

Application No.:

Distributor ARN and Name	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only

I/We confirm that the EUIN 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 Date of Birth / / / / Date of Birth / / Guardian named is :
(* Attach Mandatory Documents as per instructions). Minor's Proof attached *

Father Mother Court Appointed

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

Email ID (in capital)				Address Type (Mandatory)
Mobile +91	Tel (STD Code)			<input type="checkbox"/> a. Residential & Business
Address				<input type="checkbox"/> b. Residential
Landmark				<input type="checkbox"/> c. Business
City	Pin Code (Mandatory)			<input type="checkbox"/> d. Registered Office
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 FIs Insurance Companies Government Body AOP/BOI Trust Society Provident Fund
 Superannuation / Pension Fund Gratuity Fund Mutual Fund FII 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 / / (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 ✓) Private Sector Service Public Sector Service Government Service Business
 Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ (Please specify)
b. Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
c. Others (Please tick ✓) Not Applicable Politically Exposed Person (PEP) 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 ✓) Private Sector Service Public Sector Service Government Service Business
 Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ (Please specify)
b. Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
c. Others (Please tick ✓) Not Applicable Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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

DSP BLACKROCK MUTUAL FUND

Application No. _____

Scheme	Cheque no.	Amount
DSPBR		

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			3rd Applicant		POA	
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	
# 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 <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)			

7. INVESTMENT AND PAYMENT DETAILS (Cheque/DD should be in favour of "Scheme Name")

Scheme/Plan /Option/Sub Option	DSP BlackRock -	Scheme	Plan	Option/Sub Option
(Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)				
<input type="checkbox"/> One time Lumpsum Investment <input type="checkbox"/> SIP: Systematic Investment Plan.  Attach OTM form, if not already registered. Mention First SIP Cheque Details below				
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 <input type="checkbox"/> D <input type="checkbox"/> D <input type="checkbox"/> / <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> / <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y		
Cheque/DD/RTGS/NEFT No.	Payment from Bank 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				

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:

<input type="checkbox"/> In Account Statement	<input type="checkbox"/> In Demat mode: NSDL: Mode (default):	I <input type="checkbox"/> N <input type="checkbox"/>	Depository Participant (DP) ID (NSDL only)	Enclose for demat option:
CDSL: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			Beneficiary Account Number (NSDL only)	<input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> DIS Copy

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
<p>Quick Checklist</p> <ul style="list-style-type: none"> <input type="checkbox"/> Name, Address are correctly mentioned <input type="checkbox"/> Email ID / Mobile number are mentioned <input type="checkbox"/> KYC information provided for each applicant <input type="checkbox"/> FATCA/CRS details provided for each applicant 		
<ul style="list-style-type: none"> <input type="checkbox"/> Full scheme name, plan, option is mentioned <input type="checkbox"/> Pay-In bank details and supportings are attached <input type="checkbox"/> Nomination facility opted <input type="checkbox"/> Form is signed by all applicants 		
<ul style="list-style-type: none"> <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"/> Non Individual investors should attach <ul style="list-style-type: none"> <input type="checkbox"/> FATCA Details and Declaration Form <input type="checkbox"/> UBO Declaration Form 		