

Application No.:

Distributor ARN and Name	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only

I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned.

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

☐ I am a First Time Investor in Mutual Fund Industry. ☐ I am an Existing Investor in Mutual Fund Industry.

Sole / First Applicant's Signature Mandatory

### 1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Should match with PAN Card)		PAN (1st Applicant / Guardian)	<input type="checkbox"/> KYC
Existing Folio Number		Name of Guardian (if minor)/POA/Contact Person	PAN (POA)
			<input type="checkbox"/> KYC
On behalf of Minor	Date of Birth	Date of Birth	Guardian named is :
(* Attach Mandatory Documents as per instructions). Minor's	D D / M M / Y Y Y Y	Proof attached * <input type="checkbox"/>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed

### 2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records)

Email ID (in capital)	Tel (STD Code)		Address Type (Mandatory) <input type="checkbox"/> a. Residential & Business <input type="checkbox"/> b. Residential <input type="checkbox"/> c. Business <input type="checkbox"/> d. Registered Office
Mobile +91			
Address			
Landmark			
City	Pin Code (Mandatory)	State	

### 3. KYC DETAILS (Mandatory)

**3a. Status of Sole/1st Applicant** (Please tick ✓) ☐ Indian Resident Individual ☐ Minor (Resident) ☐ Minor (Repatriable) ☐ Minor (Non Repatriable)  
☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ PIO ☐ Sole Proprietorship ☐ HUF - Indian ☐ HUF - NRI ☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Public Ltd. Co.  
☐ Private Ltd. Co. ☐ Body Corporate ☐ Bank ☐ Fls ☐ Insurance Companies ☐ Government Body ☐ AOP/BOI ☐ Trust ☐ Society ☐ Provident Fund  
☐ Superannuation / Pension Fund ☐ Gratuity Fund ☐ Mutual Fund ☐ FII ☐ FPI-Category I/II/III ☐ FCRA ☐ GDN ☐ Defence Establishment ☐ NPS Trust  
☐ Others \_\_\_\_\_ (Please specify)

☒ Are you a Non-Profit Organization [NPO] or Company u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013: ☐ Yes ☐ No

**3b. Occupation Details** (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional  
☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others \_\_\_\_\_ (Please specify)

**3c. Gross Annual Income** (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore  
**Net-worth in** (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on D D / M M / Y Y Y Y (Not older than 1 year)

**3d. For Individuals** (Please tick ✓) ☐ Not Applicable ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person

### 4. JOINT APPLICANTS (IF ANY) DETAILS

☒ Mode of Holding (Please tick ✓) ☐ Joint (Default) ☐ Anyone or Survivor

<b>2nd Applicant Name</b> (Should match with PAN Card)		PAN (2nd Applicant)	<input type="checkbox"/> KYC
<b>a. Occupation Details</b> (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others _____ (Please specify)			
<b>b. Gross Annual Income</b> (Please tick ✓) <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore			
<b>c. Others</b> (Please tick ✓) <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP)			
<b>3rd Applicant Name</b> (Should match with PAN Card)		PAN (3rd Applicant)	<input type="checkbox"/> KYC
<b>a. Occupation Details</b> (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others _____ (Please specify)			
<b>b. Gross Annual Income</b> (Please tick ✓) <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore			
<b>c. Others</b> (Please tick ✓) <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP)			

### ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

### DSP BLACKROCK MUTUAL FUND

Received, subject to realisation and verification an application for purchase of Units as mentioned in the application form.

From \_\_\_\_\_ Application No. \_\_\_\_\_

Scheme	Cheque no.	Amount
DSPBR		

5. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS details form

Sole/First Applicant/Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.  
\*If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

6. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

Bank Name

Bank A/C No.  A/C Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others

Branch Address

City  Pin

IFSC code: (11 digit)  MICR code (9 digit)  (This is a 9 digit number next to your cheque number)

7. INVESTMENT AND PAYMENT DETAILS (Cheque/DD should be in favour of "Scheme Name")

Scheme/Plan /Option/Sub Option	DSP BlackRock -	Scheme	Plan	Option/Sub Option
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(Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

☐ One time Lumpsum Investment ☐ SIP: Systematic Investment Plan. ☒ Attach OTM form, if not already registered. Mention First SIP Cheque Details below

Payment Mode: ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Funds transfer

Cheque/DD/RTGS/NEFT No.

Amount (Rs.) (i)

DD charges, (Rs.)(ii)

Total Amount (Rs.) (i) + (ii)  In figures

In Words

Cheque/DD/RTGS/NEFT/ DD Date

Payment from Bank A/c No.

Bank Name

Branch

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Documents Attached to avoid Third Party Payment Rejection, where applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

8. NOMINATION DETAILS Individuals (single or joint applicants) are advised to avail Nomination facility.

☒ I/We wish to nominate. ☐ I/We DO NOT wish to nominate and sign here  1st Applicant Signature (Mandatory)

	Nominee Name	Guardian Name (In case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	Total = 100%	<input type="text"/>

9. UNIT HOLDING OPTION:

☐ In Account Statement Mode (default): ☐ In Demat mode: NSDL:  I  N

Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

CDSL:

Enclose for demat option:  
☐ Client Master List  
☐ Transaction/Holding Statement  
☐ DIS Copy

10. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by DSP BlackRock Mutual Fund from time to time, I / We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme/Plan/Option and agree to abide by the terms and conditions, rules and regulations. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form is true, correct, and complete. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any

Email: service@dspblackrock.com	Website: www.dspblackrock.com	Contact Centre: 1800 200 4499
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Quick Checklist

<input type="checkbox"/> Name, Address are correctly mentioned	<input type="checkbox"/> Full scheme name, plan, option is mentioned	<input type="checkbox"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
<input type="checkbox"/> Email ID / Mobile number are mentioned	<input type="checkbox"/> Pay-In bank details and supportings are attached	<input type="checkbox"/> Non Individual investors should attach
<input type="checkbox"/> KYC information provided for each applicant	<input type="checkbox"/> Nomination facility opted	<input type="checkbox"/> FATCA Details and Declaration Form
<input type="checkbox"/> FATCA/CRS details provided for each applicant	<input type="checkbox"/> Form is signed by all applicants	<input type="checkbox"/> UBO Declaration Form

## Unique Benefits

- Register SIPs within 5 to 10 days
- One Form - Multiple SIP's
- Multiple Schemes, Multiple Amounts,
- Multiple Dates & Multiple Frequencies
- Debit Mandate form to be filled just ONCE

- |                          |                       |                                    |                         |                     |
|--------------------------|-----------------------|------------------------------------|-------------------------|---------------------|
| Distributor ARN and Name | Sub Broker ARN & Name | Sub Broker/Branch/RM Internal Code | EUIN (Refer note below) | For Office use only |
|--------------------------|-----------------------|------------------------------------|-------------------------|---------------------|

**DSP BLACKROCK**  
MUTUAL FUND

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date 

D	D	M	M	Y	Y	Y	Y
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[illegible]

CREATE
MODIFY
CANCEL

Sponsor Bank Code	Office use only	Utility Code	Office use only
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I/We hereby authorize: **DSP BLACKROCK MUTUAL FUND Schemes** to debit (tick✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**

[illegible]

With Bank	Bank Name & Branch										IFSC				OR MICR			

an amount of Rupees	₹
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FREQUENCY ☐ Mthly ☐ Qtrly ☐ H. Yrly ☐ Yrly ☒ As & when presented DEBIT TYPE ☐ Fixed Amount ☒ Maximum Amount

Reference 1	Folio No:	Mobile
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Reference 2	Appln No:	Email id
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I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

From 

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

to 

D	D
---	---

M	M
---	---

Y	Y	Y	Y
---	---	---	---

or ☐ Until Cancelled

1. _____ Signature of Account Holder	2. _____ Signature of Account Holder	3. _____ Signature of Account Holder
1. _____ Name of Account Holder	2. _____ Name of Account Holder	3. _____ Name of Account Holder

**Declaration:** This is to confirm that the declaration has been carefully read, understood and made by me/us. I/We have understood that I/we are authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/ECS (Debits)/Direct Debits/Standing Instructions. Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / Standing Instructions facility and that my/our payment towards my/our investment in DSP BlackRock Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We authorize the representatives of DSP BlackRock Mutual Fund carrying this mandate form to get it verified and executed. Please attach a cancelled cheque/cheque copy

## SIP Registration/Renewal Form (for OTM registered investors only)

Attention: No need to attach OTM Debit Mandate again, if already registered earlier.

Please tick ☒ as applicable:

- ☐ OTM Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in FIVE Days i.e. for debit date 7th, form can be submitted till 2nd of the month.
- ☐ OTM Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten to Thirty days depending on NACH or ECS modalities.
- The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Distributor ARN and Name	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
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☐ I/We confirm that the EUIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

Sole / FirstApplicant's Signature Mandatory

Investor Name:		Existing Investor Folio No./Application No.	
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PAN/PEKRAN & KYC			
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Sole / First Applicant / Guardian

Second Applicant / Guardian

Third Applicant / Guardian

Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date (✓ one only)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum Rs. 500)	
						Amount (₹)	Frequency
1.	DSPBR -		<input type="checkbox"/> 1 <sup>st</sup> * <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup>	<input type="checkbox"/> Monthly*  <input type="checkbox"/> Quarterly	<div> <div>M</div><div>M</div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<div>Top-Up CAP*:</div>	<input type="checkbox"/> Half-yearly
					to		<input type="checkbox"/> Yearly*
2.	DSPBR -		<input type="checkbox"/> 1 <sup>st</sup> * <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup>	<input type="checkbox"/> Monthly*  <input type="checkbox"/> Quarterly	<div> <div>M</div><div>M</div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<div>Top-Up CAP*:</div>	<input type="checkbox"/> Half-yearly
					to		<input type="checkbox"/> Yearly*
3.	DSPBR -		<input type="checkbox"/> 1 <sup>st</sup> * <input type="checkbox"/> 7 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 14 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup> <input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup>	<input type="checkbox"/> Monthly*  <input type="checkbox"/> Quarterly	<div> <div>M</div><div>M</div> <div>Y</div><div>Y</div><div>Y</div><div>Y</div> </div>	<div>Top-Up CAP*:</div>	<input type="checkbox"/> Half-yearly
					to		<input type="checkbox"/> Yearly*

**Declaration:** Having read, understood and agreed to the contents of OTM Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DSPs, BlackRock Mutual Fund mentioned within, I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments towards SIP installments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. The ARN number, where applicable, has disclosed to me/us all the commissions (trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Signatures [as per Mutual Fund Records/Application]

**X** First Unit Holder's Signature

Second  
Unit  
Holder's  
Signature

Third  
Unit  
Holder's  
Signature

## DSP BlackRock Mutual Fund

Investor Name: \_\_\_\_\_

Folio No/Application No.

ISC Stamp

☐ DEBIT MANADATE FORM      ☐ SIP FORM