

Distributor Name and ARN	Sub Broker Code	Sub Broker/Branch/ RM Internal Code	Employee Unique ID. No. (EUIN)	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 Sole / First Unitholder

(Sole / First Unit Holder Signature Mandatory)

DETAILS OF EXISTING SIP/SWP/STP/SSIP (which requires any change)

Transaction Type

☐ SIP ☐ STP ☐ SWP

Existing Scheme (SIP / STP Target Scheme / SWP)

DSPBR

Plan / Option / Sub Option

Installment Date

☐ 1st ☐ 7th ☐ 14th ☐ 21st ☐ 28th

Installment Amount

Rs.

OR ☐ Capital Appreciation (for STP / SWP)

SIP Auto Debit Existing Bank A/c

SIP Auto Debit Existing Bank Name

TYPE OF CHANGE REQUEST (Please select and tick (✓) only one option below)

● Change Auto Debit Bank / Move from PDCs to Auto Debit:

☐ Please update new bank account details (as mentioned in form below) for auto debits instead of existing bank account / cancel PDCs and return.\*

☒ Fill the ‘Debit Mandate Form’ available below and sign, as a one time request.\*

● Change Scheme: New Scheme for SIP or STP (Target Scheme)

☐ Please cancel future installments of SIP/SSIP/STP in existing scheme mentioned above & Process future instalments into new target scheme mentioned below; provided minimum 12 installments are available.\*

☒ New Scheme\*: DSP BlackRock

Plan / Option / Sub Option


● Cancellation:

☐ Please cancel SIP/SWP/STP with details mentioned above.\*

\* I understand that change in bank account will take up to thirty days to register and any installment in interim may be debited from existing (old) bank account/PDC. In case of new scheme, default plan/option/ sub option will be applied in case details are not mentioned properly. For cancellation of SIP, please ensure to mention auto debit bank name and account number in space above.

DECLARATION & SIGNATURES

Having read and understood the contents of scheme related documents and details above, I / We hereby request to change bank account or change scheme 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

DSP BLACKROCK  
MUTUAL FUND

Debit Mandate Form NACH/ECS/DIRECT DEBIT  
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date

DDMMYY

UMRN

Office use only

Tick(✓)

CREATE

MODIFY

CANCEL

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

₹

FREQUENCY

☒ Mthly ☐ Qtrly ☐ H. Yrly ☐ Yrly

☒ As & when presented

DEBIT TYPE

☐ Fixed Amount ☒ Maximum Amount

Reference 1

Folio No:

Mobile

Reference 2

Appln No:

Email id

PERIOD

From

DDMMYY

to

31122099

or

☒ Until Cancelled

1. Sign

Name (mandatory):

2. Sign

Name (mandatory):

3. Sign

Name (mandatory):

Declaration:

I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of OTM Facility offered by DSP BlackRock Mutual Fund 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. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable.

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

Scheme

DSP BlackRock

Plan / Option / Sub Option

☐ Change Auto Debit Bank / Move from PDCs to Auto Debit

☐ Change Scheme of SIP / SSIP / STP

☐ Cancellation of SIP / SWP / STP

ISC Stamp & Signature