| Build b                        | DSP MII  | TUAI                                  | FUND  |   |  | CHANG                                 | e req  | UEST  | FOF  | RM   |                                      |   |             |  | SIP/S  | WP/S   | STP        |
|--|--|---------------------------------------|---|---|--|---------------------------------------|--|---|--|--|--------------------------------------|---|-------------|--|--|--|------------|
| CARCUPTION IN       SP       STP       SWP (Tick any one)       Cartaing Scheme (any Check any one)         Cartaing Scheme (any Check any one)       Option       DSP       Plan       Option         TP Scheme (BP/CVM)       SP       Plan       Option       DSP       Plan       Option         Stating Scheme (any Check any one)       D       D       New Date (I* to 3*P)       D       Option         Stating Scheme (any Check any one)       D       D       New Date (I* to 3*P)       D       Option         Stating Scheme (any Check any one)       New Date (I* to 3*P)       D       Option       DSP       Plan       Option         Stating Scheme (any Check any one)       New Date (I* to 3*P)       D       New Date (I* to 3*P)       D       Option         Option       DSP       Plan       New Oate (I* to 3*P)       D       New Oate (I* to 3*P)       Option         of Date       D       A       A       Y       Y       V       D       Plan       Option       DSP         Stating Scheme (BP/CVM)       D       A       A       Y       Y       V       D       D       D       D       D       D       D       D       D       D       D       D       D<  | Distributor/RIA/PMRN Sub Broker ARN &  |                                       |   |   | •  |                                       |  | e below)  | below) For Office use only                                     |  |                                      |   |             |  |  |  |            |
| etails       Existing Details       New Details       (Mention below only the details to be changed)         PP Softment (PFW)       DSP       Plan       Option       DSP       Plan       Option         PP Softment (PFW)       DSP       Plan       Option       DSP       Plan       Option         registering Date       D       D       New Date (Pf to 31*)       D       D       Option         registering Control (Pf to 31*)       D       D       New Date (Pf to 31*)       D       D         registering Control (Pf to 31*)       D       D       New Date (Pf to 31*)       D       D         registering Control (Pf to 31*)       D       D       New Date (Pf to 31*)       D       D         registering Control (Pf to 31*)       D       D       New Control (Pf to 31*)       D       D         registering Control (Pf to 31*)       D       D       New Control (Pf to 31*)       D       D         registering Control (Pf to 31*)       D       D       Second Diff to 11*       Second Diff to 11*       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D       D   | xisting Folio Numbe  | er                                    |   |   |  | Name of Firs                          | t holder   |   |  |  |                                      |   |             |  |  |  |            |
|  | . MODIFICATION IN  |                                       | P 🗆 STP 🗆   | SWP (Tic  | k any on                                       | e)                                    |  |   |  |  |                                      | (Exist  | ing Sche    | me can   | not be ch  | anged f  | or STP     |
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| Market or       DSP       Plan       Option       DSP       Plan       Option         asking Date       D       D       D       D       D       D       D         asking Date       D       D       D       D       D       D       D         asking Date       D       D       D       D       D       D       D       D         asking Date       B       D       D       M       M       Y       Y       D       D       M       D <tdd< td="">       D       <tdd< td="">       D<!--</td--><td>xisting Scheme (SIF</td><td>P/SWP/</td><td>DSP</td><td></td><td>Plan</td><td></td><td>Optio</td><td>n</td><td></td><td>DSP</td><td></td><td>Pla</td><td>n</td><td></td><td>Opt</td><td>ion</td><td></td></tdd<></tdd<>   | xisting Scheme (SIF  | P/SWP/                                | DSP   |   | Plan   |                                       | Optio  | n   |  | DSP  |                                      | Pla   | n           |  | Opt  | ion  |            |
| Asiting Date   Bits   Statilizent Amount   Rs   Bits   | ,  | for STP)                              |   |   |  |                                       | -  |   |  |  |                                      |   |             |  | -  |  |            |
| stallment Anount       Rs       Frequency:       Half Yearly       Yearly       Rs       Frequency:       Half Yearly       Yearly       Rs       Frequency:       Half Yearly       Yearly       Yearly       Rs       Frequency:       Half Yearly       Yearly       Yearly       Rs       Frequency:       Half Yearly   |  | 101 311 )                             |   |   | i tuti   |                                       | option   |   |  |  | (1 <sup>st</sup> to 3                |   |             |  | opt  |  |            |
| pp Up Amount (only for SIP) Rs Frequency :: I Half Yearly Yearly Prequency :: The up cap: 7   pp up cap: 7 CPGaulit // frequency col: D M M Y Y Prequency :: Half Yearly Yearly   nd Date D M M Y Y D D M M Y Y Yearly   nd Date D M M Y Y Y D D M M Y Y Yearly   chance D SiP AMDE (Rease refer to terms 6 and conditions) D M M Y <td></td> <td>(1 10 5</td> <td>.,</td> <td></td> <td>,<br/></td> <td></td> <td></td> <td></td>   |  |                                       |   |   |  |                                       |  |   |  |  | (1 10 5                              | .,  |             | ,<br>  |  |  |            |
| nd Date D D M M Y Y Y Y D D M M Y Y Y   sign PAUSE (Please refer to terms & condition)   cheme Name Op Scheme Plan Option/Sub Option   IP Date D D JIP Annuel SiP PAUSE Start Month // // Y Y Y Y Y Y   IP Date D D JIP Annuel SiP Pause Start Month // // Y Y Y Y Y Y Y Y   IP Date D D JIP Annuel SiP Pause Start Month // // Y  |  |                                       |   |   | F  | requency :                            | □ Half Yea   | rly 🗆 Yea   | arly   | Rs   | :₹                                   |   | •           |  |  |  |            |
| SBP PAUSE (Please refer to terms & conditions)       Plan       Option Sub Option         PP Date       DSP       Scheme       Plan       Option Sub Option         IP Date       DSP       Scheme       Plan       Option Sub Option         . GAAGE OF AUTO DENT DANK (ONLY FOR SP)       Plan       Option       DSP       Plan       Option         . GAAGE OF AUTO DENT DANK (ONLY FOR SP)       Plan       Option       DSP       Plan       Option         . CANCELLATION REQUEST       SIP       SP       Plan       Option       Tork is already registered       (refer Instruction number 6 installment Amount: Rs. Installment Datalis:       Installment Datalis: <td colspan="2"></td> <td colspan="7"></td> <td colspan="7">(Minimum ₹ 500. Max per installment amount after Top up amount shall not exceed ₹ 5 Lakh</td>   |  |                                       |   |   |  |                                       |  |   |  | (Minimum ₹ 500. Max per installment amount after Top up amount shall not exceed ₹ 5 Lakh |                                      |   |             |  |  |  |            |
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| ever Bank Account Number & CACCULTION REQUEST SIP SIP SIVP (Tick any one) (right instruction number 6 (right instr | ank Account No.:   |                                       |   |   |  |                                       |  |   | ne   |  |                                      |   |             |  |  |  | í          |
| ank Name   |  |                                       | IK (ONLY FOR  | R SIP)  |  |                                       |  |   |  |  |                                      |   |             |  |  |  |            |
| cheme /Plan / Option:       DSP       Plan       Option         stataliment Details:       Installment Amount: Rs.<br>Installment Date:       Existing Bank Account Number<br>(only for SIP)         EECLARATION & SIGNATURES: How increases and understood the contents of scheme related documents and details above, 1/We hereby request to change details for future installments or<br>ancel 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         TCk/^       UMBN       Second Unit Holder       Third Unit Holder         TCk/^       UMBN       One of the offer       One of the offer         (CANCE)       Sponore Bank Code       Other one offer       Offer one offer         U/We hereby authorize:       DSP MUTUAL FUND Schemes       to debit (tick/r) SP / CA / CC / SB-NRC / DR-NRC / Other         Bank Ac No:       Sponore Bank Code       Offer one offer       Implement         With<br>Bank:       Back Ac No:       Implement       Implement       Implement         FREQUENCY       Hohdel of an authorising to debit my account as per latest schedule of charges of the bank.       Implement         regreence 1       Folio Account Holder       2.       Signature of Account Holder       3.         regreentore to the debit of mandate processing charge   | New Bank Account Number &<br>Bank Name   |                                       |   |   |  |                                       |  |   | TM to be registered (Attach OTM form given below, duly signed) |  |                                      |   |             |  |  |  |            |
| stallment Details:       Installment Amount: Rs.<br>Installment Date:       Existing Bank Account Number<br>(only for SIP)         EECLARATION & SIGNATURES: Having read and understood the contents of scheme related documents and details above and agree to obder by terms and conditions, rules and regulations of the relevant scheme have and agree to obder by terms and conditions, rules and regulations of the relevant scheme have and agree to obder by terms and conditions, rules and regulations of the relevant scheme have and the contents of scheme related documents and details above and agree to obder by terms and conditions, rules and regulations of the relevant scheme have and the facility.         Sole / First Unit Holder       Third Unit Holder         Tick(*)       UNRIN         (AMODIF)       Concernence         Tick(*)       UNRIN         (ANODIF)       DSP MUTUAL FUND Schemes         Bank Ac No.:       DSP MUTUAL FUND Schemes       to debit (tick(x)) SB / CA / 2C / SB-NRC / Other         Bank Ac No:       DSP MUTUAL FUND Schemes       to debit (tick(x)) SB / CA / 2C / SB-NRC / Other         Bank Ac No:       DEBIT TYPE       Fined 4mount El Maximum Amount         Reference 1       Folio No:       Email Id         I agree for the debit of mandate processing charges by the bank whom I an authorising to debit my account as per latest schedule of charges of the bank.       Signature of Account Holder         Propose       Name of Account Holder       Signature of Account Holder       Name of Account Holder <td>. CANCELLATION F</td> <td>REQUEST</td> <td>🗆 SIP 🗆</td> <td>STP 🗆 S</td> <td>WP (Tick</td> <td>any one)</td> <td></td>   | . CANCELLATION F   | REQUEST                               | 🗆 SIP 🗆   | STP 🗆 S   | WP (Tick                                       | any one)                              |  |   |  |  |                                      |   |             |  |  |  |            |
| Example Account Number (as in the content so in the content so is cheme related documents and details above. If We hereby request to change details for future installments on check the costs in 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 Third Unit Holder Th            | •  | tion:                                 | DSP   |   | F  | Plan                                  |  | Option  |  |  |                                      |   |             |  |  |  |            |
| Ancel the existing registration as stated above and agree to able by terms and conditions, rules and regulations of the relevant scheme(s) and this facility.  Sole / First Unit Holder  | Instattment Amount. Ks.  |                                       |   |   | 5.   |                                       |  |   |  | 5  |                                      |   |             |  |  |  |            |
| Image: Interpret to the log of the                                 | 5.5  |                                       | as stated abov  | e and agree   |  |                                       |  | les and regu  | ations   | of the relev   |                                      | .,  |             | ty.  |  |  |            |
| Image: Sponsor Bank Code       Other user only       Utility Code       Other user only         I/We hereby authorize:       DSP MUTUAL FUND Schemes       to debit (tick/) SB / CA / CC / SB-NRC / Other         Bank A/c No::       DSP MUTUAL FUND Schemes       to debit (tick/) SB / CA / CC / SB-NRC / Other         Bank A/c No::       DSP MUTUAL FUND Schemes       to debit (tick/) SB / CA / CC / SB-NRC / Other         Bank:       Bank Mare & Branch       IFSC       OR MICR         an amount of Rupees       In Words       In Pigures         FREQUENCY       Muhly DQtly       H. Yrly       Vit Ø As & when presented       DEBIT TYPE       Fixed-Amount       Ø Aximum Amount         Reference 1       Folio No:       Mobile       In Pigures       In Pigures         FREQUENCY       Muhly       Qtty       H. Yrly       Vit Ø As & when presented       DEBIT TYPE       Fixed-Amount       Ø Aximum Amount         Reference 2       Appin No:       Email id   | Tick(✓)  |                                       |   |   |  |                                       |  |   |  |  |                                      |   |             | Date   | D M  | M Y Y  | ΥΥ ,       |
| 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.:  |  |                                       |   | UMRN  |  |                                       | Off  | ice use only  |  |  |                                      |   |             |  |  |  |            |
| Bank A/c No.:  | CANCEL Sponso  |                                       |   |   |  | · · · · · · · · · · · · · · · · · · · |  | U   | _ `  |  |                                      |   |             |  | 0.1.011  |  |            |
| With Bank:       Bank Name & Branch       IFSC       OR MICR         an amount of Rupees       In Words       Im Figures         FREQUENCY       Hethyle Qetly       H.Yrty       Yrty       Im Figures         FREQUENCY       Hethyle       Qetly       H.Yrty       Yrty       Im Figures         FREQUENCY       Hethyle       Qetly       H.Yrty       Yrty       Im Figures         FREQUENCY       Hethyle       Qetly       H.Yrty       Yrty       Im Figures         Reference 1       Folio No:       Mobile       Mobile         Reference 2       Appin No:       Email id       Im Figures         Image 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.       Signature of Account Holder         From       Image for the debit of mandate processing charges by the bank whom I am authorising to debit my account Holder       3.       Signature of Account Holder         1       Signature of Account Holder       2.       Name of Account Holder       3.       Name of Account Holder         Calciantion:       Image for the debit of mandate by appropriately communicating manufacting and and process the therms of OM Kacitty and as amonged from time to time and of NACCH (Debits)/Orier Debit / Standing instructions. Althoue debit of and express thyme willingnes and authorise to m  | ,  | orize:                                | DSP I   | MUTUAL  | FUND   | scnemes                               |  |   | to   | debit (tick√   | ) 2870                               |   | SB-NRE      | / SB-NR  | 0 / Other  |  |            |
| an amount of Rupees       In Words       Im Figures         FREQUENCY       Methy       Other Provided Standard Stan   | With   |                                       | Bank Name   | & Branch  |  |                                       |  | IFSC  |  |  |                                      |   | OR MIC      | R  |  |  |            |
| Reference 1       Folio No:       Mobile         Reference 2       Applin 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       I       2.         From       I       Signature of Account Holder       3.         to       I       Signature of Account Holder       Signature of Account Holder         0       I       Name of Account Holder       3.         1       Name of Account Holder       Name of Account Holder       3.         Declaration: This is to confirm that the declaration has been carefully read, understod and made by me/us. I/We have understood that I/we are authorised to cancel/amend this mandate by appropriately communications and that my/our payment through participation in NACH/Direct Debit/Standing Instructions. Authorisation to Bank: This is to inform that I/We have engistered for NACH (Debits)/Direct Debit/Standing Instructions facility and as amended from time to time and of NACH (Debits)/Direct Debit/Standing Instructions facility and that my/our payment through mark account with your Bank: Chell with yo  | an amount of Rupee   | es                                    |   | In Word   | ls   |                                       |  |   |  |  |                                      |   | ₹           |  | In Figures   |  |            |
| Reference 2       Appin 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       Image of 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       Image of Account Holder       3.         to       Image of Account Holder       3.         or       Until Cancelled       Name of Account Holder       3.         Name of Account Holder       Name of Account Holder       3.         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 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. Authorisation to Bank: This is to inform that I/We have registered for NACH (Declaration; Joing and as amended from time to time and of NACH (Debits)/Joiner: Debits / 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 representatives of DSP Mutual Fund carrying this mandate form tog et it verified and executed.         Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / incorrect detailis in Transaction Form. <td>FREQUENCY - Mth</td> <td>hly 🗆 Qt</td> <td>ly 🗆 H. Yrl</td> <td>y 🗆 Yrly</td> <td>⊠ As &amp; wh</td> <td>en presented</td> <td></td> <td></td> <td></td> <td></td> <td>DE</td> <td>BIT TYPE</td> <td>Fixed</td> <td>Amount</td> <td>🗹 Maximu</td> <td>m Amour</td> <td>nt</td>  | FREQUENCY - Mth  | hly 🗆 Qt                              | ly 🗆 H. Yrl   | y 🗆 Yrly  | ⊠ As & wh                                      | en presented                          |  |   |  |  | DE                                   | BIT TYPE  | Fixed       | Amount   | 🗹 Maximu   | m Amour  | nt         |
| 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       I       2.       3.         from       I       Signature of Account Holder       3.         o       Image: Signature of Account Holder       3.         or       Until Cancelled       Name of Account Holder       3.         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 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/We have registered for NACH (Debits/) fore: Debit / Standing instructions, Authorize to the terms of OTM Facility and as amended from time to time and of NACH (Debits/) fore: Debit / Standing instructions, Authorize to beit / 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 representatives of DSP Mutual Fund carrying this mandate form to get it verified and executed.       DSP MUTUAL FUN         Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / incorrect details in Transaction Form.       DSP MUTUAL fund  | Reference 1 Folio  | No:                                   |   |   |  |                                       |  |   |  |  | Mobile                               |   |             |  |  |  |            |
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| to       Signature of Account Holder       Signature of Account Holder       Signature of Account Holder         or       Until Cancelled       Name of Account Holder       3.         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 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 to Bank. This is to in NACH /Direct Debit/Standing Instructions. Authorism that I/We have registered for NACH (Direct Debits/Vianding Instructions form that I/We have registered for NACH (Direct Debits/Vianding Instructions facility and as amended from time to time and of NACH (Debits/Vianding Instructions. Authorism through participation to Bank account with your 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 representatives of DSP Mutual Fund carrying this mandate form to get it verified and executed.       DSP MUTUAL FUN         Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / incorrect details in Transaction Form.       DSP MUTUAL fund   | -  | of mandat                             | e processing o  | charges by the  | e bank who                                     | om I am author                        | ising to debit   | my account  | as per   | latest sched   | ule of cha                           | arges of the  | e bank.     |  |  |  |            |
| Declaration:       Name of Account Holder       Name 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 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. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debits/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debits/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for NACH (Debits/Direct Debits /Standing Instructions. Authorize to make payments instructions form 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 representatives of DSP Mutual Fund carrying this mandate form to get it verified and executed.       Please attach a cancelled cheque/cheque of the authorize to make a provide the towards my/our investment in DSP Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize of DSP Mutual Fund carrying this mandate form to get it verified and executed.       DSP MUTUAL FUN         Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / incorrect details in Transaction Form.       Form Account Folder  | to DDM   |                                       | Y Y Y<br>Y Y Y  | S   |  |                                       | er   |   |  |  |                                      |   |             |  |  |  |            |
| Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / incorrect details in Transaction Form.   | Declaration: This is to c<br>cancellation/amendmen<br>bereby confirm adherence | confirm that<br>It request to         | the declaration<br>the User entity<br>ms of OTM Facil<br>instructions fac<br>carrying this ma | has been care<br>or the bank whe<br>ity and as amen<br>ility and that m<br>indate form to g | fully read, u<br>ere I have au<br>ded from tin | Inderstood and m<br>Ithorised the deb | nade by me/us.<br>it and express n<br>NACH (Debits)/<br>our investment | I/We have und<br>ny willingness a<br>Direct Debits /<br>in DSP Mutual | derstoor<br>nd auth<br>Standin                                 | d that I/we are<br>norize to make  | e authorise<br>payments<br>Authorisa | ed to cancel<br>through part<br>ion to Bank:<br>ur above me | ntioned bar | mandate<br>NACH/Dire<br>form that l<br>k account | by appropriat<br>ect Debit/Star<br>I/We have reg<br>with your Ba | ely commu<br>Iding Instru<br>istered for<br>nk. I/We a | uthorize f |
|  | ACKNOWLEDGE  | MENT                                  | SLIP  |   |  |                                       |  |   |  |  |                                      |   |             |  | DSP M  | JTUAL  | FUN        |
| Investor Name  | Acknowledgement is subje   | ect to verificat                      | tion. Request may   | not be processed  | l in case of in                                | complete / ambigu                     | ous / improper /<br>Folio Num  |   | in Tran  | saction Form.  |                                      |   |             |  |  |  |            |

|                           | _ |                       | _ |                      |
|---------------------------|---|-----------------------|---|----------------------|
| Changes in Scheme Details |   | Changes in Debit Bank |   | Cancellation Request |

i.