# D P BlackRock
## MUTUAL FUND

Date

Tick(✓)

| CREATE |
| MODIFY |
| CANCEL |

UMRN

*Office use only*

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    ☐ Qtly    ☐ 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

to

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**