

Application No.:

Distributor/RIA name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only

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/Contact Person	PAN (POA) <input type="checkbox"/> KYC
On behalf of Minor (* Attach Mandatory Documents as per instructions). Minor's	Date of Birth D D / M M / Y Y Y Y	Date of Birth	Guardian named is :
		Proof attached * <input type="checkbox"/>	<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)	Tel (STD Code)		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	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 (Repatriable) Minor (Non Repatriable)
 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 FI 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 (Please tick ✓)
 Not Applicable I am Politically Exposed Person I am Related to Politically Exposed Person

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 ✓) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)		
b. Gross Annual Income (Please tick ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore		
c. Others (Please tick ✓) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)		
3rd Applicant Name (Should match with PAN Card)	PAN (3rd Applicant)	<input type="checkbox"/> KYC
a. Occupation Details (Please tick ✓) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others _____ (Please specify)		
b. Gross Annual Income (Please tick ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore		
c. Others (Please tick ✓) <input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP)		

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.

Scheme	Cheque no.	Amount
DSPBR		

Application No.

5. FATCA and CRS DETAILS For Individuals (Mandatory) Non Individual investors including HUF 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	Place & Country of Birth	PLACE	COUNTRY
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____		

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.
 *If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
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 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)

7. INVESTMENT AND PAYMENT DETAILS (Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

Cheque/DD should be in favour of: "DSP BlackRock Mutual Fund" if single cheque with multiple schemes OR "Scheme Name", in case of single scheme / scheme wise cheques.

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

Full Scheme/Plan/Option/Sub Option	Amount (₹)	Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD
1. DSPBR - Scheme Plan Option/Sub Option		<input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer
2. DSPBR - Scheme Plan Option/Sub Option		Cheque/DD/RTGS/NEFT Details:
3. DSPBR - Scheme Plan Option/Sub Option		Ref. No. _____
Total	Amount in words _____ Amount in Figures _____	Date <input type="text"/> / <input type="text"/> / <input type="text"/> DD charges, if any _____

Payment from Bank A/c No. _____ Pay In A/c No. _____ A/c. Type Savings Current NRE NRO FCNR Others _____

Bank Name & Branch _____

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:

In Account Statement Mode (default): In Demat mode: NSDL: I N _____ Depository Participant (DP) ID (NSDL only) _____

Beneficiary Account Number (NSDL only) _____

CDSL: _____

Enclose for demat option: Client Master List Transaction/Holding Statement 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 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.

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

Quick Checklist

- Name, Address are correctly mentioned
- Email ID / Mobile number are mentioned
- KYC information provided for each applicant
- FATCA/CRS details provided for each applicant
- Full scheme name, plan, option is mentioned
- Pay-In bank details and supportings are attached
- Nomination facility opted
- Form is signed by all applicants
- Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
- Non Individual investors should attach
 - FATCA Details and Declaration Form
 - UBO Declaration Form