

REGISTRATION CUM MANDATE FORM FOR ECS (Debit clearing / Auto Debit)

First SIP cheque and subsequent via **Auto Debit** in select cities only.
 Applications should be submitted atleast **THREE DAYS** before 1st SIP cheque date

New Registration with DSPML FM Change in Bank Account for existing Registration with DSPML FM

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name _____
 Existing Folio No. (if any) _____
 Scheme _____
 Plan _____
 Option & Sub Option _____

SIP AND BANK DETAILS

Each SIP Amount (Rs.) _____ Frequency Monthly (Default) Quarterly
First SIP Cheque No : _____ **Cheque date should be either 1st / 7th / 14th / 21st**
 (Submit atleast 3 days before this SIP Cheque Date) (Note : Cheque should be drawn on bank details provided below)
 SIP Auto Debit Dates : 1st 7th 14th 21st of the month / quarter.
 SIP Period _____ Start From _____ End On _____
 MM YY MM YY

(Note : Please allow minimum one month for auto debit to register and start.)

I/We hereby, authorise DSP Merrill Lynch Mutual Fund and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

PARTICULARS OF BANK ACCOUNT

Accountholder Name as in Bank Account _____
 Bank Name _____
 Branch Name _____
 Account Number _____ Account Type Savings Current Cash Credit
 9 Digit MICR Code _____ ◀ (Please enter the 9 digit number that appears after your cheque number)

I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS / Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform DSP Merrill Lynch Fund Managers Ltd., about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

First Account Holder's Signature <i>(As in Bank Records)</i>	
Second Account Holder's Signature <i>(As in Bank Records)</i>	
Third Account Holder's Signature <i>(As in Bank Records)</i>	

For Office Use only (Not to be filled in by Investor)

Recorded on _____ Scheme Code _____
 Recorded by _____ Credit Account Number _____
 Bank use Mandate Ref. No. _____ Customer Ref. No. _____

Authorisation of the Bank Account Holder (to be signed by the Account Holder)

This is to inform I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Auto Debit Facility and that my payment towards my investment in DSP Merrill Lynch Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit to account mandate Form to get it verified & executed.

Bank Account Number _____

First Account Holder's Signature <i>(As in Bank Records)</i>	
Second Account Holder's Signature <i>(As in Bank Records)</i>	
Third Account Holder's Signature <i>(As in Bank Records)</i>	