

Application No.:

17-01-2013 V1.2013

Distributor Name and ARN	Sub Broker Code	Employee Unique ID. No. (EUN) (Refer note below)	For Office use only
ARN- 6574 Distributor Contact No:		EUN- E019976	

Investors should mention the EUN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".
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		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Title		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> M/s			
Existing Folio Number																										
Date of Birth (Mandatory for minor)															D D		/		M M		/		Y Y Y Y			
PAN (1st Applicant / Guardian)																										
Enclose															<input type="checkbox"/> KYC Acknowledgement											
Name of Guardian if minor / Contact Person for non-individuals / PoA Holder name:															PoA PAN*		<input type="checkbox"/> KYC*									
Correspondence Address																										
Landmark																										
City															Pin Code (Mandatory)				State							
Status of Sole/1st Applicant (Please tick <input checked="" type="checkbox"/>)															<input type="checkbox"/> Resident Individual		<input type="checkbox"/> On Behalf Of Minor		<input type="checkbox"/> HUF		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> NRI (Repatriable)			
															<input type="checkbox"/> NRI (Non-Repatriable)		<input type="checkbox"/> LLP		<input type="checkbox"/> Partnership Firm		<input type="checkbox"/> Company		<input type="checkbox"/> AOP/BOL			
															<input type="checkbox"/> Body Corporate		<input type="checkbox"/> Trust		<input type="checkbox"/> Society		<input type="checkbox"/> FII		<input type="checkbox"/> FOF - MF schemes			
															<input type="checkbox"/> Provident Fund		<input type="checkbox"/> Superannuation / Pension Fund		<input type="checkbox"/> Gratuity Fund		<input type="checkbox"/> Bank / FI		<input type="checkbox"/> Government Body			
															<input type="checkbox"/> Insurance Companies		<input type="checkbox"/> Others						(Please specify)			
DSPBR eServices															Email ID (in capital)											
DSPBR eSMS															Mobile		+91				Fax					
															STD Code				Tel. (Off)				Tel. (Resi.)			
DSPBR Online PIN (Please tick <input checked="" type="checkbox"/>)															<input type="checkbox"/> 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		<input type="checkbox"/> No		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 <input checked="" type="checkbox"/>)															<input type="checkbox"/> Joint (Default)		<input type="checkbox"/> Anyone or Survivor		<input type="checkbox"/> Single				
Name of Second Applicant (Should match with PAN Card)																			Title		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> M/s
PAN (2nd applicant)																			Enclose		<input type="checkbox"/> KYC Acknowledgement		
Name of Third Applicant (Should match with PAN Card)																			Title		<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> M/s
PAN (3rd applicant)																			Enclose		<input type="checkbox"/> KYC Acknowledgement		

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.

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 5 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 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.
Payment Mode: ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Funds transfer

Cheque/RTGS/NEFT/DD Date

D	D	/	M	M	/	Y	Y	Y	Y
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Cheque/DD/RTGS/NEFT No.

Payment from Bank A/c No.

Pay In A/c No.

Amount (Rs.) (i)

DD charges, (Rs.)(ii)

Bank Name

Total Amount (Rs.) (i) + (ii)

In figures

Branch

In Words

Account Type

☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNRDocuments 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.

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

(Refer instruction 4(i) on Third Party Payments)

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
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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 Instruction 7).☐ In Account Statement Mode (default):

(Switch/Redemption through Fund/RTA offices only.)

☐ In Demat mode, in demat account provided below: (Switch not allowed. Redemption through SE platforms/ DPs only)

Depository Participant (DP) ID (NSDL only)

Beneficiary Account Number (NSDL only)

NSDL:

I	N								
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CDSL:

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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



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|---|---|--|
| <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 | |