

Application No.:

Distributor ARN and Name	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
ARN-106907			E143763	

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)
On behalf of Minor		Date of Birth	Guardian named is :
Date of Birth		Date of Birth	Proof attached * <input type="checkbox"/>
Date of Birth		Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed <input type="checkbox"/>	

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

Email ID (in capital)	Address Type (Mandatory)	
Mobile +91	Tel	<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 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 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 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

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 of Birth			Place & Country of Birth					

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 (Cheque/DD should be in favour of "Scheme Name")

Scheme/Plan /Option/Sub Option _____

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

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

Payment Mode: Cheque DD RTGS NEFT Funds transfer

Cheque/DD/RTGS/NEFT No. _____

Amount (Rs.) (i) _____

DD charges, (Rs.) (ii) _____

Total Amount (Rs.) (i) + (ii) _____

Cheque/RTGS/NEFT/DD Date _____

Payment from Bank A/c No. _____

Bank Name _____

Branch _____

Account Type Savings Current NRE NRO FCNR

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: _____ Depository Participant (DP) ID (NSDL only) _____

Beneficiary Account Number (NSDL only) _____ Enclose for demat option: Client Master List Transaction/Holding Statement DIS Copy

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.

X _____ X _____ X _____

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