

Application No.:

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. TRANSACTION CHARGES (Please refer instructions and tick any one)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.

- I am a First Time Investor in Mutual Fund Industry. (Rs 150 will be deducted.)
- I am an Existing Investor in Mutual Fund Industry. (Rs 100 will be deducted.)

2. 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) DD MM YYYY PAN (1st Applicant / Guardian) Enclose <input type="checkbox"/> KYC Acknowledgement	For Investments "On behalf of Minor": (Refer Instruction 1-e) [* Attach Mandatory Documents as per instructions]. Proof of DoB <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Certificate / Mark sheet attached * <input type="checkbox"/> Passport <input type="checkbox"/> Any other Guardian named below is : <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed*
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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 8)
	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/SAL and www.dspblackrock.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.

3. 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.

4. BANK ACCOUNT DETAILS (Refer Instruction 4 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)

5. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 5) (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/RTGS/NEFT/DD Date / / / / / / /

Cheque/DD/RTGS/NEFT No. Payment from Bank A/c No. Pay In A/c No.

Amount (Rs.) (i) Bank Name

DD charges, (Rs.)(ii) Branch

Total Amount (Rs.) (i) + (ii) In figures Account Type Savings Current NRE NRO FCNR

In Words

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

6. NOMINATION DETAILS (Refer Instruction 6) 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				
Nominee 2				
Nominee 3				
Address			Total = 100%	

7. UNIT HOLDING OPTION: (It is mandatory to tick any one option or 'Account Statement Mode' option will be considered) Refer Instructions

In **Account Statement Mode** (default): (Switch/Redemption through Fund/RTA offices only.)

In **Demat mode**, in demat account provided below: (Check for schemes availability) (Switch not allowed. Redemption through SE platforms or through DPs only)

Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only)

NSDL: I N

CDSL:

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

8. 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).

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

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

Contact Centre: 1800 200 4499



- 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

NEW REGISTRATION RENEWAL OF REGISTRATION UPDATE NEW BANK A/C FOR SIP DEBIT

REGISTRATION CUM MANDATE FORM FOR ECS (Debit clearing) / Direct Debit/Standing Instructions

ARN:	Sub Broker Code	Branch / RM Code	For Office use only
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.

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name			
Existing Investor Folio No.		OR Application no. for New Investors	
Scheme	DSP BlackRock		
Plan		Option/Sub option	
Email ID: (In capital)			
Mobile Number:	+ 9 1	(For SMS Alerts)	(For Email Delivery instead of physical account statement.)

	Sole / First Applicant / Guardian	Second Applicant / Guardian	Third Applicant / Guardian
PAN & <input type="checkbox"/> KYC <small>In case of Micro SIP (Refer Instruction 3)</small>			
ID & Address Proof Document Name			
Document Number <small>(provide attested photo identification proof)</small>			

SIP AND DEBIT DETAILS

Each SIP Amount (Rs.) <small>(Minimum Rs. 500/-)</small>		Frequency <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<small>(Minimum 12 instalments, 6 in case of DSPBR Tax Saver Fund)</small>
SIP Debit Date:	<input type="checkbox"/> 1 st * <input type="checkbox"/> 7 th <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th (Please tick <input checked="" type="checkbox"/> only one date. Use separate forms for different dates)		
SIP Period (Including cheque)	Start Month	End Month	OR <input type="checkbox"/> DEC-2040* <small>*Default Options</small>
<small>(Note: There should be a minimum time gap of one month and maximum time gap of two months between the first cheque for SIP investment and first instalment of SIP Debit)</small>			

First SIP Cheque No.:		Cheque date	
<small>(Cheque amount same as Auto Debit Amount. Should be current dated & drawn on bank whose details are provided below.)</small>			
Mandatory Enclosure <small>(If 1st instalment is not by cheque)</small>	<input type="checkbox"/> Cheque Copy <input type="checkbox"/> Cancelled Cheque <input type="checkbox"/> Banker's attestation		

PARTICULARS OF BANK ACCOUNT

I/We hereby authorise DSP BlackRock Mutual Fund and their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit/SI to account for collection of SIP payments. (First Unit Holder should be amongst one of bank account holders.)

Accountholder Name as in Bank Account	
Bank Name	
Branch Name & Address	
Account Number	
<small>(Core Banking No. in full)</small>	A/c Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others _____
9 Digit MICR Code	

DSP BlackRock MF will not be responsible for any bank rejection or failed debit or transaction reversal due to funds not received from investors' bank for any reason including mandate not received by bank.

Having read and understood the contents of 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 DSP BlackRock Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Direct Debit/Standing Instructions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible, I will also inform DSP BlackRock Mutual Fund, its service providers and bank about any changes in my bank account. I have read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Debit/SI mentioned overleaf. In case of Micro SIP application without PAN, I/We hereby declare that I/we do not have any existing Micro SIPs with DSP BlackRock Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

First Account Holder's Signature	Second Account Holder's Signature	Third Account Holder's Signature
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Authorisation of the Bank Accountholder (to be signed by the Bank Accountholder)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (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 below mentioned bank account with your bank. I/We authorise the representative of DSP BlackRock Mutual Fund carrying this mandate form to get it verified & executed. I have read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Debit/SI mentioned overleaf.

Bank Account Number

First Account Holder's Signature (As in Bank Records)	Second Account Holder's Signature (As in Bank Records)	Third Account Holder's Signature (As in Bank Records)
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Acknowledgement (Subject to verification)

DSP BlackRock Mutual Fund

Investor's Name			
Folio No.		Scheme	
SIP Date	SIP Amount (Rs.)	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Cheque No.