

Distributor / RIA 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

Existing Folio Number

Name of First holder

(Sole / First Unit Holder Signature Mandatory)

A. MODIFICATION IN SIP STP SWP (Tick any one)

Details	Existing Details	New Details (Mention below only the details to be changed)
From Scheme (only for STP)	DSPBR Plan Option	
Existing Scheme (SIP/SWP/STP Target Scheme)	DSPBR Plan Option	DSPBR Plan Option
Date (Tick any one)	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th	<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th
Installement 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: ₹ (Minimum ₹ 500. Max per installment amount after Top up amount shall not exceed ₹ 5 Lakh)
End Date		

B. 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)
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C. CANCELLATION REQUEST SIP STP SWP (Tick any one)

Scheme /Plan / Option:	DSPBR 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

OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT
(Applicable for Lumpsum Additional Purchases as well as SIP Registrations)

Date

Tick(✓)
CREATE MODIFY CANCEL

UMRN Office use only

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize: **DSP BLACKROCK 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 presented DEBIT 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 to
or Until Cancelled

1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
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 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/ECS/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/ECS (Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in DSP BlackRock Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of DSP BlackRock Mutual Fund carrying this mandate form to get it verified and executed.

Please attach a cancelled cheque/cheque copy

ACKNOWLEDGEMENT SLIP **DSP BLACKROCK 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

ISC Stamp & Signature