

Distributor Name and ARN	Broker Code	Branch / RM Code	For Office use only
<b>Nisreen Mamaji</b>			
<b>ARN-8490</b> <small>Contact No.</small>			

**1. FIRST APPLICANT'S DETAILS**

**Name of First Applicant** (First / Middle / Surname) \_\_\_\_\_ Title  Mr.  Ms.  M/s

**Existing Folio No** \_\_\_\_\_ / \_\_\_\_\_ (If you have an existing folio number with PAN and KYC validation, please mention the number here and skip to section 5. Mode of holding will be as per existing folio number)

**Date of Birth** (Mandatory for minor)    /    /       Gender  Male  Female

**Email ID** (in capital) \_\_\_\_\_

**PAN** (1st applicant / guardian) \_\_\_\_\_ **Enclosed** (Please tick   Attested PAN card copy  
 KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

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

**Address for Correspondence** (P.O. Box address is not sufficient) \*PoA should be KYC compliant and also attach KYC Acknowledgement

\_\_\_\_\_

City \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_ State \_\_\_\_\_

STD Code \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile +91 \_\_\_\_\_

**Overseas Address** (mandatory for NRI / FII applicants in addition to mailing address in India) (P. O. Box address is not sufficient)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_

Country \_\_\_\_\_

**Status of Sole/1st Applicant** (Please tick   Individual  On Behalf Of Minor  HUF  Sole Proprietorship  NRI (Repatriable)  NRI (Non-Repatriable)  
 Partnership Firm  Company  AOP/B0I  Body Corporate  Trust  Society  OCB  FII  FOF - MF schemes  Provident Fund  
 Superannuation / Pension Fund  Gratuity Fund  Bank / FI  Government Body  Insurance Companies  Others \_\_\_\_\_ (Please specify)

**Occupation** (Please tick   Service  Professional  Business  Housewife  Retired  Student  Other \_\_\_\_\_

**2. JOINT APPLICANTS' DETAILS**

**Name of Second Applicant** (First / Middle / Surname) \_\_\_\_\_ Title  Mr.  Ms.  M/s

**PAN** (2nd applicant) \_\_\_\_\_ **Enclosed** (Please tick   Attested PAN card copy  
 KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

**Name of Third Applicant** (First / Middle / Surname) \_\_\_\_\_ Title  Mr.  Ms.  M/s

**PAN** (3rd applicant) \_\_\_\_\_ **Enclosed** (Please tick   Attested PAN card copy  
 KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

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

**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

### 3. BANK ACCOUNT DETAILS (Refer Instruction 3) (Mandatory)

Bank Name

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

Branch Address

City  Pin

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

### 4. OTHER FACILITIES / EMAIL COMMUNICATION (Please )

I wish to receive the following documents via email in lieu of physical document(s)  I would like to receive a PIN (for telephone & internet transactions, as and when started)

Account Statement  Newsletter & Annual Report  Other statutory information

### 5. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 5)

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

**I. Scheme Name**  **Plan**  **Option & Sub Option**

Cheque / DD No.  Cheque/DD Date  D D / M M / Y Y Y Y

**Amount of Cheque/DD (Rs.) (i)**  Drawn on Bank/ Branch Name)

DD charges, if any, (Rs.) (ii)

**Total Amount**  In Words (Rs.)

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

**II. Scheme Name**  **Plan**  **Option & Sub Option**

Cheque / DD No.  Cheque/DD Date  D D / M M / Y Y Y Y

**Amount of Cheque/DD (Rs.) (i)**  Drawn on Bank/ Branch Name)

DD charges, if any, (Rs.) (ii)

**Total Amount**  In Words (Rs.)

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

### 6. NOMINATION DETAILS (Refer Instruction 6)

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

Total = 100%

### 7. DECLARATION & SIGNATURES

Having read and understood the contents of the combined Scheme Information Document and Statement of Additional Information, Key Information Memorandum and Instructions, 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.

#### Applicable to NRIs only

I/We confirm that I am/We are No-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

**SIGNATURE (S)**

Sole / First Applicant/ Guardian

Second Applicant

Third Applicant

Email: [service@dspblackrock.com](mailto:service@dspblackrock.com)  
Website: [www.dspblackrock.com](http://www.dspblackrock.com)

Contact Centre: 1800 345 4499 / 044 3048 2855

Checklist  All Investments  Bank Mandate is provided  
 PAN Card copy (Attested with a seal by a Distributor, Bank Manager, Notary)  
 KYC Acknowledgement

NEW REGISTRATION  RENEWAL OF REGISTRATION

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

BROKER ARN: **Nisreen Mamaji** Sub Agent's Code \_\_\_\_\_ For Office use only \_\_\_\_\_  
Contact No: **ARN-8490**

**INVESTOR AND INVESTMENT DETAILS**

Sole / First Investor Name \_\_\_\_\_  
Existing Investor Folio No. \_\_\_\_\_ / \_\_\_\_\_  
Scheme \_\_\_\_\_  
Plan \_\_\_\_\_ Option/Sub option \_\_\_\_\_  
Email ID: (In capital) \_\_\_\_\_  
Mobile Number: + 9 1 \_\_\_\_\_ (For SMS Alerts) (For Email Delivery instead of physical account statement.)  
PAN (Provide attested PAN card copy) \_\_\_\_\_  
Sole / First Applicant / Guardian \_\_\_\_\_  
Second Applicant / Guardian \_\_\_\_\_  
Third Applicant / Guardian \_\_\_\_\_

**SIP AND DEBIT DETAILS**

Each SIP Amount (Rs.) \_\_\_\_\_ Frequency  Monthly (Default)  Quarterly  
(Minimum Rs. 1,000/-)  
First SIP Cheque No.: \_\_\_\_\_ Cheque date DD / MM / YYYY  
(Cheque amount same as Auto Debit Amount) (Note: Cheque should be drawn on bank whose details are provided below)  
Mandatory Enclosure (If 1st instalment is not by cheque)  Blank Cancelled Cheque  Copy of Cheque  
SIP Debit Dates:  1<sup>st</sup>\*  7<sup>th</sup>  14<sup>th</sup>  21<sup>st</sup>  All four dates of the month / quarter (minimum 12 instalments).  
SIP Period Start Month MM YY End Month MM YY \*Default  
(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)

**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.  
Account holder Name as in Bank Account \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Branch Name & Address \_\_\_\_\_  
Account Number \_\_\_\_\_ Account Type  Savings  Current  NRE  NRO  
(Core Banking No. in full)  
9 Digit MICR Code \_\_\_\_\_ ◀ (Please enter the 9 digit number that appears after your cheque number)

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.



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)

**For Office Use only (Not to be filled in by Investor)**

Scheme Code \_\_\_\_\_ Credit Account Number \_\_\_\_\_  
Bank use Mandate Ref. No. \_\_\_\_\_ Customer Ref. No. \_\_\_\_\_

**Authorisation of the Bank Account holder (to be signed by the Bank Account holder)**

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 Direct/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)

**Acknowledgement (Subject to verification)**

**DSP BlackRock MUTUAL FUND**

Investor's Name \_\_\_\_\_  
Folio No. \_\_\_\_\_ / \_\_\_\_\_ Scheme \_\_\_\_\_  
SIP Date \_\_\_\_\_ SIP Amount (Rs.) \_\_\_\_\_ Frequency:  Monthly  Quarterly