

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	Date of Birth	Date of Birth
(* Attach Mandatory Documents as per instructions). Minor's	D D / M M / Y Y Y Y	Proof attached * <input type="checkbox"/>
		Guardian named is : <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) <input type="checkbox"/> a. Residential & Business <input type="checkbox"/> b. Residential <input type="checkbox"/> c. Business <input type="checkbox"/> d. Registered Office
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 ☐ 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 ☐ FCRA ☐ GDN ☐ Defence Establishment ☐ NPS 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)

3d. For Individuals / HUFs For Non-Individual Investors (Companies, Trust, Partnership etc)

<input type="radio"/> I am Politically Exposed Person	I. Foreign Exchange / Money Changer Services	<input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/> I am Related to Politically Exposed Person	II. Gaming / Gambling / Lottery/Casino Services	<input type="radio"/> YES <input type="radio"/> NO
<input type="radio"/> Not Applicable	III. Money Lending / Pawning	<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) ☐ 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.	Amount
DSPBR		

Application No.

5. FATCA and CRS DETAILS For Individuals/HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA/CRS details form

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 it's 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 /Option/Sub Option	DSP BlackRock -	Scheme	Plan	Option/Sub Option
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(Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

☐ One time Lumpsum Investment ☐ SIP: Systematic Investment Plan. Attach OTM form, if not already registered. Mention First SIP Cheque Details below

Payment Mode: ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Funds transfer

Cheque/DD/RTGS/NEFT No.

Amount (Rs.) (i)

DD charges, (Rs.)(ii)

Total Amount (Rs.) (i) + (ii)  In figures  In Words

Cheque/DD/RTGS/NEFT/ DD Date 

D	D	/	M	M	/	Y	Y	Y	Y
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Payment from Bank A/c No.

Bank Name

Branch

Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

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 Mode (default):	<input type="checkbox"/> In Demat mode: NSDL: <table><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N									Depository Participant (DP) ID (NSDL only) <input type="text"/>	Enclose for demat option: <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> DIS Copy
I	N												
	CDSL: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Beneficiary Account Number (NSDL only) <input type="text"/>	

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 from 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.

<div>X</div> <div>Sole / First Applicant / Guardian</div>	<div>X</div> <div>Second Applicant</div>	<div></div> <div>Third Applicant</div>	<div></div> <div>POA holder, if any</div>
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Email: service@dspblackrock.com	Website: www.dspblackrock.com	Contact Centre: 1800 200 4499
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Quick Checklist	<input type="checkbox"/> Name, Address are correctly mentioned <input type="checkbox"/> Email ID / Mobile number are mentioned <input type="checkbox"/> KYC information provided for each applicant <input type="checkbox"/> FATCA/CRS details provided for each applicant	<input type="checkbox"/> Full scheme name, plan, option is mentioned <input type="checkbox"/> Pay-In bank details and supportings are attached <input type="checkbox"/> Nomination facility opted <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. <input type="checkbox"/> Non Individual investors should attach <input type="checkbox"/> FATCA Details and Declaration Form <input type="checkbox"/> UBO Declaration Form
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