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|---|--------------------------|---------------------------------------|-------------------------|---------------------|
| 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 |
| | | | | |

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|-----------------------|--|----------------------|--|
| Existing Folio Number | | Name of First holder | |
|-----------------------|--|----------------------|--|

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|---|--|------------------|-------------|--|--------------------------------|---------------------|--|
| A. MODIFICATION IN <input type="checkbox"/> SIP <input type="checkbox"/> STP <input type="checkbox"/> SWP (Tick any one) | | | | (Existing Scheme cannot be changed for STP) | | | |
| Details | | Existing Details | | New Details (Mention below only the details to be changed) | | | |
| Existing Scheme (SIP/SWP/STP Scheme) | DSP | Plan | Option | DSP | Plan | Option | |
| Target Scheme (only for STP) | DSP | Plan | Option | DSP | Plan | Option | |
| Existing Date | D | D | | New Date (1 st to 31 st) | D | D | |
| Installment Amount | Rs | | | Rs | | | |
| Top Up Amount (only for SIP) | Rs Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly | | | Rs Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly* Top-up cap: ₹ (*Default if frequency not mentioned) (Minimum ₹ 100. Max per installment amount after Top up amount shall not exceed ₹ 5 Lakh) | | | |
| End Date | D | D | M M Y Y Y Y | D | D | M M Y Y Y Y | |
| B. SIP PAUSE (Please refer to terms & conditions) | | | | | | | |
| Scheme Name | DSP | | Scheme | | Plan | | |
| Monthly SIP Date | D | D | SIP Amount | SIP Pause Start Month | M M / Y Y Y Y | SIP Pause End Month | |
| Daily SIP Date | D | D | SIP Amount | Number of Installments | Between 10 to 180 installments | | |
| Bank Account No.: | | | | Bank Name | | | |
| C. CHANGE OF AUTO DEBIT BANK (ONLY FOR SIP) | | | | | | | |
| New Bank Account Number & Bank Name | | | | (tick any one) <input type="checkbox"/> OTM to be registered (Attach OTM form given below, duly signed) <input type="checkbox"/> OTM is already registered (refer instruction number 6) | | | |
| D. CANCELLATION REQUEST <input type="checkbox"/> SIP <input type="checkbox"/> STP <input type="checkbox"/> SWP (Tick any one) | | | | | | | |
| Source Scheme / Plan / Option | DSP | | Plan | | Option | | |
| Target Scheme / Plan / Option (For STP) | DSP | | Plan | | Option | | |
| Installment Details: | Installment Amount: Rs. Installment Date: | | | Existing Bank Account Number (only for SIP) | | | |
| Reason of Cancellation for SIP (Mandatory) | <input type="checkbox"/> Non availability of funds <input type="checkbox"/> Scheme not performing <input type="checkbox"/> Service issue <input type="checkbox"/> Load revised <input type="checkbox"/> Wish to invest in other scheme <input type="checkbox"/> Change in Fund Manager <input type="checkbox"/> Goal achieved <input type="checkbox"/> Not comfortable with market volatility <input type="checkbox"/> Will be restarting SIP after few months <input type="checkbox"/> Modifications in bank/mandate/date etc <input type="checkbox"/> I have decided to invest elsewhere <input type="checkbox"/> This is not the right time to invest <input type="checkbox"/> Others _____ | | | | | | |

DECLARATION & SIGNATURES: Having read and understood the contents of scheme related documents and details above, I /We hereby request to change details for future installments or cancel the existing registration as stated above and agree to abide by terms and conditions, rules and regulations of the relevant scheme(s) and this facility.

| | | |
|--------------------------|--------------------|-------------------|
| Sole / First Unit Holder | Second Unit Holder | Third Unit Holder |
|--------------------------|--------------------|-------------------|

OTM Debit Mandate Form NACH/DIRECT DEBIT

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

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|--|--|-----------------|---|---|--|---|---|----|-----------------------------|---|---|----|-----------------------------|--|--|----|------------------------|--|--|----|------------------------|--|--|
| 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. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/(Debits)/Direct Debits. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing) / Direct Debit 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 | | | | | | | | | | | | | | | | | | | | | | | |
| PERIOD | | | | | | | | | | | | | | | | | | | | | | | |
| From | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| to | D | D | M | M | Y | Y | Y | Y | | | | | | | | | | | | | | | |
| Maximum period of validity of this mandate is 40 years only. | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile | | | | 1. | Signature of Account Holder | | | 2. | Signature of Account Holder | | | 3. | Signature of Account Holder | | | | | | | | | | |
| 1. | | | | | | | | | | | | | Name of Account Holder | | | 2. | Name of Account Holder | | | 3. | Name of Account Holder | | |

ACKNOWLEDGEMENT SLIP

DSP MUTUAL FUND

Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / incorrect details in Transaction Form.

Investor Name

Folio Number

☐ Changes in Scheme Details ☐ Changes in Debit Bank ☐ Cancellation Request ☐ SIP Pause

ISC Stamp & Signature

Terms and Conditions and Instructions

For detailed terms and conditions on SIP, including for OTM facility,
please visit our website www.dspim.com and also refer to scheme related documents.

I. Modification of Systematic Transactions:

1. Investors who wish to modify their existing SIP/STP/SWP can fill this form. Investors should fill separate forms for separate schemes, separate transactions.
2. Modification in SIP shall be processed only if the OTM Debit Mandate is already registered in the folio. The total amount of all SIP installments for a SIP date should not exceed the amount registered under the OTM Debit Mandate.
3. Any modification of SIP/STP/SWP other than for change of bank mandate for SIP would mean ceasure of the existing registration and re-registration as per the prevailing terms and conditions of SIP/STP/SWP.
4. All requests will be accepted subject to verification. Invalid, ambiguous or incomplete requests are liable to be rejected post acceptance and verification.
5. If no broker code details are mentioned in the change request, the new registrations will be processed in Direct Plan of the said scheme. In case of request for change of bank mandate or enabling TOP UP facility where TOP UP facility is not already registered, the changes will be processed in the existing broker code even if the new broker code details are mentioned.
6. Request has to be submitted at least 15 days prior to the SIP / STP / SWP Installment date. However in case of change of bank mandate for future SIP installments; the request has to be submitted 20 days prior to the SIP date. Any SIP installments in the interim may be debited from existing (old) Bank Account.
7. SIP related modification request may be rejected at a later date if the investor's Banker rejects the OTM Debit Mandate. In such case the investor will not hold the Fund responsible for any loss occasioned to the investor due to the SIP not being processed.
8. The new registration of SIP/STP/SWP based on the change request would be subject to the minimum installments conditions required to carry out such registration.
9. **In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP/STP/SWP will be processed on the immediate next business day/date.**
10. In case of STP, modification of scheme can be only in respect of Target Scheme. No request for change of Source Scheme will be accepted.
11. In case of change in scheme details, default option will be applied in case the details are not available or in case of any ambiguity.
12. Modification facility is not available in case of Flex STP, Value STP, ISIP (Online SIPs), Daily STPs, Weekly STP, STP/SWP with capital appreciation.

II. SIP Pause Facility:

1. Investors who wish to pause their SIP instalments debit for a certain period can fill in the "SIP Pause" section. Separate form should be filled for each SIP registration.
2. SIP Pause Duration Limits:
 - a. **Monthly SIPs**
 - Minimum Pause Duration: 1 month
 - Maximum Pause Duration: 12 months
 - b. **Daily SIPs**
 - Minimum Pause Duration: 10 instalments
 - Maximum Pause Duration: 180 instalments
3. SIP Pause request should be submitted 15 days before the next SIP instalment date.
4. The SIP instalment debit will re-start on the day/ month/ quarter following the SIP Pause end period.
5. All requests will be accepted subject to verification. Invalid, ambiguous or incomplete requests are liable to be rejected post acceptance and verification.
6. It is possible that the investors' Bank does not stop the SIP debits on the instalment date or delays the processing of the SIP Pause instruction from the AMC if the investor has given a separate standing instruction to the Bank to debit the account on the specified date. The investor will not hold the Fund responsible in whatsoever manner in such cases. The investor should instruct their Bank to accept the SIP Pause request submitted by the Fund.
7. DSP Mutual Fund, the AMC, the Registrar and other service providers shall not be responsible and liable for any damages or compensation for any loss, damage, etc. incurred by the investor due to reasons which are caused by circumstances not in the ordinary course of business and beyond the control of the Fund.