

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Amount in words AND in Figures, as you would in a cheque (your maximum limit)
- **Your NAME and SIGNATURE as in your bank account**

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details
- Signature/s

Distributor ARN and Name 132061	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUN (Refer note below) E352389	For Office use only
---	-----------------------	------------------------------------	--	---------------------

The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registrations, using Physical Forms, Call, SMS or Online.

DSP BLACKROCK
MUTUAL FUND

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

Date

D

D

M

M

Y

Y

Y

Y

Tick(✓)	CREATE	Sponsor Bank Code	Office use only	Utility Code	Office use only
	MODIFY	I/We hereby authorize:	DSP BLACKROCK MUTUAL FUND Schemes	to debit (tick✓)	SB / CA / CC / SB-NRE / SB-NRO / Other
	CANCEL	Bank A/c No.:			
With		Bank Name & Branch	IFSC	OR MICR	
Bank:					
an amount of Rupees	In Words	₹	In Figures		
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtly <input checked="" type="checkbox"/> H. Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		
Reference 1	Folio No:	Moblie			
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	<input checked="" type="checkbox"/> Until Cancelled								

1.	2.	3.
Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
1.	2.	3.
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.

DSP BLACKROCK
MUTUAL FUND

Please tick ☒ as applicable:

☐ OTM Debit Mandate is already registered in the folio. [No need to submit again].

☐ OTM Debit Mandate is attached and to be registered in the folio.

The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Distributor ARN and Name	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUN (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. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole / FirstApplicant's Signature Mandatory

Investor Name:		Existing Investor Folio No./Application No.	
----------------	--	--	--

PAN/PEKRAN & KYC

Sole / First Applicant / Guardian		Second Applicant / Guardian		Third Applicant / Guardian			
Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date (✓ one only)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Percentage %)	
						Amount (₹) or Percentage%	Frequency
1.	DSPBR - 1 st Cheque No. _____ Date _____		<input type="checkbox"/> 1 st * <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 14 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>to</div> <div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	₹ _____ OR _____ Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
2.	DSPBR - 1 st Cheque No. _____ Date _____		<input type="checkbox"/> 1 st * <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 14 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>to</div> <div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	₹ _____ OR _____ Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
3.	DSPBR - 1 st Cheque No. _____ Date _____		<input type="checkbox"/> 1 st * <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 14 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> <div>to</div> <div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	₹ _____ OR _____ Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly

(*Maximum per Installment Amount after Top-Up shall not exceed Rs. Five Lakh) (*Default option) (*Default End Month/Year - 12/2099)

Debit Bank Details:	Bank Name:	A/C. No.:
---------------------	------------	-----------

Declaration: Having read, understood and agreed to the contents of OTM Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DSP BlackRock Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments towards SIP instalments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. The ARN holder, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competitive Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Signatures [as per Mutual Fund Records/Application]

X First Unit Holder's Signature

Second
Unit
Holder's
Signature

Third
Unit
Holder's
Signature

Acknowledgement Investor Name: _____ <input type="checkbox"/> DEBIT MANADATE FORM <input type="checkbox"/> SIP FORM		DSP BlackRock Mutual Fund Folio No. _____ Application No. _____	ISC Stamp _____
--	--	--	--------------------

Website : www.dspblackrock.com | **E-mail :** service@dspblackrock.com | **Contact Centre :** 1-800-200-4499