

**First SIP Cheque and
SIP Debit Form**

Please refer to Instructions of KIM and as mentioned overleaf before filling the form.

APPLICATION NO. **KAF0132929**

NEW REGISTRATION RENEWAL OF REGISTRATION CHANGE IN BANK MANDATE

ARN: ARN - 70688	Sub Broker Code	Branch / RM Code	For Office use only
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.

Sole / First Investor Name																								
Existing Investor Folio No.						/						Date of Birth	D	D	/	M	M	/	Y	Y	Y	Y		
Scheme	DSP BlackRock																							
Plan												Option/Sub option												
Email ID: (In capital)																								
Mobile Number:	+	9	1																				(For SMS Alerts)	(For Email Delivery instead of physical account statement.)

	Sole / First Applicant / Guardian	Second Applicant / Guardian	Third Applicant / Guardian
PAN (Provide attested copy) In case of Micro SIP (Refer Instruction 3)			
ID Proof Document Name			
Document Number (provide attested photo identification proof)			

Each SIP Amount (Rs.) Frequency Monthly* Quarterly
(Minimum Rs. 500/-)

SIP Debit Dates: 1st * 7th 14th 21st 28th (Please tick only one date. Use separate forms for different dates)

SIP Period Start Month End Month (Minimum 12 instalments, 6 in case of DSPBR Tax Saver Fund)

(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) *Default

First SIP Cheque No.: **Cheque date** /

(Cheque amount same as Auto Debit Amount and should be drawn on bank whose details are provided below. The cheque should be current dated.)

Mandatory Enclosure (If 1st instalment is not by cheque) Blank Cancelled Cheque Cheque Copy

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.)

Accountholder Name as in Bank Account

Bank Name

Branch Name & Address

Account Number Account Type Savings Current NRE NRO

9 Digit MICR Code ◀ (Please enter the 9 digit number that appears after your cheque number)

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 I/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 in a 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.

First Account Holder's Signature	Second Account Holder's Signature	Third Account Holder's Signature
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This is to inform 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.

First Account Holder's Signature	(As in Bank Records)	Second Account Holder's Signature	(As in Bank Records)	Third Account Holder's Signature	(As in Bank Records)
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Investor's Name

Folio No. / Scheme

SIP Date SIP Amount (Rs.) Frequency: Monthly Quarterly

01-11-10 V4.2010