

Distributor Name and ARN	Sub Broker Code	Branch / RM Code	For Office use only
Naimisha Parekh ARN-82087 9819603590			

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.

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (First / Middle / Surname) _____ 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 5. Mode of holding will be as per existing folio number)

Date of Birth (Mandatory for minor) DD / MM / YY YY Gender Male Female

Email ID (in capital) (Refer instruction 4.) _____

PAN (1st applicant / guardian) _____ **Enclosed** (Please tick) Attested PAN card copy
 KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

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

Address for Correspondence (P.O. Box address is not sufficient) *PoA should be KYC compliant and also attach KYC Acknowledgement

City _____ Pin Code (Mandatory) _____ State _____
STD Code _____ Telephone _____ Fax _____
Mobile +91 _____

Overseas Address (mandatory for NRI / FII applicants in addition to mailing address in India) (P. O. Box address is not sufficient)

City _____ State _____ Pin Code (Mandatory) _____
Country _____

Status of Sole/1st Applicant (Please tick) Individual On Behalf Of Minor HUF Sole Proprietorship NRI (Repatriable) NRI (Non-Repatriable)
 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) Service Professional Business Housewife Retired Student Other _____

2. JOINT APPLICANTS' DETAILS

Name of Second Applicant (First / Middle / Surname) _____ Title Mr. Ms. M/s

PAN (2nd applicant) _____ **Enclosed** (Please tick) Attested PAN card copy
 KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

Name of Third Applicant (First / Middle / Surname) _____ Title Mr. Ms. M/s

PAN (3rd applicant) _____ **Enclosed** (Please tick) Attested PAN card copy

Mode of Holding (Please tick) Single Anyone or survivor Joint (Default) KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) **DSP BLACKROCK MUTUAL FUND**

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

From _____

Application No. _____

Cheque no.	Date	Amount	Scheme

3. BANK ACCOUNT DETAILS (Refer Instruction 3) (Mandatory)

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				
9 Digit MICR code	(This is a 9 digit number next to your cheque number)					IFSC code: (11 digit)								

4. OTHER FACILITIES (Please)

I would like to receive a PIN (for telephone & internet transactions, as and when started)

5. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 5)

(Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

Payment Mode: Cheque DD RTGS NEFT Funds transfer

I. Scheme Name	Plan	Option & Sub Option
Cheque/DD/RTGS/NEFT No.	Cheque/RTGS/NEFT/DD Date	D D / M M / Y Y Y Y
Amount of Cheque/DD (Rs.) (i)	Drawn on Bank/ Branch Name)	
DD charges, if any, (Rs.) (ii)		
Total Amount In Words (Rs.) (i) + (ii)		
In figures (Rs.)	Account Type (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR

Payment Mode: Cheque DD RTGS NEFT Funds transfer

II. Scheme Name	Plan	Option & Sub Option
Cheque/DD/RTGS/NEFT No.	Cheque/RTGS/NEFT/DD Date	D D / M M / Y Y Y Y
Amount of Cheque/DD (Rs.) (i)	Drawn on Bank/ Branch Name)	
DD charges, if any, (Rs.) (ii)		
Total Amount In Words (Rs.) (i) + (ii)		
In figures (Rs.)	Account Type (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR

6. NOMINATION DETAILS (Refer Instruction 6)

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

7. DECLARATION & SIGNATURES

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

SIGNATURE (S)

Sole / First Applicant/ Guardian

Second Applicant

Third Applicant

Email: service@dspblackrock.com
Website: www.dspblackrock.com

Contact Centre: 1800 200 4499

Checklist All Investments Bank Mandate is provided
 PAN Card copy (Attested with a seal by a Distributor, Bank Manager, Notary)
 KYC Acknowledgement