

## SIP (PDC) / STP / SWP / DTP

		D 1 N						
Distributor N and ARN		Broker Name and ARN	Branch/RM Internal Code	Employee Uniq	ie ID. No. (EUIN)	For Office	use only	
ARN-11858	86							
Name of Sole / First Unitholder (Leave space between first / middle / last name) Mr. Ms. Ms. Others Folio Number								
Scheme Name/Pla	n/Option*/Sub Op	otion* DSF	•		PLAN	OPTIO	N	
SYSTEMATIC TRANSFER PLAN (STP) (Please allow 7 days to register STP)    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.								
STP in To Scheme	Plan/Option*/Sub	b Option*		•	Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the			
DSP	PLA	N.N	OPTION			ors including the service rendered		
Transfer Amount (Anyone)	☐ Fixed Sum of ☐ Capital Appre		(Minimum I	Rs.500/-)				
Frequency (VT	equency ( Tick any one) Days/Dates ( Tick any one)				Sole / FirstApplicant's Signature Mandatory			
□ Daily							-	
□ Weekly □ Mon* □ Tue □ Wed □ Thu □ Fri DIVIDEND TRANSFER PLAN (DTP) - ENROLMENT DETAILS (Please allow 7 days to register DTP) (Refer Terms and Condition							ms and Conditions)	
☐ Monthly*	☐ 1st* ☐ 5th ☐ 7th ☐ 10th				mention complete Sche		<u> </u>	
☐ Quarterly ☐ Half Yearly		□ 14th □	15th 20th 2	,	•	ividend is to be transferre	d)	
☐ Yearly		□ 25th □	1 28th	DSP		PLAN	OPTION	
To								
Transfer Period (Period to cover - minimum From DDD / MM / YY To DDD / MM / YY To To DDD / MM / YY To Target Scheme (To where Dividend is to be transferred)								
Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable.					,	PLAN	OPTION	
SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please allow 7 days to register SWP)  SYSTEMATIC INVESTMENT PLAN (SIP) POST DATED CHEQUES (PDC)								
	ITHDRAWAL PL	AN (SWP) (Plea	se allow / days to register SWP	,	(Separate Cheque required for investment in different Scheme / Plan)			
Withdrawal Amount	☐ Fixed Sum of	Rs.	(Minimum Rs.)	500/-)	All Cheques should be of same date of the months / quarters.			
	☐ Capital Appreciation, subject to Minimum of Rs.500/-				Each SIP Amount (minimum Rs. 500) Rs.  SIP Date ☐ 1st ☐ 5th ☐ 7th ☐ 10th ☐ 14th ☐ 15th ☐ 20th ☐ 21st ☐ 25th ☐ 28th			
Withdrawal Date	☐ 1st* ☐ 5th	] 1st*   5th   7th   10th   14th			Investment Frequency Monthly Quarterly			
	□15th □ 20th	]15th			SIP Period From D D / M M / Y Y To D D / M M / Y			
Frequency	(Minimum 42 installments / in case of DCD Turburg Cond.)							
Withdrawal Period	n From D D / M M / Y Y To D D / M M / Y Y			Cheque	Nos. From	To		
(Period to cover - minim 6 SWP transactions)				Drawn Branch	on Bank/			
* Default Option may be applied in case of no information, ambiguity or discrepancy.								
DECLARATION & SIGNATURES (To be signed as per Mode of Holding)								
Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by DSP Mutual Fund, I / We, hereby apply to the Trustee of DSP Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARI holder has disclosed to mer/us all the commissions for the form of 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. Applicable to IIRIs only: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality.								
If EUIN is left blank/not mentioned; I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.								
	First Unit Holder		Second Unit Holder		Third Unit Holder	DO4	Holder, if any	

INSTRUCTIONS

This form should be used by existing investors only by mentioning their folio number, name and Scheme details. Please read the Scheme related documents, Addenda, KIM and Instructions there in and below mentioned instructions carefully before filling up the form. Investors should print on case of incomplete details, non-clarity or antibigative, default options will be considered. ADDITIONAL PURCHASE & PAYMENT DETAILS: Investors should fill name of the series as a contract of the scheme, plan or option. The first unit holder should be one of the bank account holders in the pay-in bank account. Purchase application through Cheque/ID/RTGS/NET/Funds transfer requests should necessarily mention the pay-in bank account the dot not have a propriet of the part of the par