

Distributor Name and ARN	Sub Broker Code	Branch / RM Code	For Office use only
Distributor Contact No:			

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.

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Should match with PAN Card) **Gender** Male Female **Title** Mr. Ms. M/s

Existing Folio No

Date of Birth (Mandatory for minor) / /

PAN (1st Applicant / Guardian)

Enclose KYC Acknowledgement

For Investments "On behalf of Minor": (Refer Instruction 1-e)
 (* Attach Mandatory Documents as per instructions).
 Proof of DoB Birth Certificate School Certificate / Mark sheet attached * Passport Any other

Guardian named below is : Father Mother Court Appointed*

Name of Guardian if minor / **Contact Person** for non-individuals / **PoA** Holder name: **PoA PAN*** KYC*

Correspondence Address *PoA PAN & KYC is mandatory

Landmark

City Pin Code (Mandatory) State

Status of Sole/1st Applicant (Please tick) Resident Individual On Behalf Of Minor HUF Sole Proprietorship NRI (Repatriable) NRI (Non-Repatriable) LLP Partnership Firm Company AOP/BOI Body Corporate Trust Society FII FOF - MF schemes Provident Fund Superannuation / Pension Fund Gratuity Fund Bank / FI Government Body Insurance Companies Others _____ (Please specify)

Occupation (Please) Service Professional Business Housewife Retired Student Other _____

DSPBR eServices **Email ID** (in capital)

DSPBR eSMS **Mobile** +91 **Fax** (Refer instruction 6)

STD Code **Tel. (Off)** **Tel. (Resi.)**

DSPBR Online PIN (Please tick) NEW Yes, I wish to have a PIN for internet / telephone transactions and agree to terms and conditions of PIN Issuance and Usage as available in SID/SAI and www.dsblackrock.com (Refer instruction 1(f) for mandatory details).

Email id, Date of Birth, Mobile Number, PAN are mandatory details for issuance of PIN and Online Facility.

2. JOINT APPLICANTS' DETAILS

Mode of Holding (Please tick) Joint (Default) Anyone or Survivor Single

Name of Second Applicant (Should match with PAN Card) Title Mr. Ms. M/s

PAN (2nd applicant) **Enclose** KYC Acknowledgement

Name of Third Applicant (Should match with PAN Card) Title Mr. Ms. M/s

PAN (3rd applicant) **Enclose** KYC Acknowledgement

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) DSP BLACKROCK MUTUAL FUND

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

From _____

Cheque no.	Date	Amount	Scheme

Application No.

3. BANK ACCOUNT DETAILS (Refer Instruction 3 and 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)

4. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 4) (Cheque DD should be in favour of "Scheme Name")

Scheme/Plan /Option/Sub Option **DSP BlackRock -** Scheme **Plan** Option/Sub Option

(Default plan/option/sub option will be applied in case of no information, ambiguity or discrepancy)

One time Lump sum Investment: Please fill the details hereunder. Do not submit SIP Auto Debit Form. (Refer instruction 4(i) on Third Party Payments)

LUMPSUM

Payment Mode: Cheque DD RTGS NEFT Funds transfer

Cheque/DD/RTGS/NEFT No. Cheque/RTGS/NEFT/DD Date

Amount (Rs.) (i) Payment from Bank A/c No. Pay In A/c No.

DD charges, (Rs.)(ii) Bank Name

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

In Words Account Type Savings Current NRE NRO FCNR

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

SIP: Systematic Investment Plan. Please fill up SIP Auto Debit form and attach with this form. (Refer instruction 4(i) on Third Party Payments)

SIP

First SIP Cheque Details: (Mention Amount in SIP Auto Debit Form)

Cheque / DD No. Drawn on Bank A/c No. Pay In A/c No.

Cheque/DD Date Bank & Branch

5. NOMINATION DETAILS (Refer Instruction 5) 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 Signature
Nominee 1				
Nominee 2				
Nominee 3				
Address			Total = 100%	

6. 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, I/We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I/We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of DSP BlackRock Mutual Fund. 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. The ARN holder has disclosed to me/us all the commissions (in the form of 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. **Applicable to NRIs only:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality / Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account/FCNR Account(s). If NRI () Repatriation basis Non-Repatriation basis

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

Email: service@dspblackrock.com
Website: www.dspblackrock.com

Contact Centre: 1800 200 4499

Quick Checklist

Name, Address are correctly mentioned Full scheme name, plan, option is mentioned Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.

Email ID / Mobile number are mentioned Pay-In bank details and supportings are attached Additional documents provided in case of specific exceptional Third Party Payments.

PAN / KYC requirements are enclosed Nomination facility opted

Complete Bank details provided Form is signed by all applicants