## **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

## SIP Registration Checklist:

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

Distributor ARN and Name		Sub Broker ARN & Name			Sub Broker/Branch/RM Internal Code					ode E	EUIN (Refer note below)					For Office use only										
The follow	wing Mandate no SIP registration	eeds to be subm s, using Physica	itted only o Il Forms, Call	nce for reg l, SMS or Oi	gistration	on with o	r with	out SIP f	orm. O	nce the	manda	te is re	gistere	ed, in	vestor ne	ed no	t sub	mit ma	ndate ag	ain	and ca	ın do l	ump s	um inv	estments,	
	BLACKRO			ОТ	M D [Appl	<b>ebit</b> licable f	<b>Ma</b> or Lui	ndat	e Fo	orm onal Pu	NAC urchase	H/E s as w	CS/ ell as	/DI	RECT Registra	DE tions]	BI	Γ	D	ate	D	D N	\ M	Υ	YYY	
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Tick(✓)  CREATE Sponsor Bank Code Office use only					nly					Utilit	y Cod	de					Office use only									
MODIFY CANCEL	I/ We lie	eby authorize	authorize: DSP BLACKRO						K MUTUAL FUND So					Schemes				SB/	B / CA / CC / SB-NRE / SB-NRO / Oth							
Bank A/c																					T					
With		Bank	k Name & B	Branch						IFSC	$\vdash$	+	$\overline{}$	Т		$\overline{\Box}$	$^{+}$	OF	R MICR		+	$\pm$	$\Box$	$\top$		
an amount of Rupees In Words																	₹	$\top$			n Figu	ires				
FREQUENCY Mthly Qtly H. Yrly Yrly As & when pres						prese	nted DEBIT TY								YPE	☐ Fixe	d A	moun				Amount				
Reference 1 Folio No:					-	Mobile																				
Referenc	te 2 Appln i	√o:								E	mail id															
I agree for	or the debit of	mandate prod	cessing char	rges by the	e bank	whom I	am a	uthorisir	ng to d	lebit my	y accou	nt as p	er lat	test s	chedule	of ch	arges	of the	bank.							
From	D D M	M Y Y	YY																							
to DDMMMYYYYY 1. Signature of Acc					count	Holder			Signature of Account Holder							3. Signature of Account Holder										
or   Until Cancelled  1.								Signature of Account Hotaer							3.											
Declaratio	n: This is to conf	firm that the dec	laration has b	oeen careful	lv read	e of Acco	ood and	d made by	/ me/us	. I/We h	nave und	erstood	that I/	/we ar	nt Holde re authori:	sed to	cance	l/amen	d this ma	ndat	ame of	ppropr	iatelv c	ommu	nicating the	
I/We hereb	on/amendment re by confirm adhere	ence to the terms	of OTM Facil	ity and as an	mended	from tim	e to tir	ne and of	NACH/	ECS (Deb	its)/Dire	ct Debit	s /Star	nding	Instruction	າs. Aut	horisa	tion to	Bank: Thi	s is t	to infor	m that	: I/We I	nave re	gistered for	
	H (Debit Clearing e authorize the re												у віаскі	KOCK I	Mutual Fui	na snai	t be n	nade tro							cheque cop	
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. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attached and to be registered in the folio. □ OTM Debit Mandate is attache																										
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advice	confirm that t e by the distri	outor personne	el concerne	d. Upfron	t comi	mission s	shall b	oe paid o	directl	y by th	e inves	tor to	the A/	MFI r			n or	_								
	butors based o	n the investor	rs' assessme	ent of vari	ous fa	ctors inc	ludin	g the se	rvice r	rendere	E>	isting	Invest	tor					Sole / Fi	rstA	pplica	nt's Sig	nature	Mano	latory	
Investor Name:												Folio No./Application				on No.										
PAN/PEKRAN & KYC				/ First Applicant / Guar					Seco		ond Applicant /		Guardian					Third Applican			t / Guardiar		1			
Sr. Scheme/Plan/Option/Sub-option					SIP	IP Installme Amount (₹			Date		Frequen		Start		Month/Year Month/Year*				·Up (Min	inimum ₹ 500 or in P it (₹) or Percentage			in Pe	rcent		
No. (Mention Cheque details, if attached)					Ai	mount (	₹)	(√ on	e only	y) ] 7 <sup>th</sup>			E	na M	iontn/ Ye	ar*	╗		Amount	(₹)	or Pe	rcent	age%	Fr	equency	
1. DSF	PBR -					☐ 10 <sup>th</sup>		14 <sup>th</sup>	☐ Monthly*	nthly*	to			Y   [	₹		(	OR 		9	ا	Yearly*				
1st C	Cheque No	[	Date		_			☐ 15 <sup>th</sup> ☐ 25 <sup>th</sup>		21 <sup>st</sup> 28 <sup>th</sup>	☐ Qua	arterly	М	М	ΥΥ	Υ	Y .	Гор-Uр	CAP*:					-	Half-yearly	
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3. DSF	PDK -							☐ 10 <sup>th</sup>		] 14 <sup>th</sup>	☐ Moi		7.1	771	to			<b>*</b>			OR 		7	-	Yearly*	
1st Cheque No						☐ 15 <sup>th</sup>		21st 28th	Qua		М	М	YY	Υ	_'_	Гор-Ир		-		45.6	. =		Half-yearly			
Debit B	Bank Details:	Bank Name:							(*Ma	iximum pe	er Installr	nent Amo		A/C.		ot exce	ed Rs.	Five La	kh) (*Defai	alt of	otion) (	*Defau	t End M	onth/Ye	ear - 12/2099	
Declaration:	: Having read, under	stood and agreed to	the contents of	OTM Facility, t	the Scher	me Informat	ion Doci	ument, Stat	ement o	f Additiona	al Informa	ion, Key l	Informat	tion Me	morandum.	Instruc	ions a	nd Adden	da issued fr	om t	ime to ti	me of t	he respe	ctive Sc	heme(s) of DS	
holder, wher	utual Fund mentione e applicable, has dis	closed to me/us all t	the commissions	particulars giv (trail commis	ven abov sion or a	e are corre	ct and e ode), pay	xpress my v yable to hin	willingne n for the	ss to make different	e payment competing	Schemes	SIP inst of vario	talment ous Mut	ts referred a ual Funds fr	above the om amo	rough ngst w	participa hich the	tion in NAC Scheme is b	.H/EC being	S/Direct recomm	: Debit/ ended t	Standing o me/us	Instruc	tions. The AR	
Firs	[as per Mutual Fo	and Records/Appl	lication]				Seco										Th									
Holder's						older's Hold							lder's													
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∣ L DEB	IT MANADATE I	UKM L	SIP FORM					Applica	acion l	10.								- 1								