

Debit Mandate Checklist:

- 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

SIP Registration Checklist:

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

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/ RM Internal Code	EUIN (Refer note below)	For Office use only
ARN-181211			E	

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 [Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

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

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. 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.

PERIOD												
From	D	D	M	M	Y	Y	Y	Y				
to	D	D	M	M	Y	Y	Y	Y				
or	<input type="checkbox"/> Until Cancelled			1. Signature of Account Holder			2. Signature of Account Holder			3. Signature of Account Holder		
Mobile				1. Name of Account Holder			2. Name of Account Holder			3. Name of Account Holder		

DSP MUTUAL FUND SIP Registration/Renewal Form (for OTM registered investors only)

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

Please tick ☒ as applicable: ☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. ☐ OTM Debit Mandate is attached and to be registered in the folio.

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only

☐ 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. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Investor Name:	Existing Investor Folio No./Application No.

Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date (1 st * to 31 st)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Percentage %) Amount (₹) or Percentage %	Frequency
1.	DSP -		D D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From M M Y Y Y Y Y For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till M M Y Y Y Y Y	₹ OR % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
2.	DSP -		D D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From M M Y Y Y Y Y For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till M M Y Y Y Y Y	₹ OR % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
3.	DSP -		D D	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From M M Y Y Y Y Y For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till M M Y Y Y Y Y	₹ OR % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
(*Default option/Date) (*Default/Perpetual: 12/2099)		Total					

First SIP transactions via single cheque no.	favouring 'DSP Mutual Fund'	Dated	D	D	M	M	Y	Y	Y	Y
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Debit Bank Details:	Bank Name:	A/C. No.:

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]	First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature

Acknowledgement	DSP Mutual Fund	ISC Stamp
Investor Name:	Folio No/Application No.	
<input type="checkbox"/> DEBIT MANADATE FORM <input type="checkbox"/> SIP FORM		