

Website: www.dspim.com eMail: service@dspim.com Toll Free Number: 1800 200 4499

Unclaimed Redemption/Dividend Form Claim Cum Redemption [OR] Payment Instrument Reissuance

1. Folio No													
2. Name of the Sole	/First Holder												
I/we request you to k	kindly issue a f	resh dividend	redemption in	nstrumen	nt as per re	quest state	d below.						
			Reque	est Type:	Select Any	One below	<u>'</u>						
☐ Claim cum Redemption from					Payment Instrument Re-Issuance								
Scheme:				Scheme/Plan/Option									
Unclaimed Reder	nption / Divide	nd Plans in DSP Savings Fund			Transaction/ Instrument Amount:								
(Redemption/Div				Harisaccion, Histamene Amount.									
✓ ALL Units Rede	emption				Transaction / Instrument Date:								
Payment in		Existing Bank Account (Skip below Section)			☐ New/ updated Bank Account (Please fill new bank details below & provide mandatory documents)								
New Bank Details (if changed)		Mention	new bank deta	ls for upo	updation in folio as default bank account								
Attach any one of: Submit originals of of	_						ank statemer he Bank or o		Certified (hould be p			ication.	
Bank Name													
Branch													
Bank A/c No (Core Banking)													
A/c Type (Please ✓)		Savings	☐ Curre	ent	□NRE	□NRO	□FC	NR	☐ Other	S			
IFSC Code (11 digit)		MICR Code (09 digit)											
Communication Add	Iress and Cont	act Details					(Mention new	address an	d contact de	tails in ca	se of any cl	nange)	
for KYC compliance folios	, address change n	eeds to be carried	with CVL and not d	irectly with	h the Fund/Re	gistrar.							
Address Line 1													
Address Line 2													
Address Line 3													
City									Pincode				
Mobile +	91												
Email ID													
Declaration and Sign	natures (as exi	isting in record	ds)										
As I/we have unclaim request above [or] waddress or misplaced that we have not enpayment/s.	ed redemption here we receiv lost the payme	or dividends wh red the paymer nt instrument is	nich are invested at instrument wassued to me/us;	rith old ba	ank account uest you to l	mandate/naindly issue a	ot received to fresh instrum	the payme	nt instrum ecute a dir	ent sent ect paym	to my re ent. I/we	egistered confirm	
Sole / First Applicant / Guardian				Second Applicant				Third Applicant					
			(To	be signed	as per Mode o	f Holding)							
Acknowledg	gement	Redempt	ion or Dividen	d: Chequ	que Reissuance (Unclaimed/Misplaced) Form					DSP Mutual Fund			
Received, subject to verification, request for claim cum redemptio					n / revalidation of dividend /					ISC Stamp & Signature			
redemption payme	redemption payment from:												
Folio No:													
email: service@ds	pim.com	www.dspim.c	om Call: 1	800 200 4	4499								