

Distributor Name and ARN	Sub Broker Code	Branch / RM Code	For Office use only
<b>ARN - 9686</b>  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) \_\_\_\_\_ 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 4. Mode of holding will be as per existing folio number)

**Date of Birth** (Mandatory for minor) DD / MM / YYYY \_\_\_\_\_ **Gender**  Male  Female

**PAN** (1st Applicant / Guardian) (Mandatory) \_\_\_\_\_ **Enclosed**  Attested PAN card copy  
(Please tick )  KYC Acknowledgement (Mandatory - Refer General Instructions h.)

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

**Correspondence Address** \_\_\_\_\_ \*PoA PAN & KYC is mandatory

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

**Email ID** (in capital) (Refer instruction 6) \_\_\_\_\_

**Mobile** +91 \_\_\_\_\_ **Fax** \_\_\_\_\_

**STD Code** \_\_\_\_\_ **Tel. (Office)** \_\_\_\_\_ **Tel. (Resi.)** \_\_\_\_\_

**Need PIN**  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(i) for mandatory details).  
(Please tick )

**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 tick )  Service  Professional  Business  Housewife  Retired  Student  Other \_\_\_\_\_

### 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) \_\_\_\_\_ **Enclosed**  Attested PAN card copy  
(Please tick )  KYC Acknowledgement (Mandatory - Refer General Instructions h.)

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

**PAN** (3rd applicant) \_\_\_\_\_ **Enclosed**  Attested PAN card copy  
(Please tick )  KYC Acknowledgement (Mandatory - Refer General Instructions h.)

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

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

### DSP BLACKROCK MUTUAL FUND

Application No.

**KAF0118366**

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

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)							

### 4. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 4) (Please ✓)

Scheme/Plan /Option/Sub Option	DSP BlackRock										
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(Default plan/option/sub option will be applied in case 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	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	
<b>Total Amount</b> (Rs.) (i) + (ii)	In figures	Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
	In Words		

SIP	<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)		
	<b>First SIP Cheque Details: (Mention Amount in SIP Auto Debit Form)</b>		
	Cheque / DD No.	Drawn on Bank A/c No.	Pay In A/c No.
	Cheque/DD Date	D D / M M / Y Y Y Y	Bank & Branch

### 5. NOMINATION DETAILS (Refer Instruction 5)

I/We wish to nominate  I/We DO NOT wish to nominate

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

### 6. DECLARATION & SIGNATURES

Having read and understood the contents of the 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. 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](mailto:service@dspblackrock.com)  
Website: [www.dspblackrock.com](http://www.dspblackrock.com)

Contact Centre: 1800 200 4499

Quick Checklist

- |   |  |
|---|--|
| <input type="checkbox"/> Name, Address are correctly mentioned  | <input type="checkbox"/> Full scheme name, plan, option is mentioned     |
| <input type="checkbox"/> Email ID / Mobile number are mentioned | <input type="checkbox"/> Pay-In bank details and supporting are attached |
| <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                |