

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

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 <sup>st</sup> to 31 <sup>st</sup> )	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 ₹ 500. 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	Option/Sub Option												
SIP Date	D	D	SIP Amount		SIP Pause Start Month	M	M	/	Y	Y	Y	Y	SIP Pause End Month	M	M	/	Y	Y	Y	Y
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)															
Scheme /Plan / Option:	DSP			Plan			Option								
Installment Details:	Installment Amount: Rs. Installment Date:								Existing Bank Account Number (only for SIP)						

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
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OTM Debit Mandate Form NACH/DIRECT DEBIT

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

Date

Tick(✓)

CREATE

MODIFY

CANCEL

UMRN

Sponsor Bank Code

Office use only

Utility 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 

OR MICR

an amount of Rupees 

In Words

₹ 

In Figures

FREQUENCY ☐ Mthly ☐ Qtly ☐ H. Yrly ☐ Yrly ☒ As & when presentedDEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1 

Folio No:

Mobile

Reference 2 

Appln No:

Email id

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.

PERIOD

From 

D

D

M

M

Y

Y

Y

Y

to 

D

D

M

M

Y

Y

Y

Y

or ☐ Until Cancelled

1. 

Signature of Account Holder

Name of Account Holder

2. 

Signature of Account Holder

Name of Account Holder

3. 

Signature of Account Holder

Name of Account Holder

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.

Please attach a cancelled cheque/cheque copy

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	
<input type="checkbox"/> Changes in Scheme Details		<input type="checkbox"/> Changes in Debit Bank	
<input type="checkbox"/> Cancellation Request		ISC Stamp & Signature	