

Please fill only in the space provided. Any additional details/notings/instructions or those provided at a non designated area of the form may not be executed. Kindly strike off the unused Sections of the Form to avoid misuse. Please use separate Transaction Form for each Transaction and for each Scheme / Plan and Kindly refer instructions overleaf.

Distributor Name and ARN	Sub Broker Name and ARN	Branch/RM Internal Code	Employee Unique ID. No. (EUN)	For Office use only
ARN-10021			E035876	

I/We confirm that the EUN 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.

Existing Folio Number _____ Name of Sole / First Unitholder _____ (Sole / First Applicant's Signature Mandatory)

Scheme Name / Plan* / Option* / Sub Option* DSP BlackRock

ADDITIONAL PURCHASE (Cheque / DD to be drawn in favour of 'Name of the Scheme')

Payment Mode: OTM Facility (One Time Mandate) Cheque DD
 Funds trf RTGS/NEFT

Amount in Words _____

Amount in Figures (i) _____ Cheque / DD / RTGS / NEFT No. _____
 Rs. _____

DD Charges (ii) _____ Cheque / Payment Date _____
 Rs. _____ / _____ / _____

Total Amount (Rs.) (i) + (ii) _____ Payment from Bank A/c No. _____
 Rs. _____ Pay In A/c No. (Mandatory) _____

Cheque / DD Drawn on / Payment from Bank & Branch _____

Account Type Savings Current NRE NRO FCIR Other _____

Documents Attached to avoid Third Party Payment Rejection, where applicable :
 Bank Certificate, for DD Third Party Declaration

REDEMPTION (Write Scheme Name, Plan / Option / Sub Option on top)

Amount in Figures _____ Amount in Words _____
 Rs. _____

OR (Please note that the Redemption can be done either in Units or in Amount and not in both)

Units in Figures _____ Units in Words _____

Bank Account for This Redemption Proceeds (This should NOT be construed as "Change of Bank Mandate" request. Refer Instructions overleaf.)
 I/We agree that the redemption proceeds shall be sent entirely at our risk to the following bank account, if already registered with the fund or to the default bank account if no bank account is mentioned here.

Bank Name _____
 Account No. _____

Important Note: Unregistered bank account will not be considered, even if mentioned here. To change bank account, investors should avail multiple bank account registration facility and use a specific designated form for this purpose. If unit holder(s) provide a new and unregistered bank mandate with the redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds and will not be registered.

* Default Option may be applied in case of no information, ambiguity or discrepancy.

SWITCH (Write switch-out Scheme Name, Plan / Option / Sub Option on top)

Amount in Figures _____ Amount in Words _____
 Rs. _____

OR (Please note that the Switch can be done either in Units or in Amount and not in both)

Units in Figures _____ Units in Words _____

Switch-in To Scheme / Plan / Option* / Sub Option*
 DSP BlackRock

PAN AND KYC UPDATION

First Applicant / Guardian _____
 Second Applicant / Guardian _____
 Third Applicant / Guardian _____

KYC LETTER

Attached
 Attached
 Attached

PoA (Power of Attorney) REGISTRATION DETAILS (Refer Instructions overleaf)

Name of the PoA holder _____
 PAN of the PoA holder _____ Attached KYC Letter (Mandatory)
 Notarized copy of PoA

DECLARATION & SIGNATURES (To be signed as per Mode of Holding)

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, I / We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme. I agree to abide by the terms and conditions, rules and regulations of the Scheme. 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 / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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 among 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.

If EUN is left blank/not mentioned: I/We hereby confirm that EUN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

_____ Sole / First Unit Holder _____ Second Unit Holder _____ Third Unit Holder _____ POA Holder, if any

ACKNOWLEDGEMENT SLIP DSP BLACKROCK MUTUAL FUND

Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / incorrect details in Transaction Form.

Investor Name _____

Folio Number _____ Additional Purchase or SIP (PDC)

Scheme DSP BlackRock Total Amount (Rs.) _____

Plan / Option / Sub Option _____ Total Cheques _____
 Cheques From _____
 No.(s) To _____

Redemption or Switch
 Amount (Rs.) _____
 OR Units _____
 PAN and KYC Updation
 PoA Registration STP or SWP or DTP

ISC Stamp & Signature _____