

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Amount in words AND in Figures, as you would in a cheque (your maximum limit)
- Your NAME and SIGNATURE as in your bank account

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details
- Signature/s

Distributor/RIA Name and ARN/Code ARN-53321	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below) E054731	For Office use only
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The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registrations, using Physical Forms, Call, SMS or Online.

DSP MUTUAL FUND OTM Debit Mandate Form NACH/DIRECT DEBIT Date DD MM YYYY
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Tick(✓)	UMRN	Office use only	Office use only	Office use only	Office use only	Office use only	Office use only	Office use only	Office use only	
CREATE ✓	Sponsor Bank Code	Office use only				Utility Code	Office use only			
MODIFY	I/We heroby authorize: DSP MUTUAL FUND Schemes					to debit (tick✓)		SB / CA / CC / SB-NRE / SB-NRO / Other		
CANCEL	Bank A/c No.:									
With Bank:										
Bank Name & Branch					IFSC	OR MICR				
an amount of Rupees					In Words			₹	In Figures	
FREQUENCY	<input type="checkbox"/> Mthly <input type="checkbox"/> Qtly <input type="checkbox"/> H. Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented					DEBIT TYPE		<input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		
Reference 1	Folio No:					Mobile				
Reference 2	Appln No:					Email id				

PERIOD — From <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td></tr> <tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> <tr><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	Y	Y	Y	Y	1. _____ Signature of Account Holder	2. _____ Signature of Account Holder	3. _____ Signature of Account Holder
D	D														
M	M														
Y	Y	Y	Y												
Y	Y	Y	Y												
to <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td></tr> <tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td></tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> <tr><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	Y	Y	Y	Y	1. _____ Name of Account Holder	2. _____ Name of Account Holder	3. _____ Name of Account Holder
D	D														
M	M														
Y	Y	Y	Y												
Y	Y	Y	Y												
or <input type="checkbox"/> Until Cancelled															

Declaration: This is to confirm that the declaration has been carefully read, understood and made by me/us. I/We have understood that I/we are authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH (Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in DSP Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of DSP Mutual Fund carrying this mandate form to get it verified and executed.

Attention: No need to attach OTM Debit Mandate again, if already registered earlier.

One Time Mandate already registered or submitted, if not registered.

Distributor/RIA Name and ARN/Code ARN-53321	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EJIN (Refer note below) E054731	For Office use only
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Sole / FirstApplicant's Signature Mandatory

Investor Name:	Existing Investor Folio No./Application No.
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Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date Any date (1 st * to 31 st *)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Amount (₹) or Percentage %)	Percentage %	Frequency
1.	DSP -		<div><div></div><div></div></div>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div>to</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div>	₹ <div><div></div><div></div></div> OR % <div><div></div><div></div></div>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly	
						Top-Up CAP*:		
2.	DSP -		<div><div></div><div></div></div>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div>to</div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div> <div><div></div><div></div></div>	₹ <div><div></div><div></div></div> OR % <div><div></div><div></div></div>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly	
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						Top-Up CAP*:		
Total			(*Maximum per Installment Amount after Top-up shall not exceed Rs. Five Lakh or OTM maximum amount) (*Default option/Date (*Default End Month/Year - 12/2019)					

First SIP transactions via single cheque no. favouring 'DSP Mutual Fund' Dated

Debit Bank Details:	Bank Name:	A/C. No.:
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Declaration: Having read, understood and agreed to the contents of OTM Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DSP Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP instalments referred above through participation in NACH/Direct Debit/Standing Instructions. The ARN holder, where applicable, has disclosed to me/us all the commissions (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.

Signatures [as per Mutual Fund Records/Application]

X First Unit Holder's Signature

Second
Unit
Holder's
Signature

Third
Unit
Holder's
Signature

Acknowledgement Investor Name: _____ <input type="checkbox"/> DEBIT MANADATE FORM <input type="checkbox"/> SIP FORM		DSP Mutual Fund Folio No/Application No. _____	ISC Stamp
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Website : www.dspim.com | **E-mail :** service@dspim.com | **Contact Centre :** 1-800-200-4499