

**1622033**

Distributor Name and ARN      Sub Broker Code      Branch / RM Code      For Office use only

**SACHIN S. PAREKH**  
Distributor Contact No. **ARN-18941**

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 (First / Middle / Surname) \_\_\_\_\_ 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 5. Mode of holding will be as per existing folio number)

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender  Male  Female  
(Mandatory for minor)

Email ID (in capital) \_\_\_\_\_  
(Refer instruction 4.)

PAN (1st applicant / guardian) \_\_\_\_\_ Enclosed (Please tick   Attested PAN card copy  
 KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

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

Address for Correspondence (P.O. Box address is not sufficient) \*PoA should be KYC compliant and also attach KYC Acknowledgement

City \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_ State \_\_\_\_\_  
STD Code \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
Mobile +91 \_\_\_\_\_

Overseas Address (mandatory for NRI / FII applicants in addition to mailing address in India) (P. O. Box address is not sufficient)

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

Status of Sole/1st Applicant (Please tick   Individual  On Behalf Of Minor  HUF  Sole Proprietorship  NRI (Repatriable)  NRI (Non-Repatriable)  
 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**

Name of Second Applicant (First / Middle / Surname) \_\_\_\_\_ Title  Mr.  Ms.  M/s

PAN (2nd applicant) \_\_\_\_\_ Enclosed (Please tick   Attested PAN card copy  
 KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

Name of Third Applicant (First / Middle / Surname) \_\_\_\_\_ Title  Mr.  Ms.  M/s

PAN (3rd applicant) \_\_\_\_\_ Enclosed (Please tick   Attested PAN card copy  
 KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

Mode of Holding (Please tick   Single  Anyone or survivor  Joint (Default)

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

**DSP BLACKROCK MUTUAL FUND**

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

Application No. \_\_\_\_\_

From \_\_\_\_\_

Cheque no.	Date	Amount	Scheme

**1622033**

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

Bank Name \_\_\_\_\_

Bank A/C No. \_\_\_\_\_ A/C Type  Savings  Current  NRE  NRO  FCNR  Others

Branch Address \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

9 Digit MICR code \_\_\_\_\_ IFSC code: (11 digit) \_\_\_\_\_

### 4. OTHER FACILITIES (Please )

I would like to receive a PIN (for telephone & internet transactions, as and when started)

### 5. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 5)

(Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

Payment Mode:  Cheque  DD  RTGS  NEFT  Funds transfer

**I. Scheme Name** \_\_\_\_\_ **Plan** \_\_\_\_\_ **Option & Sub Option** \_\_\_\_\_

Cheque/DD/RTGS/NEFT No. \_\_\_\_\_ Cheque/RTGS/NEFT/DD Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Amount of Cheque/DD (Rs.) (i)** \_\_\_\_\_ Drawn on Bank/Branch Name) \_\_\_\_\_

DD charges, if any, (Rs.) (ii) \_\_\_\_\_

**Total Amount** \_\_\_\_\_

(i) + (ii) \_\_\_\_\_ **Account Type** (Please )  Savings  Current  NRE  NRO  FCNR

Payment Mode:  Cheque  DD  RTGS  NEFT  Funds transfer

**II. Scheme Name** \_\_\_\_\_ **Plan** \_\_\_\_\_ **Option & Sub Option** \_\_\_\_\_

Cheque/DD/RTGS/NEFT No. \_\_\_\_\_ Cheque/RTGS/NEFT/DD Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Amount of Cheque/DD (Rs.) (i)** \_\_\_\_\_ Drawn on Bank/Branch Name) \_\_\_\_\_

DD charges, if any, (Rs.) (ii) \_\_\_\_\_

**Total Amount** \_\_\_\_\_

(i) + (ii) \_\_\_\_\_ **Account Type** (Please )  Savings  Current  NRE  NRO  FCNR

### 6. NOMINATION DETAILS (Refer Instruction 6)

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

### 7. 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

SIGNATURE (S)

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

Checklist  All Investments  Bank Mandate is provided  
 PAN Card copy (Attested with a seal by a Distributor, Bank Manager, Notary)  
 KYC Acknowledgement

NEW REGISTRATION  RENEWAL OF REGISTRATION

**REGISTRATION CUM MANDATE FORM FOR ECS (Debit clearing) / Direct Debit/Standing Instructions**

BROKER ARN: **SAGHIN S. PAREKH**  
Contact No: **ARN-18941**

Sub Broker Code

For Office use only

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 AND INVESTMENT DETAILS**

Sole / First Investor Name \_\_\_\_\_  
 Existing Investor Folio No. \_\_\_\_\_ / \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option/Sub option \_\_\_\_\_  
 Email ID: (In capital) \_\_\_\_\_  
 Mobile Number: + 9 1 \_\_\_\_\_ (For SMS Alerts) (For Email Delivery instead of physical account statement.)  
 Sole / First Applicant / Guardian \_\_\_\_\_ Second Applicant / Guardian \_\_\_\_\_ Third Applicant / Guardian \_\_\_\_\_  
**PAN** (Provide attested copy) \_\_\_\_\_  
In case of Micro SIP (Refer Instruction 3)  
 ID Proof Document Name \_\_\_\_\_  
 Document Number \_\_\_\_\_  
(provide attested photo identification proof)

**SIP AND DEBIT DETAILS**

Each SIP Amount (Rs.) \_\_\_\_\_ Frequency  Monthly\*  Quarterly  
(Minimum Rs. 1,000/-)  
 SIP Debit Dates:  1<sup>st</sup>\*  7<sup>th</sup>  14<sup>th</sup>  21<sup>st</sup>  All four dates of the month / quarter (minimum 12 instalments).  
**SIP Period** Start Month                     End Month                     \*Default  
(Note: There should be a minimum time gap of one month and maximum time gap of two months between the first cheque for SIP investment and first instalment of SIP Debit)  
**First SIP Cheque No.:** \_\_\_\_\_ **Cheque date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Cheque amount same as Auto Debit Amount and should be drawn on bank whose details are provided below)  
**Mandatory Enclosure** (If 1st instalment is not by cheque)  Blank Cancelled Cheque  Cheque Copy

**PARTICULARS OF BANK ACCOUNT**

I/We hereby authorise DSP BlackRock Mutual Fund and their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit/SI to account for collection of SIP payments.  
**Accountholder Name as in Bank Account** \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Branch Name & Address \_\_\_\_\_  
 Account Number \_\_\_\_\_  
(Core Banking No. in full) Account Type  Savings  Current  NRE  NRO  
 9 Digit MICR Code \_\_\_\_\_ ◀ (Please enter the 9 digit number that appears after your cheque number)

Having read and understood the contents of 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 referred above through participation in ECS/Direct Debit/Standing Instructions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible, I will also inform DSP BlackRock Mutual Fund, its service providers and bank about any changes in my bank account. I have read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Debit/SI mentioned overleaf. In case of Micro SIP application without PAN, I/We hereby declare that I/we do not have any existing Micro SIPs with DSP BlackRock Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

<b>First Account Holder's Signature</b>	(As in Bank Records)	<b>Second Account Holder's Signature</b>	(As in Bank Records)	<b>Third Account Holder's Signature</b>	(As in Bank Records)
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**Authorisation of the Bank Accountholder (to be signed by the Bank Accountholder)**

This is to inform that I/We have registered for RBI's Electronic Clearing Service (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 below mentioned bank account with your bank. I/We authorise the representative of DSP BlackRock Mutual Fund carrying this mandate form to get it verified & executed. I have read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Debit/SI mentioned overleaf.

<b>First Account Holder's Signature</b>	(As in Bank Records)	<b>Second Account Holder's Signature</b>	(As in Bank Records)	<b>Third Account Holder's Signature</b>	(As in Bank Records)
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**Bank Account Number** \_\_\_\_\_

**Acknowledgement (Subject to verification)**

**DSP BlackRock Mutual Fund**

Investor's Name \_\_\_\_\_  
 Folio No. \_\_\_\_\_ / \_\_\_\_\_ Scheme \_\_\_\_\_  
 SIP Date \_\_\_\_\_ SIP Amount (Rs.) \_\_\_\_\_ Frequency:  Monthly  Quarterly