

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)

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 8)

STD Code

Tel. (Off)

Tel. (Resi.)

**DSPBR Online
PIN** (Please tick ☒)



☐ 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.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.

Application No.

From

Cheque no.	Date	Amount	Scheme

4. BANK ACCOUNT DETAILS (Refer Instruction 4 and avail Multiple Bank Registration Facility)

Bank Name			
Bank A/C No.		A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> 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
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(Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

LUMP SUM	<input type="checkbox"/> 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)												
	Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer	Cheque/RTGS/NEFT/DD Date	<table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>		D	D	/	M	M	/	Y	Y	Y	Y
	D	D	/	M	M	/	Y	Y	Y	Y				
	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)	Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR											
	In Words	Documents Attached to avoid Third Party Payment Rejection, where applicable: <input type="checkbox"/> Bank Certificate, for DD <input type="checkbox"/> Third Party Declarations												
	<input type="checkbox"/> SIP: Systematic Investment Plan. Please fill up SIP Auto Debit form and attach with this form .	(Refer instruction 4(i) on Third Party Payments)												
	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

<input type="checkbox"/> In Account Statement Mode (default): (Switch/Redemption through Fund/RTA offices only.)	<input type="checkbox"/> 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: <table><tr><td>I</td><td>N</td><td></td></tr></table>	I	N		
I	N			
CDSL: <table><tr><td></td><td></td><td></td></tr></table>				
Enclose for demat option: <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> 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
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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"/> Additional documents provided in case of specific exceptional Third Party Payments.
	<input type="checkbox"/> PAN / KYC requirements are enclosed	<input type="checkbox"/> Nomination facility opted	
	<input type="checkbox"/> Complete Bank details provided	<input type="checkbox"/> Form is signed by all applicants	