## Debit Mandate Checklist:

- 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/RIA Name and ARN/Code SUJATA KABRAJI		Sub Broker ARN & N	Sub Bro	Sub Broker/Branch/RM Internal Code						EUIN (Refer note below) E048446				For Office use only									
ARN-353311 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.											tments,												
DSP BLACKROCK MUTUAL FUND [Applicable for Lumpsum Additional Purchases as well as SIP Registrations]																							
MOTOP		UMRN						01	fice use	only													
Tick(✓) CREATE	Sponsor Bank Code		0	ffice use on	ly					7	Utility	Code					C	)ffice u	ise only				
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Bank A/c No.	.:																						
With Bank:	Bank	Name & Branch						IF	sc							0		2					
an amount of Rupees In Words In Figures																							
FREQUENCY 🛛 Mthly 🖾 Qtly 🖾 H. Yrly 🖾 Yrly 🖾 As & when presented DEBIT TYPE 🖵 Fixed Amount 🖾 Maximum Amo														nount									
Reference 1	Folio No:				Mobile																		
Reference 2	Appln No:						Email id																
PERIOD —	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 PER																						
From DD M M Y Y Y Y X X1. X2. X5.																							
to D	D M M Y Y Y	<u>Y</u> <b>X</b> 1.	Signati	ure of Acc	ount	t Holde	r		2.	S	ignature	e of Acc	ount l	Holder		<b>N</b> .		Sigr	nature	of Acco	unt Hole	ler	
or 🗄 Ui	ntil Cancelled	1.	Nam	e of Acco	int F	Holder			2.		Name	of Accou	int Ho	older		3.		N	ame of	Accour	t Holde	r	
cancellation/an	nis is to confirm that the decla mendment request to the User e	entity or the bank whe	ılly read re I have	d, understo authorise	od ar d the	nd made debit a	nd expr	ess my v	willingn	ess and	stood the	at I/we a ze to mal	are aut ke payı	thorised ments t	hrough i	participat	tion in N	nanda IACH/	te by aı ECS/Dir	opropriat ect Debit	ely comr /Standin	nunica g Inst	ructions.
I/We hereby con ECS / NACH (De	nfirm adherence to the terms of bit Clearing) / Direct Debit / S norize the representatives of DS	of OTM Facility and as standing instructions fa	amende cility ar	d from time nd that my	e to t our p	ime and payment	l of NAC t toward	H/ECS ( ds my/o	Debits) ur inves	/Direct	t Debits / in DSP B	Standing	Instru	ictions.	Authoris	ation to	Bank: T om my/	'his is our ab	to infor ove me	m that I/ ntioned I	We have ank acc	regis ount v	tered for with your
bank. I/ we duu	ionze the representatives of D	P DIACKROCK MULUAI FL	nu carry	/ing this ma	indat	e torm t	o get it	. vermed	and ex	ecute	J.							Please	e attach	a cancel	ed chequ	e/che	eque copy
Distributor/I	RIA Name and ARN/Code	Sub Broker ARN & N	ame	Sub Bro	ker/	Branch	n/RM li	nterna	l Code	EUI	N (Refer	note belo	w)				For Of	fice	use on	ly			
SUJATA KABRAJI ARN-35331							E048446																
The following	Mandate needs to be submi registrations, using Physical	tted only once for re	gistrati	ion with o	r wit	hout SI	P form	. Once	the ma	indate	is regis	tered, i	nvesto	or need	l not su	bmit ma	ndate	again	and ca	n do lur	np sum	nves	tments,
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		UMRN						Off	fice use	only													
Tick(✓) CREATE	Sponsor Bank Code		0	ffice use on	ly					7	Utility	Code					C	)ffice u	ise only				
MODIFY	I/We hereby authorize:	DSP E	BLAC	KROC	K۸	νυτι	JAL	FUN	D Sc		-		to	debit	(tick√	SB /	CA /	CC /	/ SB-N	NRE / S	B-NR	)/(	Other
CANCEL Bank A/c No.																							
With		Name & Branch							sc 🗌				<u> </u>										
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FREQUENCY	•			& when I	orese	ented									DEBIT	TYPE		-	moun		aximur	n An	nount
Reference 1	Folio No:	· · ·												Mo	bile								
Reference 2	Appln No:								Ema	il id													
I agree for th	ne debit of mandate proce	essing charges by th	e banl	whom I	am a	authori	ising to	o debit	: my ao	coun	t as per	latest	sched	lule of	charge	es of the	e bank						
From D	D M M Y Y Y	Y																					
to DD MM Y Y Y Y X 1. Signature of Account Holder X2. Signature of Account Holder Signature of Account Holder																							
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Declaration: Th	nis is to confirm that the decla	ration has been caref	illy read	e of Acco I, understo	od ar	nd made	e by me	e/us. 1/V	Ve have	under	stood th	of Accou at I/we a	are aut	thorised	l to cano	:el/amen	d this r	nanda	te by a	Accour	ely comr	nunica	ating the
I/We hereby con	nendment request to the User of nfirm adherence to the terms of whit Clearing) / Direct Debit / S	of OTM Facility and as	amende	d from time	e to t	ime and	of NAC	CH/ECS (	Debits)	/Direct	t Debits /	Standing	Instru	ictions.	Authoris	ation to	Bank: T	'his is '	to infor	m that I/	We have	regist	tered for
Bank. I/We auth	bit Clearing) / Direct Debit / S norize the representatives of DS	SP BlackRock Mutual Fu	nd carry	ing this ma	andat	e form t	o get it	verified	d and ex	ecute	אנע זוי B d.	WOLK COLL	mutua	a rund	snatt De	made If(							eque copy
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□ DEBIT MANADATE FORM □ SIP FORM						Appl	licatio	n No.								_							

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

## Instructions

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through 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.

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