme is b	cheme Information Docu eme and agree to abide on of any Act, Regulation ing this investment. The being recommended to n	Iment and Statement of Additional Ir by the terms and conditions, rules a n, Rule, Notification, Directions or an ARN holder has disclosed to me/us a ne/us. Applicable to NRIs only: I/We	nformation, Key I and regulations of any other applicabl all the commission confirm that I an	nformation Memorandum, Instruct f the Scheme. I / We declare that e laws enacted by the Government is (in the form of trail commission n/We are Non-Resident(s) of Indiar	tions and addenda issued by the amount invested in the of India or any Statutory Au or any other mode), payable n Nationality.	DSP Mutual Fund, I / We, hereby apply to the Trustee Scheme is through legitimate sources only and is not thority. I / We have neither received nor been induced to him for the different competing 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 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.													
		, , , , , , , , , , , , , , , , , , ,		, -,	,g 2 p. 3.3 57 tile C		and a distriction						
Sole / F	First Unit Holder	·	Second Unit Holder	,	Third Unit Holde	er	POA Holder, if any						

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, RIM 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. The first unit holder should be one of the bank account the payment to the fund. If this is not evidenced on the payment of the payment should be given for each separate investment in different scheme, plan or option. The first unit holder should be one of the bank account the payment to the fund. If this is not evidenced on the payment of the payment should be given the payment to the fund. If this is not evidenced on the payment cheeup ("Invited SneFIT requests should necessarily mention the pay-in bank account the payment to the fund. If this is not evidenced on the payment cheeup ("Invited SneFIT requests should necessarily mention the pay-in bank account the fund is a paying the payment to the fund. If this is not evidenced on the payment cheeup ("Invited SneFIT requests should necessarily mention the paying bank account the fund is a paying the pay