

ARN - 70688			
Distributor Contact No:			

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.

Name of First Applicant (Should match with PAN Card) _____ Title Mr. Ms. M/s

Existing Folio No _____ / _____ (If you have an existing folio number with PAN and KYC validation, please mention the number here and skip to section 4. Mode of holding will be as per existing folio number)

Date of Birth (Mandatory for minor) DD / MM / YYYY _____ **Gender** Male Female

PAN (1st Applicant / Guardian) (Mandatory) _____ **Enclosed** Attested PAN card copy
(Please tick KYC Acknowledgement (Mandatory - Refer General Instructions h.)

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

Correspondence Address _____ *PoA PAN & KYC is mandatory

Landmark _____

City _____ Pin Code (Mandatory) _____ State _____

Email ID (in capital) (Refer instruction 6) _____

Mobile +91 _____ **Fax** _____

STD Code _____ Tel. (Office) _____ Tel. (Resi.) _____

Need PIN Yes, I wish to have a PIN for internet / telephone transactions and agree to terms and conditions of PIN Issuance and Usage as available in SID/SAI and www.dspblackrock.com (Refer instruction 1(i) for mandatory details).

Status of Sole/1st Applicant (Please tick Resident Individual On Behalf Of Minor HUF Sole Proprietorship NRI (Repatriable) NRI (Non-Repatriable) LLP Partnership Firm Company AOP/BOI Body Corporate Trust Society FII FOF - MF schemes Provident Fund Superannuation / Pension Fund Gratuity Fund Bank / FI Government Body Insurance Companies Others _____ (Please specify)

Occupation (Please tick Service Professional Business Housewife Retired Student Other _____

Mode of Holding (Please tick Joint (Default) Anyone or Survivor Single

Name of Second Applicant (Should match with PAN Card) _____ Title Mr. Ms. M/s

PAN (2nd applicant) _____ **Enclosed** Attested PAN card copy
(Please tick KYC Acknowledgement (Mandatory - Refer General Instructions h.)

Name of Third Applicant (Should match with PAN Card) _____ Title Mr. Ms. M/s

PAN (3rd applicant) _____ **Enclosed** Attested PAN card copy
(Please tick KYC Acknowledgement (Mandatory - Refer General Instructions h.)

Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

From _____

Cheque no.	Date	Amount	Scheme

Application No.

KAF0132929

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)

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.** **Do not submit SIP Auto Debit Form.** (Refer instruction 4(i) on Third Party Payments)

Payment Mode: Cheque DD RTGS NEFT Funds transfer

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

D	D	/	M	M	/	Y	Y	Y	Y
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Amount (Rs.) (i) _____ Payment 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

SIP: Systematic Investment Plan. **Please fill up SIP Auto Debit form and attach with this form .** (Refer instruction 4(i) on Third Party Payments)

First SIP Cheque Details: (Mention Amount in SIP Auto Debit Form)

Cheque / DD No. _____ Drawn on Bank A/c No. _____ Pay in A/c No. _____

Cheque/DD Date

D	D	/	M	M	/	Y	Y	Y	Y
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 Bank & Branch _____

Individuals (single or joint applicants) are advised to avail Nomination facility. I/We wish to nominate I/We DO NOT wish to nominate.

	Nominee Name	Guardian Name (In case of Minor)	Allocation %	Nominee Signature
Nominee 1				
Nominee 2				
Nominee 3				
Address			Total = 100%	

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum and Instructions, 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 have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of DSP BlackRock Mutual Fund. 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. 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. **Applicable to NRIs only:** I/We confirm that I am/We are Non-Resident(s) of Indian Nationality / Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account/FCNR Account(s). If NRI Repatriation basis Non-Repatriation basis

Sole / First Applicant / Guardian	Second Applicant	Third Applicant

Email: service@dspblackrock.com
Website: 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 requirements are enclosed
 - Nomination facility opted
 - Complete Bank details provided
 - Form is signed by all applicants