DSP MUTUAL FUND

FLEX STP

FLEX SYSTEMATIC TRANSFER PLAN
ENROLMENT FORM

Distributor / RIA Name & ARN /Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (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)

Name of Sole / First Unitholder (Leave space between first / middle / last name) ☐ Mr. ☐ Ms. ☐ M/s. ☐ Others_____

Folio Number **Application Number**

FLEX SYSTEMATIC TRANSFER PLAN (FLEX STP) (Please allow 7 days)

Scheme/Plan/Option*/Sub Option* DSP -

Flex STP into Scheme/Plan DSP - **(Only in Growth Option)**

Flex Transfer Amount Fixed Sum of Rs. (Minimum Rs.500/-)

FLEX STP DATES: ☐ 1st* ☐ 5th ☐ 7th ☐ 10th ☐ 14th ☐ 15th ☐ 20th ☐ 21st ☐ 25th ☐ 28th

FLEX STP FREQUENCY: ☐ Monthly* ☐ Quarterly OR ☐ Daily

Flex Transfer Period (Period to cover - minimum 6 STP transactions) From D D / M M / Y Y To D D / M M / Y Y

*Default options may be applied in case of no information, ambiguity or discrepancy

DECLARATION & SIGNATURES
(To be signed as per Mode of Holding)

Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions, Terms and Conditions of Flex Systematic Transfer Plan (STP) and addenda issued by DSP Mutual Fund, I / We, hereby apply to the Trustee of DSP Mutual Fund to enroll for Flex STP facility and agree to abide by the terms and conditions, rules and regulations of the Scheme and Flex STP. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. If EUIN is left blank/ not mentioned; I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/ sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

Sole / First Unit Holder	Second Unit Holder	Third Unit Holder	POA Holder, if any

V3 17/JUL/2018

ACKNOWLEDGEMENT | FLEX SYSTEMATIC TRANSFER PLAN | DSP MUTUAL FUND

Received, subject to verification, request for Flex Systematic Transfer Plan

From: _____

Folio no: _____

email: service@dspim.com **www.dspim.com** **Call: 1800-208-4499 / 1800-200-4499**

ISC Stamp & Signature