

ARN-4464 E032737 VIKRAM S. BAGADTHEY

Change of Name: Request Form

1. Folio No	
2. Existing Name in the folio	
3. Status	<input type="checkbox"/> Partnership Firm <input type="checkbox"/> Company/Corporate <input type="checkbox"/> Trust <input type="checkbox"/> FIs

Due to change in legal name, I/we request DSP Mutual Fund to update new name in the folio and various records as per details mentioned below.

4. New Name to be Updated																			
5. Date of Incorporation	d	d	m	m	y	y	y	y	6. PAN Number										

7. Contact Details	(Mention contact details here for easy communication)
Email id: (in capital)
Contact Person for Non individual investors
Mobile Number:	+91
Tel:	(STD code) Telephone Number

8. Communication Address	(Mention new address in case of any change)
for KYC compliance folios, address change needs to be carried with CVL and not directly with the Fund/Registrar.	
Address line 1
Address line 2
Address line 3
City
Pincode State

9. Mandatory Documents, in new name, to be attached: (ff Documents should be duly certified and attested.)	
Partnership Firms <input type="checkbox"/> KYC letter in new name <input type="checkbox"/> Certificate of registration <input type="checkbox"/> Entry in Register of Firms (registered firms) <input type="checkbox"/> Declaration signed by all partners (unregistered firms)	Company / Body Corporate / Trust / FIs / Banks / Associations <input type="checkbox"/> KYC letter in new name <input type="checkbox"/> Certificate of Incorporation from registrar of companies, or <input type="checkbox"/> SEBI Registration Certificate in case of FIs, or <input type="checkbox"/> Constitution / Registration Document in new name <input type="checkbox"/> Copy of order by NCLT or High Court, wherever applicable <input type="checkbox"/> PAN card copy in new name <input type="checkbox"/> Authorised signatory list in new name

10. Declaration and Signatures:

I/We request DSP Mutual Fund (the fund) to change the name of the unitholder in the folio/s mentioned above due to legal change in name. I/We agree to hold the fund, AMC and registrar harmless and indemnified due to effecting this name change.

Sole/First Holder

Second Holder

Third Holder

(ff All unit holders need to sign irrespective of mode of holding.)

X

X

X

Acknowledgement	Change of Name: Request Form	DSP Mutual Fund
Received, subject to verification, request for change of name in: Folio No:.....		
email: service@dspim.com www.dspim.com Call: 1800-208-4499 / 1800-200-4499		ISC Stamp & Signature