

Change of Name: Request Form

1. Folio No	*****					
2. Existing Name in the folio						
3. Status	Partnership Firm 🗆 Compa	ny/Corporate 🗆	] Trust	□ Others _		
Due to change in legal name, I/we rec nentioned below.	uest DSP Mutual Fund to upda	te new name in the	folio and v	arious recor	ds as per	details
4. New Name to be Updated						
5. Date of Incorporation d d	m m y y y y <mark>6. PAI</mark> Nu	۱ nber				
7. Contact Details		(Mention	contact deta	ils here for ea	sy commun	ication)
Email id: <i>(in capital)</i>						
Contact Person for						
Non individual investors Mobile Number: +91		Tel:	(STD code	Tolopho	ne Numbe	r
		161.	( STD Code	) retepho	le Numbe	1
8. Mandatory Documents, in new na	<u>me,</u> to be attached: 🖙 Documer	nts should be duly ce	ertified and	attested.		
Partnership Firms	Company / Body C	orporate / Trust / F	IIs / Banks /	Associations		
<ul> <li>KYC letter in new name</li> <li>Certificate of registration</li> <li>Entry in Register of Firms (registered firms)</li> <li>Declaration signed by all partners (unregistered firms)</li> <li>Original Cheque with new name</li> <li>Authorized Signatory List in new na</li> <li>FATCA</li> <li>UBO</li> </ul>	<ul> <li>Certificate of Ir</li> <li>SEBI Registratio</li> <li>Constitution / F</li> <li>Copy of order b</li> <li>PAN card copy i</li> <li>Authorised sign</li> </ul>	<ul> <li>KYC letter in new name</li> <li>Certificate of Incorporation from registrar of companies, or</li> <li>SEBI Registration Certificate in case of FIIs, or</li> <li>Constitution / Registration Document in new name</li> <li>Copy of order by NCLT or High Court, wherever applicable</li> <li>PAN card copy in new name</li> <li>Authorised signatory list in new name</li> <li>Original Cheque with new name</li> <li>FATCA</li> </ul>				

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 Holde	Sole/First Holder Second Holder		Third Holder
	×	×	×
Acknowledgement	Cha	nge of Name: Request Form	DSP Mutual Fund
Received, subject to verificat			
Folio No:			
email: service@dspim.com	www.dspim.com	Call: 1800 208 4499 / 1800 200 4499	
			ISC Stamp & Signature