

To  
DSP Mutual Fund  
c/o Computer Age Management Services Pvt Ltd  
Rayala Towers, 7<sup>th</sup> Floor,  
158 Anna Salai,  
Chennai 600 0 02

From  
Distributor Name: .....  
ARN Code:       ARN - .....  
Address .....  
.....  
.....

Dear Sir,

I do hereby nominate the following person in whom on my death, the amount payable to me in respect of the commission pertaining to the units canvassed by me specified below shall vest and to whom such amount shall then be payable will be sufficient legal discharge of duties by DSP Investment Managers Pvt Ltd. and its authorized registrars.

Nominee Name: .....  
Date of birth  
(if nominee is minor) .....  
Guardian Name  
(if nominee is minor) .....  
Address .....  
.....

Signature of  
Nominee / Guardian \_\_\_\_\_

This nomination is in substitution of the any earlier nomination registered in your books which nomination shall stand cancelled on registration of this nomination.

Signature of Distributor \_\_\_\_\_  
Place: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledgement	Distributor Nomination Form	DSP Mutual Fund
Received, subject to verification, request for nomination from distributor Name: ..... ARN Code: .....		