

Application No.:

Distributor ARN and Name	Sub Broker Name & ARN	Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
ARN-10021			E035876	

- 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)  KYC

Existing Folio Number Name of Guardian if minor PoA PAN  KYC

On behalf of Minor Date of Birth Date of Birth Guardian named is:  
(\*Attach Mandatory Documents as per instructions). MINOR'S Proof attached \*   Father  Mother  Court Appointed

**2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS**

Email ID (in capital)

Mobile +91 Tel (STD Code)

Address

Landmark

City Pin Code (Mandatory) State

**3. KYC DETAILS (Mandatory)**

**3a. Status of Sole/1st Applicant (Please tick ✓)**  Indian Resident Individual (Resident)  Minor NRI  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  FIs  Insurance Companies  Government Body  AOP/BOI  Trust  Society  Provident Fund  Superannuation / Pension Fund  Gratuity Fund  Mutual Fund  FII  NPO/NGO  FPI-Category I/II/III  FCRA  GDN  Defence Establishment  NPS Trust  Others \_\_\_\_\_ (Please specify)

**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**  I am Politically Exposed Person  I am Related to Politically Exposed Person  Not Applicable

**For Non-Individual Investors (Companies, Trust, Partnership etc)**

I. Is the company an Indian Listed Company or Subsidiary / Controlled by an Indian Listed Company:  YES  NO

II. Foreign Exchange / Money Changer Services (If No, please attach mandatory UBO declaration)  YES  NO

III. Gaming / Gambling / Lottery/Casino Services  YES  NO

IV. Money Lending / Pawning  YES  NO

**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

a. Occupation Details (Please tick ✓)  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others \_\_\_\_\_ (Please specify)

b. Gross Annual Income  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore OR Net worth ₹ \_\_\_\_\_

c. Others (Please tick ✓)  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

**3rd Applicant Name** (Should match with PAN Card) PAN (3rd Applicant)  KYC

a. Occupation Details (Please tick ✓)  Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired  Housewife  Student  Forex Dealer  Others \_\_\_\_\_ (Please specify)

b. Gross Annual Income  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore OR Net worth ₹ \_\_\_\_\_

c. Others (Please tick ✓)  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

**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 \_\_\_\_\_

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

Scheme	Cheque no.	Amount
DSPBR		

**5. FATCA DETAILS For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form**

Any of the applicants has a Country of Birth / Citizenship / Nationality or Tax Residency, other than India:  Yes  No ? Mandatory to tick any one. If Yes, provide information as required below.

Sole/First Applicant/Guardian		2nd Applicant		<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA	
Country of Birth		Country of Birth		Country of Birth	
Country of Citizenship/ Nationality		Country of Citizenship/ Nationality		Country of Citizenship/ Nationality	
Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.	Are you a US Specified Person?	<input type="checkbox"/> Yes <input type="checkbox"/> No please provide Tax Payer Id.
Country of Tax Residency# (other than India)	Taxpayer Identification No	Country of Tax Residency# (other than India)	Taxpayer Identification No	Country of Tax Residency# (other than India)	Taxpayer Identification No
1		1		1	
2		2		2	

#Please indicate all countries in which you are a resident for tax purpose and associated Taxpayer Identification number. In case of applications with PoA, the PoA holder should fill separate form to provide the above details mandatorily.

**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 \_\_\_\_\_

IFSC code: (11 digit) \_\_\_\_\_ MICR code (9 digit) \_\_\_\_\_ (This is a 9-digit number next to your IFSC number)

**7. INVESTMENT AND PAYMENT DETAILS (Cheque DD should be in favour of "Scheme Name")**

Scheme/Plan /Option/Sub Option **DSP BlackRock -** Scheme **\_\_\_\_\_** Plan **\_\_\_\_\_** Option/Sub Option **\_\_\_\_\_**

(Default plan/option/sub option will be applied in case 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. \_\_\_\_\_ Cheque/RTGS/NEFT Date **DD / MM / YY**

Amount (Rs.) (i) \_\_\_\_\_ Cheque/DD/RTGS/NEFT from Bank A/c No. \_\_\_\_\_ Pay In A/c No. \_\_\_\_\_

DD charges, (Rs.) (ii) \_\_\_\_\_ Bank Name \_\_\_\_\_

Total Amount (Rs.) (i) + (ii) In figures \_\_\_\_\_ Branch \_\_\_\_\_

In Words \_\_\_\_\_ 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	_____			_____
			<b>Total = 100%</b>	_____

**9. UNIT HOLDING OPTION:**

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

Mode (default): \_\_\_\_\_ 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, 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 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 amongst which the Scheme is being recommended to me/us. Where the EUM box is left blank being an execution only transaction, I/we confirm that the transaction is notwithstanding the advice of in-appropriateness, if any, provided by the distributor's employee/relationship manager/sales person and the distributor has not charged any advisory fees on this transaction.

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

Email: [service@dspblackrock.com](mailto:service@dspblackrock.com) Website: [www.dspblackrock.com](http://www.dspblackrock.com) Contact Centre: 1800 200 4499

Quick Checklist  Name, Address are correctly mentioned  Full scheme name, plan, option is mentioned  Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.

Email ID / Mobile number are mentioned  Pay-In bank details and supportings are attached  Non Individual investors should attach  FATCA Details and Declaration Form  UBO Form Declaration Form

PAN / KYC / FATCA details are enclosed  Nomination facility opted  Form is signed by all applicants

APPLICATION NO.

New Registration  Renewal of Registration  Update New Bank A/c for SIP Debit

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

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

Sole / First Applicant's Signature Mandatory

**INVESTOR AND INVESTMENT DETAILS**

Sole / First Investor Name \_\_\_\_\_  
 Existing Investor Folio No. \_\_\_\_\_ / OR Application No. for New Investors \_\_\_\_\_  
 Scheme/Plan/Option/Sub option **DSPBR -** \_\_\_\_\_  
 Mobile No: \_\_\_\_\_ Email ID: (In capital) \_\_\_\_\_  
 Sole / First Applicant / Guardian    Second Applicant / Guardian    Third Applicant / Guardian

PAN OR KRA Reference No. \_\_\_\_\_

**SIP AND DEBIT DETAILS**

Each SIP Amount (Rs.) \_\_\_\_\_ Frequency  Monthly\*  Quarterly\* (Minimum 12 instalments, 6 in case of DSPBR Tax Saver Fund)

SIP Debit Date:  1<sup>st</sup>\*  7<sup>th</sup>  10<sup>th</sup>  14<sup>th</sup>  15<sup>th</sup>  21<sup>st</sup>  25<sup>th</sup>  29<sup>th</sup> (Please tick ✓ only one date)

SIP Period (Including cheque) Start Month  /  /  End Month  /  /  OR  DEC-2040\*

(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. Should be current dated & drawn on bank whose details are provided below.)  
 Mandatory Enclosure  Cheque Copy  Cancelled Cheque  Banker's attestation \_\_\_\_\_  
 (If 1st instalment is not by cheque)

SIP Top-Up Amount Rs. \_\_\_\_\_ Frequency  Half Yearly  Yearly\* Top-Up CAP Amount Rs. \_\_\_\_\_  
 (Optional) (Minimum Rs. 500) (Maximum per Instalment Amount after Top-Up shall not exceed Rs. Five Lakh) (\*Default options)

**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. (First Unit Holder should be amongst one of bank account holders.)

Account holder Name as in Bank Account \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Branch Name & Address \_\_\_\_\_  
 Account Number \_\_\_\_\_ A/c Type  Savings  Current  NRE  NRO  Others \_\_\_\_\_  
 (Core Banking No. in full)

9 Digit MICR Code \_\_\_\_\_

DSP BlackRock MF will not be responsible for any bank rejection or failed debit or transaction reversal due to funds not received from investors' bank for any reason including mandate not received by bank.

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 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 per year. 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. [Signature as per Mutual Fund Records/Application]

First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
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**Authorisation of the Bank Account holder (to be signed by the Bank Account holder)**

This I/We confirm 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.

Bank Account Number \_\_\_\_\_  
[Signature as per Bank Records]

First Account Holder's Signature	Second Account Holder's Signature	Third Account Holder's Signature
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**Acknowledgement (Subject to verification) DSP BlackRock Mutual Fund**

Investor's Name \_\_\_\_\_ Folio No. \_\_\_\_\_  
 Scheme \_\_\_\_\_ Cheque No. \_\_\_\_\_  
 SIP Date \_\_\_\_\_ SIP Amount (Rs.) \_\_\_\_\_ Frequency:  Monthly  Quarterly  
 New Registration  Renewal of Registration  Update New Bank A/c For SIP Debit

17-01-2013 V1.2013



