## DSP BLACKROCK MUTUAL FUND

## APPLICATION FORM

Please read Product labeling details available on cover page and instructions before filling this Form

Application No.:

On behalf of Minor Date of Birth Proof attached * Guardian named is:   Father   Mother   Court Appointed	Distributor ARN and Name	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
Jame   First Temperature   Jame   J	ARN-106907			E143763	
an an Erist Time Investor in Mutual Fund Industry   1 am an Existing Investor in Nutual Fund Industry,   Sole / First Applicant's Signature Mandatory	/We confirm that the EUIN box is interaction of without any interaction of Upfront commission shall be paid directly assessment of various factors including	entionally left blank by me/u or advice by the distributor p ttly by the investor to the An	us as this is an "execution-only" personnel concerned. FI registered Distributors based on the	e investors'	
Name of First Applicant (Should match with PAN Card)  PAN (1st Applicant / Guardism)   KYC  Existing Folio Number   Name of Guardism (if minor)/POA/Contact Person   PAN (POA)     KYC  On behalf of Minor   Date of Birth   Date of Birth   Date of Birth					Sole / First Applicant's Signature Mandatory
Existing Folio Number Name of Guardian (if minor)/PDA/Contact Person PAN (POA)   VEYC Contact Person   PAN (POA)   VEYC Contact Person   PAN (POA)   VEYC Contact Person   PAN (POA)   VEYC Contact Person   PAN (POA)   PAN (POA)   VEYC Contact Person   PAN (POA)   PAN (PO	1. FIRST APPLICANT'S DI	ETAILS	-	-	
Existing Folio Number Name of Guardian (if minor)/POA/Contact Person PAN (POA)	Name of First Applicant (Shou	ld match with PAN Card)			PAN (1st Applicant / Guardian) KYC
On behalf of Minor Date of Birth Control Peron Stacked Control Per	The state of the s	······································			
Proof attached 1	Existing Folio Number	Name of	Guardian (if minor)/POA/Co	ntact Person	PAN (POA)
Proof attached \					
Proof attached \	On behalf of Minor	ate of Rirth		Date of Birth	Guardian named is :
Address Type (Mandatory)   Mobile +91   Tel			M M / Y Y Y		
Greaters   Mobile   State   Greaters   Gr	2. CONTACT DETAILS AN	D CORRESPONDENC	CE ADDRESS (As per KYC	records)	
City   Pin Code   City   City   Pin Code   City					Address Type (Mandatory)
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Pin Code					☐ c. Business
State   Stat					_ d. Registered Office
3. KYC DETAILS (Mandatory)  3. A. Status of Sole/1st Applicant (Please tick ✓) ○ Indian Resident Individual ○ Minor (Resident) ○ Minor (Repatriable) ○ Minor (Non Repatriable) ○ Non Repatriable) ○ Non Repatriable) ○ PIO ○ Sole Proprietorship ○ HUF - Indian ○ HUF - NRI ○ Partnership Firm ○ Limited Partnership (LUP) ○ Public Ltd. Co. ○ Body Corporate ○ Bank ○ Fis ○ Insurance Companies ○ Government Body ○ A0P/BOI ○ Trust ○ Society ○ Provident Fund ○ Superannuation / Pension Fund ○ Gratuity Fund ○ Mutual Fund ○ Fil ○ PIP/Category / II// III ○ FCRA ○ GDN ○ Defence Establishment ○ NP5 Trust ○ Others			Din Code		
3a. Status of Sole/1st Applicant (Please tick ✓) ○ Indian Resident Individual ○ Minor (Resident) ○ Minor (Repatriable) ○ Minor (Non Repatriable) ○ Non Application (Non Non Application (Non Non Application (Non Non Application Non Application Non Non Application Non Application Non Application Non Application Non Purchase of Units as mentioned the application form.	City			State	
NRI (Repatriable) ○ NRI (Non-Repatriable) ○ PIO ○ Sole Proprietorship ○ HUF - Indian ○ HUF - NRI ○ Partnership Firm ○ Limited Partnership (LIP) ○ Public Ltd. Co. ○ Private Ltd. Co. ○ Body Corporate ○ Bank ○ Fis ○ Insurance Companies ○ Government Body ○ AOP/BOI ○ Trust ○ Society ○ Provident Fund ○ Superanuation / Pension Fund ○ Gratuity Fund ○ Mutual Fund ○ Fil ○ PPL-Category (IVI)III ○ FCRA ○ GDN ○ Defence Establishment ○ NPS Trust ○ Others ○ Quantification (Pease specify) (Please specify) (Pl	3. KYC DETAILS (Mandat	ory)			
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3b, Occupation Details (Please tick \$\sigma\$) \circ Private Sector Service \times Public Sector \$\sigma\$ \circ Government Service \times Business \times Professional \circ Agriculturist \times Retired \times Housewife \times Student \times Forex Dealer \times Others \times \circ Others \times \circ Public Sector \$\sigma\$ \circ Others \times \circ Others \circ Others \times \circ Others \circ Oth	<ul><li>Superannuation / Pension Full</li><li>Others</li></ul>	nd O Gratuity Fund O Mutu	ual Fund O FII O FPI-Category I/II/I (Please specify)	II ○ FCRA ○ GDN ○ De	efence Establishment O NPS Trust
Agriculturist ○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others					
Acknowledge of Non-Individuals) ₹	O Agriculturist O Retired	d ○ Housewife ○ Stu	dent O Forex Dealer O Other	S	t Service O Business O Professional(Please specify)
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) □ KYC  3. Occupation Details (Please tick ✓) ○ Private Sector Service ○ Public Sector Service ○ Government Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others ○	· · · · · · · · · · · · · · · · · · ·	· ·			
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Anyone or Survivor    Anyone or Survivor	·	,	○ I am Related to Politically Expo	sed Person	
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