

Application No.:

| Distributor ARN and Name | Sub Broker Name & ARN | Branch/RM Internal Code | EUIN (Refer note below) | For Office use only |
|--------------------------|-----------------------|-------------------------|-------------------------|---------------------|
| ARN-18053                |                       |                         | E040403                 |                     |

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) | <input type="checkbox"/> KYC |
|--|--------------------------------|------------------------------|

|                       |                           |         |                              |
|-----------------------|---------------------------|---------|------------------------------|
| Existing Folio Number | Name of Guardian if minor | PoA PAN | <input type="checkbox"/> KYC |
|-----------------------|---------------------------|---------|------------------------------|

|   |                                      |  |   |
|---|--------------------------------------|--|---|
| On behalf of Minor<br>(* Attach Mandatory Documents as per instructions). Minor's | Date of Birth<br>D D / M M / Y Y Y Y | Date of Birth<br>Proof attached * <input type="checkbox"/> | Guardian named is :<br><input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed |
|---|--------------------------------------|--|---|

### 2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records)

|                       |   |  |  |
|-----------------------|---|--|--|
| Email ID (in capital) | Address Type (Mandatory)                |  |  |
| Mobile +91            | Tel (STD Code)                          | <input type="checkbox"/> a. Residential & Business |  |
| Address               | <input type="checkbox"/> b. Residential |  |  |
| Landmark              | <input type="checkbox"/> c. Business    |  |  |
| City                  | Pin Code (Mandatory)                    | <input type="checkbox"/> d. Registered Office      |  |
| State                 |   |  |  |

### 3. KYC DETAILS (Mandatory)

**3a. Status of Sole/1st Applicant (Please tick ✓)**  Indian Resident Individual  Minor (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  FPI-Category I/II/III  OFCRA  GDN  Defence Establishment  ONPS Trust  Others \_\_\_\_\_ (Please specify)  
 Are you a Non-Profit Organization [NPO] or Company u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013:  Yes  No

**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 D D / M M / Y Y Y Y (Not older than 1 year)

|   |  |
|---|--|
| <b>3d. For Individuals / HUFs</b>   | <b>For Non-Individual Investors (Companies, Trust, Partnership etc)</b>  |
| <input type="radio"/> I am Politically Exposed Person<br><input type="radio"/> I am Related to Politically Exposed Person<br><input type="radio"/> Not Applicable | I. Foreign Exchange / Money Changer Services<br>II. Gaming / Gambling / Lottery/Casino Services<br>III. Money Lending / Pawning                                |
|   | <input type="radio"/> YES <input type="radio"/> NO<br><input type="radio"/> YES <input type="radio"/> NO<br><input type="radio"/> YES <input type="radio"/> 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) | <input type="checkbox"/> 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) | <input type="checkbox"/> 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)

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

From \_\_\_\_\_

| Scheme | Cheque no. | Amount |
|--------|------------|--------|
| DSPBR  |            |        |

DSP BLACKROCK MUTUAL FUND

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

| Sole/First Applicant/Guardian |       |         | 2nd Applicant            |       |         | <input type="checkbox"/> 3rd Applicant |       | <input type="checkbox"/> POA |  |
|-------------------------------|-------|---------|--------------------------|-------|---------|--|-------|------------------------------|--|
| Place & Country of Birth      | PLACE | COUNTRY | Place & Country of Birth | PLACE | COUNTRY | Place & Country of Birth               | PLACE | COUNTRY                      |  |

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and its Identification type eg. TIN etc.

| Country # | Tax Identification Number | Identification Type | Country # | Tax Identification Number | Identification Type | Country # | Tax Identification Number | Identification Type |
|-----------|---------------------------|---------------------|-----------|---------------------------|---------------------|-----------|---------------------------|---------------------|
| 1         |                           |                     | 1         |                           |                     | 1         |                           |                     |
| 2         |                           |                     | 2         |                           |                     | 2         |                           |                     |
| 3         |                           |                     | 3         |                           |                     | 3         |                           |                     |

## 6. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

|                       |  |  |  |                     |                                  |   |                              |                              |                               |                                 |  |
|-----------------------|--|--|--|---------------------|----------------------------------|---|------------------------------|------------------------------|-------------------------------|---------------------------------|--|
| Bank Name             |  |  |  |                     |                                  |   |                              |                              |                               |                                 |  |
| Bank A/C No.          |  |  |  | A/C Type            | <input type="checkbox"/> Savings | <input type="checkbox"/> Current                      | <input type="checkbox"/> NRE | <input type="checkbox"/> NRO | <input type="checkbox"/> FCNR | <input type="checkbox"/> Others |  |
| Branch Address        |  |  |  | City                | Pin                              |   |                              |                              |                               |                                 |  |
| IFSC code: (11 digit) |  |  |  | MICR code (9 digit) |                                  | (This is a 9 digit number next to your cheque number) |                              |                              |                               |                                 |  |

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

|   |                 |                                 |                             |                               |                               |   |                                  |                                       |                              |                              |                               |
|---|-----------------|---------------------------------|-----------------------------|-------------------------------|-------------------------------|---|----------------------------------|---------------------------------------|------------------------------|------------------------------|-------------------------------|
| Scheme/Plan<br>/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)   |                 |                                 |                             |                               |                               |   |                                  |                                       |                              |                              |                               |
| <input type="checkbox"/> One time Lumpsum Investment <input type="checkbox"/> SIP: Systematic Investment Plan.  Attach OTM form, if not already registered. Mention First SIP Cheque Details below |                 |                                 |                             |                               |                               |   |                                  |                                       |                              |                              |                               |
| Payment Mode:   |                 | <input type="checkbox"/> Cheque | <input type="checkbox"/> DD | <input type="checkbox"/> RTGS | <input type="checkbox"/> NEFT | <input type="checkbox"/> Funds transfer | Cheque/RTGS/<br>NEFT/DD Date     | D   D   /   M   M   /   Y   Y   Y   Y |                              |                              |                               |
| Cheque/DD/RTGS/NEFT No.   |                 |                                 |                             |                               | Payment from<br>Bank A/c No.  |   | Pay In A/c No.                   |                                       |                              |                              |                               |
| Amount (Rs.) (i)  |                 |                                 |                             |                               | Bank Name                     |   |                                  |                                       |                              |                              |                               |
| DD charges, (Rs.)(ii)   |                 |                                 |                             |                               | Branch                        |   |                                  |                                       |                              |                              |                               |
| Total Amount (Rs.) (i) + (ii)   |                 | In figures                      |                             |                               | Account Type                  |   | <input type="checkbox"/> Savings | <input type="checkbox"/> Current      | <input type="checkbox"/> NRE | <input type="checkbox"/> NRO | <input type="checkbox"/> FCNR |
| In Words  |                 |                                 |                             |                               |                               |   |                                  |                                       |                              |                              |                               |

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   |              |                                  | Total = 100% |                             |

## 9. UNIT HOLDING OPTION:

|   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> In Account Statement | <input type="checkbox"/> In Demat mode: NSDL: I   N<br>Mode (default): | Depository Participant (DP) ID (NSDL only) | Enclose for demat option:                              |
|   |  | Beneficiary Account Number (NSDL only)     | <input type="checkbox"/> Client Master List            |
|   | CDSL: <input type="checkbox"/>   |  | <input type="checkbox"/> Transaction/Holding Statement |
|   |  |  | <input type="checkbox"/> 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 form time to time, I / We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme/Plan/Option and agree to abide by the terms and conditions, rules and regulations. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form is true, correct, and complete. 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.

X

X

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

POA holder, if any

|  |                               |  |   |
|--|-------------------------------|--|---|
| Email: service@dspblackrock.com  | Website: www.dspblackrock.com | Contact Centre: 1800 200 4499  |   |
| <p>Quick Checklist</p> <input type="checkbox"/> Name, Address are correctly mentioned<br><input type="checkbox"/> Email ID / Mobile number are mentioned<br><input type="checkbox"/> KYC information provided for each applicant<br><input type="checkbox"/> FATCA/CRS details provided for each applicant |                               | <input type="checkbox"/> Full scheme name, plan, option is mentioned<br><input type="checkbox"/> Pay-In bank details and supportings are attached<br><input type="checkbox"/> Nomination facility opted<br><input type="checkbox"/> Form is signed by all applicants | <input type="checkbox"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.<br><input type="checkbox"/> Non Individual investors should attach<br><input type="checkbox"/> FATCA Details and Declaration Form<br><input type="checkbox"/> UBO Declaration Form |