

Application No.:

Distributor/RIA name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below)	For Office use only
ARN - 93178			E096358	

I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned.
 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.

I am a First Time Investor in Mutual Fund Industry. I am an Existing Investor in Mutual Fund Industry.

Sole / First Applicant's Signature Mandatory

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (Should match with PAN Card)		PAN (1st Applicant / Guardian)	<input type="checkbox"/> KYC
Existing Folio Number		Name of Guardian (if minor)/POA/Contact Person	PAN (POA) <input type="checkbox"/> KYC
On behalf of Minor <small>(* Attach Mandatory Documents as per instructions). Minor's</small>	Date of Birth D D / M M / Y Y Y Y	Date of Birth	Guardian named is :
		Proof attached * <input type="checkbox"/>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records)

Email ID (in capital)	Tel (STD Code)		Address Type (Mandatory) <input type="checkbox"/> a. Residential & Business <input type="checkbox"/> b. Residential <input type="checkbox"/> c. Business <input type="checkbox"/> d. Registered Office
Mobile +91			
Address			
Landmark			
City	Pin Code (Mandatory)	State	

3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick ✓) Indian Resident Individual Minor (Resident) Minor (Repatriable) Minor (Non Repatriable)
 NRI (Repatriable) NRI (Non-Repatriable) PIO Sole Proprietorship HUF - Indian HUF - NRI Partnership Firm Limited Partnership (LLP) Public Ltd. Co.
 Private Ltd. Co. Body Corporate Bank Fls Insurance Companies Government Body AOP/BOI Trust Society Provident Fund
 Superannuation / Pension Fund Gratuity Fund Mutual Fund FI FPI-Category I/II/III FCRA GDN Defence Establishment NPS Trust
 Others _____ (Please specify)

Are you a Non-Profit Organization [NPO] or Company u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013: Yes No

3b. Occupation Details (Please tick ✓) Private Sector Service Public Sector Service Government Service Business Professional
 Agriculturist Retired Housewife Student Forex Dealer Others _____ (Please specify)

3c. Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
 Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on D D / M M / Y Y Y Y (Not older than 1 year)

3d. For Individuals (Please tick ✓)
 Not Applicable I am Politically Exposed Person I am Related to Politically Exposed Person

4. JOINT APPLICANTS (IF ANY) DETAILS

Mode of Holding (Please tick ✓) Joint (Default) Anyone or Survivor

2nd Applicant Name (Should match with PAN Card)	PAN (2nd Applicant)	<input type="checkbox"/> KYC
a. Occupation Details (Please tick ✓) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)		
b. Gross Annual Income (Please tick ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore		
c. Others (Please tick ✓) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)		
3rd Applicant Name (Should match with PAN Card)	PAN (3rd Applicant)	<input type="checkbox"/> KYC
a. Occupation Details (Please tick ✓) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)		
b. Gross Annual Income (Please tick ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore		
c. Others (Please tick ✓) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)		

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

DSP BLACKROCK MUTUAL FUND

Received, subject to realisation and verification an application for purchase of Units as mentioned in the application form.

From _____		
Scheme	Cheque no.	Amount
DSPBR		

Application No.

5. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS details form

Sole/First Applicant/Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant			<input type="checkbox"/> POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____		

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.
 *If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

6. BANK ACCOUNT DETAILS (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)

7. INVESTMENT AND PAYMENT DETAILS (Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

Cheque/DD should be in favour of: "DSP BlackRock Mutual Fund" if single cheque with multiple schemes OR "Scheme Name", in case of single scheme / scheme wise cheques.

One time Lumpsum Investment SIP: Systematic Investment Plan. Attach OTM form, if not already registered. **Mention First SIP Cheque Details below and in SIP form.**

Full Scheme/Plan/Option/Sub Option	Amount (₹)	Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD
1. DSPBR - Scheme Plan Option/Sub Option		<input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer
2. DSPBR - Scheme Plan Option/Sub Option		Cheque/DD/RTGS/NEFT Details:
3. DSPBR - Scheme Plan Option/Sub Option		Ref. No. _____
Total	Amount in words _____ Amount in Figures _____	Date <input type="text"/> / <input type="text"/> / <input type="text"/> DD charges, if any _____

Payment from Bank A/c No. _____ Pay In A/c No. _____ A/c. Type Savings Current NRE NRO FCNR Others _____

Bank Name & Branch _____

Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

8. NOMINATION DETAILS 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%	

9. UNIT HOLDING OPTION:

In Account Statement Mode (default): In Demat mode: NSDL: I N _____ Depository Participant (DP) ID (NSDL only) _____ Enclose for demat option: Client Master List Transaction/Holding Statement DIS Copy

Beneficiary Account Number (NSDL only) _____ CDSL: _____

10. 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 from time to time, I / We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme/Plan/Option and agree to abide by the terms and conditions, rules and regulations. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form is true, correct, and complete. 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.

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

POA holder, if any

Email: service@dspblackrock.com

Website: www.dspblackrock.com

Contact Centre: 1800 200 4499

Quick Checklist

- Name, Address are correctly mentioned
- Email ID / Mobile number are mentioned
- KYC information provided for each applicant
- FATCA/CRS details provided for each applicant
- Full scheme name, plan, option is mentioned
- Pay-In bank details and supportings are attached
- Nomination facility opted
- Form is signed by all applicants
- Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
- Non Individual investors should attach
 - FATCA Details and Declaration Form
 - UBO Declaration Form

Debit Mandate Checklist:

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Amount in words AND in Figures, as you would in a cheque (your maximum limit)
- Your NAME and SIGNATURE as in your bank account

SIP Registration Checklist:

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details
- Signature/s

Distributor/RIA Name and ARN/Code ARN -93178	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below) E096358	For Office use only
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The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registrations, using Physical Forms, Call, SMS or Online.

**DSP BLACKROCK
MUTUAL FUND**

OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date

UMRN Office use only

Tick(✓)
 CREATE
 MODIFY
 CANCEL

Sponsor Bank Code Office use only Utility Code Office use only

I/We hereby authorize: **DSP BLACKROCK MUTUAL FUND Schemes** to debit (tick✓) SB / CA / CC / SB-NRE / SB-NRO / Other

Bank A/c No.:

With Bank: Bank Name & Branch IFSC OR MICR

an amount of Rupees In Words ₹ In Figures

FREQUENCY Mthly Qtrly H. Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Folio No: Mobile

Reference 2 AppIn No: Email id

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD
 From
 to
 or Until Cancelled

1. Signature of Account Holder
 2. Signature of Account Holder
 3. Signature of Account Holder

1. Name of Account Holder
 2. Name of Account Holder
 3. Name of Account Holder

Declaration: This is to confirm that the declaration has been carefully read, understood and made by me/us. I/we have understood that I/we are authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH/ECS/Direct Debit/Standing Instructions. I/we hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/ECS (Debits)/Direct Debits /Standing Instructions. Authorisation to Bank; This is to inform that I/We have registered for ECS / NACH (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 above mentioned bank account with your Bank. I/We authorize the representatives of DSP BlackRock Mutual Fund carrying this mandate form to get it verified and executed. Please attach a cancelled cheque/cheque copy

**DSP BLACKROCK
MUTUAL FUND**

SIP Registration/Renewal Form (for OTM registered investors only)

Attention: No need to attach OTM Debit Mandate again, if already registered earlier.

- Please tick as applicable:
 OTM Debit Mandate is already registered in the folio. [No need to submit again]. OTM Debit Mandate is attached and to be registered in the folio.
 The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Distributor/RIA Name and ARN/Code ARN93178	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIIN (Refer note below) E096358	For Office use only
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I/We confirm that the EUIIN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned. 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 Name: Existing Investor Folio No./Application No.

Sole / First Applicant's Signature Mandatory

Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date (✓ one only)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Percentage %) Amount (₹) or Percentage %	Frequency	
1.	DSPBR -		<input type="checkbox"/> 1 st * <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 14 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> % Top-Up CAP*: <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly	
2.	DSPBR -		<input type="checkbox"/> 1 st * <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 14 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> % Top-Up CAP*: <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly	
3.	DSPBR -		<input type="checkbox"/> 1 st * <input type="checkbox"/> 7 th <input type="checkbox"/> 10 th <input type="checkbox"/> 14 th <input type="checkbox"/> 15 th <input type="checkbox"/> 21 st <input type="checkbox"/> 25 th <input type="checkbox"/> 28 th	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> to <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	₹ <input type="text"/> OR <input type="text"/> % Top-Up CAP*: <input type="text"/>	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly	
Total			>(*Maximum per Installment Amount after Top-Up shall not exceed Rs. Five Lakh) (*Default option) (*Default End Month/Year - 12/2099)					

First SIP transactions via single cheque no. favouring 'DSP BlackRock Mutual Fund' Dated

Debit Bank Details:	Bank Name: <input type="text"/>	A/C. No.: <input type="text"/>
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Declaration: Having read, understood and agreed to the contents of OTM Facility, 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 towards SIP instalments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. The ARN holder, where applicable, has disclosed to me/us all the commissions (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.

Signatures [as per Mutual Fund Records/Application]

First Unit Holder's Signature
 Second Unit Holder's Signature
 Third Unit Holder's Signature

Acknowledgement Investor Name: <input type="text"/>	DSP BlackRock Mutual Fund Folio No./Application No. <input type="text"/>	ISC Stamp <input type="text"/>
<input type="checkbox"/> DEBIT MANADATE FORM <input type="checkbox"/> SIP FORM		

INVESTOR DETAILS

Entity Name: _____
 PAN: _____ Application No. _____
 Folio Nos: _____
 Type of Address given at KRA: Residential or Business Residential Business Registered Office

ADDITIONAL KYC DETAILS (Mandatory)

Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
 Net-worth in ₹ _____ as on / / / / / (Not older than 1 year)

INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

City of Incorporation: _____ Country of Incorporation: _____ Date of Incorporation: _____
 Is Entity a tax resident of any country other than India? Yes No *(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)*
 In case TIN or its functional equivalent is not available, please provide Company Identification number of Global Entity Identification Number or GIIN, etc.

	Country of Tax Residency	TIN or equivalent number	Identification Type/Reason*
1.			
2.			
3.			
4.			

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box: _____ (refer definition D4)

FATCA and CRS DETAILS (Mandatory)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART I (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, (please tick as appropriate)
 Financial Institution (Refer definition A) or
 Direct reporting NFE (Refer definition B)
 GIIN: _____
Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
 Name of sponsoring entity: _____
 GIIN - Not Available Applied for
 If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category (refer definition C)
 Not obtained - Non-participating FI

PART II (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

Is the Entity a publicly traded company? (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)
 Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)
 Name of stock exchange: _____
 Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) (Refer definition D2)
 Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
 Name of listed company: _____
 Nature of relation: Subsidiary of the Listed Company OR Controlled by a Listed Company
 Name of stock exchange: _____
 Is the Entity an Active NFE? (Refer definition D3)
 Yes Also provide UBO Form
 Nature of Business: _____
 Please specify the sub-category of Active NFE (Mention code - refer D3)
 Is the Entity a Passive NFE? (Refer definition E2)
 Yes Also provide UBO Form
 Nature of Business: _____

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby confirm that the information provided by me/us on this form are true, correct, and complete.

Place : _____ Date : _____