

SIP/SSIP AUTO DEBIT FORM
REQUEST FOR NEW BANK REGISTRATION.
(This will take minimum one month)

App. No.

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INVESTOR AND INVESTMENT DETAILS

Folio No.	
Investor Name	
Scheme Name	

PARTICULARS OF BANK ACCOUNT - Bank Account from which Auto Debit will take place

Account holder Name as in Bank Account	
Bank Name	
Branch Name	
Account Number	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO
MICR Code (9 Digit)	• (Please enter the 9 digit number that appears after your cheque number)

Please attach a cancelled cheque / copy of cheque from where Autodebit is taking place.

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DSP BlackRock Mutual Fund mentioned within, I 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 would not hold the user institution responsible. I will also inform DSP BlackRock Investment Managers Ltd., about any changes in my bank account. I agree with SIP/SSIP Investment details mentioned below and have read and agreed to the terms and conditions of SIP/SSIP

First Account holder's Signature (As in Bank Records)		x
Second Account holder's Signature (As in Bank Records)		x
Third Account holder's Signature (As in Bank Records)		x

SIP/SSIP Investment Details (*To be filled by DSPBRMF)

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

Installment amount. SIP/SSIP date and tenure (start to end period) will be as per existing instructions and will be filled in by DSPBRMF

SIP/SSIP Installment Amount Rs.*

SIP/SSIP Date:* 1st 7th 14th 21st 28th (Any one only)

Tenure* to

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

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

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Bank Account Number

First Account holder's Signature (As in Bank Records)		x
Second Account holder's Signature (As in Bank Records)		x
Third Account holder's Signature (As in Bank Records)		x

