

All details in the form are mandatory.

Application No.:

12-03-2014 V1.2014

| Distributor ARN and Name | Sub Broker ARN Code | Branch/RM Internal Code | EUIN (Refer note below) | For Office use only |
|--------------------------|---------------------|-------------------------|-------------------------|---------------------|
| ARN<br>Bonanza - 0186    |                     |                         |                         |                     |

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**

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

On behalf of Minor  Date of Birth  Date of Birth  Guardian named is :  Father  Mother  Court Appointed

(\* Attach Mandatory Documents as per instructions). Minor's  Proof attached \*

**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  On Behalf of Minor  NRI (Repatriable)  NRI (Non-Repatriable)  Sole Proprietorship  HUF - Indian  HUF - NRI  Partnership Firm  Government Body  AOP/BOI  Trust  (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 \_\_\_\_\_ (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 a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company:  YES  NO (If No, please attach mandatory UBO declaration)

II. Foreign Exchange / Money Changer Services  YES  NO

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

IV. Money Lending / Pawning  YES  NO

**4. JOINT APPLICANTS, IF ANY AND THEIR 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

| Scheme | Cheque no. | Cheque Date | Amount |
|--------|------------|-------------|--------|
|        |            |             |        |

Application No.

## 5. 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)

## INVESTMENT AND PAYMENT DETAILS

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

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

One time Lump sum Investment: **Please fill the details hereunder.**

Payment Mode:  Cheque  DD  RTGS  NEFT  Funds transfer

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

Amount (Rs.) (i)  Payment from Bank 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

SIP: Systematic Investment Plan. **Attach OTM form, if not already registered.**

**First SIP Cheque Details: (Mention Amount in SIP Form)**

Cheque / DD No.  Drawn on Bank A/c No.

Cheque/DD Date  Bank & Branch

## 7. 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> |                             |

## 8. UNIT HOLDING OPTION:

In Account Statement Mode (default): (Switch/Redemption through Fund/RTA offices only.)

In Demat mode, in demat account provided below: (Switch not allowed. Redemption through SE platforms/ DPs only)

Depository Participant (DP) ID (NSDL only)  Beneficiary Account Number (NSDL only)

NSDL:  I  N

CDSL:

Enclose for demat option:  Client Master List  Transaction/Holding Statement  DIS Copy

## 9. 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 EUIN 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
- Additional documents provided in case of specific exceptional Third Party Payments.
- PAN / KYC details are enclosed
- Nomination facility opted
- Complete Bank details provided
- Form is signed by all applicants