

### Unique Benefits

- Register SIPs within 5 to 10 days
- One Form - Multiple SIP's
- Multiple Schemes, Multiple Amounts,
- Multiple Dates & Multiple Frequencies
- Debit Mandate form to be filled just ONCE

### Debit Mandate Checklist:

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Amount in words AND in Figures, as you would in a cheque (your maximum limit)
- Folio No. / Application No.; Mobile & Email Id
- Your NAME and SIGNATURE as in your bank account

### SIP Registration Checklist:

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- SIP Amount
- SIP Date, Frequency & Period
- Signature/s

Broker ARN Code ARN <b>Bonanza - 0186</b>	Sub Broker ARN Code	Branch/RM/Internal Code	EUIN	For Office use only
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The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registrations, using Physical Forms, Call, SMS or Online.

## DSP BLACKROCK MUTUAL FUND

## Debit Mandate Form NACH/ECS/DIRECT DEBIT

[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date \_\_\_\_\_

UMRN \_\_\_\_\_

Tick(✓) Sponser Bank Code \_\_\_\_\_ Office use only Utility Code \_\_\_\_\_ Office use only

CREATE  
MODIFY  
CANCEL

I/We hereby authorize: **DSP BLACKROCK MUTUAL FUND Schemes** to debit (tick✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**

Bank A/c No.:

With Bank: \_\_\_\_\_ Bank Name & Branch IFSC \_\_\_\_\_ OR MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ ₹ \_\_\_\_\_

FREQUENCY  Mthly  Qtrly  H. Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 Folio No: \_\_\_\_\_ Mobile \_\_\_\_\_

Reference 2 Appln No: \_\_\_\_\_ Email id \_\_\_\_\_

#### PERIOD

From 

D	D	M	M	Y	Y	Y	Y
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to 

3	1	1	2	2	0	9	9
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or  Until Cancelled

1. Sign  
Name (mandatory):

2. Sign  
Name (mandatory):

3. Sign  
Name (mandatory):

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of OTM Facility offered by DSP BlackRock Mutual Fund and as amended from time to time and of NACH/ECS (Debits)/Direct Debits/Standing Instructions.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (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 above mentioned bank account with your Bank. I/We authorize the representatives of DSP BlackRock Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, returns, etc., as applicable.

Please attach a cancelled cheque/cheque copy

## DSP BLACKROCK MUTUAL FUND

## SIP Registration Form

Attention: No need to attach above Debit Mandate again, if already registered / submitted earlier.

Please tick  as applicable:

- Debit Mandate is already registered in the folio. [No need to submit again]. SIP Auto debit can start in FIVE Days i.e. for debit date 7th, form can be submitted till 2nd of the month.
- Debit Mandate is attached and to be registered in the folio. SIP Auto debit will start after mandate registration which takes Ten to Thirty days depending on NACH or ECS modalities. The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

Broker ARN Code ARN	Sub Broker ARN Code	Branch/RM/Internal Code	EUIN	For Office use only
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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.

Sole / FirstApplicant's Signature Mandatory

Investor Name: \_\_\_\_\_

Existing Investor Folio No. \_\_\_\_\_ OR New Investor Application no. \_\_\_\_\_

PAN/PEKRAN & KYC \_\_\_\_\_  
Sole / First Applicant / Guardian Second Applicant / Guardian Third Applicant / Guardian

Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installment Amount (₹)	SIP Date	Frequency	Start Month/Year	End Month/Year (Default Dec 2099)*												
1.			<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	<input checked="" type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y													
M	M	Y	Y	Y	Y													
2.			<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	<input checked="" type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y													
M	M	Y	Y	Y	Y													
3.			<input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 28th	<input checked="" type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	<table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y	<table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y													
M	M	Y	Y	Y	Y													

\*Default option

Declaration: Having read, understood and agreed to the contents of OTM Facility, 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 towards SIP instalments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. The ARN holder, where applicable, has disclosed to me/us all the commissions (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.

Signatures [as per Mutual Fund Records/Application]

First Unit Holder's Signature

Second Unit Holder's Signature

Third Unit Holder's Signature

<b>Acknowledgement</b> Investor Name: _____ <input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM	<b>DSP BlackRock Mutual Fund</b> Folio No/Application No. _____	ISC Stamp
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