

**SIP/SWP/STP
CHANGE REQUEST FORM**

Distributor / RIA Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUN (Refer note below)	For Office use only
ARN-106754			E-143402	

I/We confirm that the EUN 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 10th 14th 15th 21st 25th 28th Installment Amount Rs. OR Capital Appreciation (for STP / SWP)

SIP Auto Debit Existing Bank A/c No. SIP Auto Debit Existing Bank Name

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

<p>• Change Auto Debit Bank / Move from PDCs to Auto Debit:</p> <p><input type="checkbox"/> Please update new bank account details (as mentioned in form below) for auto debits instead of existing bank account / cancel PDCs and return.*</p> <p><input checked="" type="checkbox"/> Fill the 'Debit Mandate Form' available below and sign, as a one time request.*</p>	<p>• Change Scheme: New Scheme for SIP or STP (Target Scheme)</p> <p><input type="checkbox"/> 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.*</p> <p><input checked="" type="checkbox"/> New Scheme*: <input type="text"/> DSP BlackRock Plan / Option / Sub Option</p>	<p>• Cancellation:</p> <p><input type="checkbox"/> Please cancel SIP/SWP/STP with details mentioned above.*</p>
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* 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
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OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date

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 In Words ₹ In Figures

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

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 DD MM YY YY
 to DD MM YY YY
 or Until Cancelled

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