

Distributor/RIA name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
ARN-131351				

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/Aadhar Card)		Date of Birth (1st Appl / Minor)
Name of Guardian (if minor)/POA/Contact Person		Date of Birth (Guardian)
AADHAAR No. (1st Appl / Guardian) <input type="checkbox"/> Attach copy (mandatory) CKYC - KIN		On behalf of minor:
PAN of POA <input type="checkbox"/> KYC AADHAAR No. of POA <input type="checkbox"/> Attach copy (mandatory)		Date of Birth Proof attached* <input type="checkbox"/>
		Guardian named is:
		<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)	Address Type (Mandatory)
Mobile +91	<input type="checkbox"/> a. Residential & Business
Tel (STD Code)	<input type="checkbox"/> b. Residential
Address	<input type="checkbox"/> c. Business
Landmark	<input type="checkbox"/> d. Registered Office
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 - NR  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 DD / MM / YYYY (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	Date of Birth
(Should match with PAN/Aadhar Card)	DD / MM / YYYY
PAN	AADHAR NO. <input type="checkbox"/> Attach copy (mandatory) CKYC - KIN
a. Occupation Details (Please tick <input checked="" type="checkbox"/> ) <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 checked="" type="checkbox"/> ) <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 checked="" type="checkbox"/> ) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)	

3rd Applicant	Date of Birth
(Should match with PAN/Aadhar Card)	DD / MM / YYYY
PAN	AADHAR NO. <input type="checkbox"/> Attach copy (mandatory) CKYC - KIN
a. Occupation Details (Please tick <input checked="" type="checkbox"/> ) <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 checked="" type="checkbox"/> ) <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 checked="" type="checkbox"/> ) <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**

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	
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 its 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 (₹)
1. DSPBR - Scheme Plan Option/Sub Option	
2. DSPBR - Scheme Plan Option/Sub Option	
3. DSPBR - Scheme Plan Option/Sub Option	
<b>Total</b> Amount in words	Amount in Figures

Payment Mode:  Cheque  DD  
 RTGS  NEFT  Funds transfer

Cheque/DD/RTGS/NEFT Details:  
Ref. No. \_\_\_\_\_  
Date DD / MM / YY YY YY  
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**

I/We wish to nominate.  I/We DO NOT wish to nominate and sign here \_\_\_\_\_ 1st Applicant Signature (Mandatory)

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

**9. UNIT HOLDING OPTION:**

In Account Statement Mode (default):  In Demat mode: NSDL: I N \_\_\_\_\_ Depository Participant (DP) ID (NSDL only) \_\_\_\_\_

Beneficiary Account Number (NSDL only) \_\_\_\_\_

CDSL: \_\_\_\_\_

Enclose for demat option:  
 Client Master List  
 Transaction/Holding Statement  
 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. I hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I hereby provide my consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA)/Service Providers for the purpose of updating the same in all my/our folios.

Sole / First Applicant / Guardian \_\_\_\_\_ Second Applicant \_\_\_\_\_ Third Applicant \_\_\_\_\_ POA holder, if any \_\_\_\_\_

Email: service@dsblackrock.com Website: www.dsblackrock.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"/> 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"/> Non Individual investors should attach
<input type="checkbox"/> KYC information provided for each applicant	<input type="checkbox"/> Nomination facility opted	<input type="checkbox"/> FATCA Details and Declaration Form
<input type="checkbox"/> FATCA/CRS details provided for each applicant	<input type="checkbox"/> Form is signed by all applicants	<input type="checkbox"/> UBO Declaration Form
<input type="checkbox"/> Aadhaar No. and copy is attached for each applicant		