

Distributor/RIA name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
98691			E-116447	

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/Aadhar Card)

Existing Folio Number (If any) Name of Guardian (if minor)/POA/Contact Person PAN (POA) ☐ KYC

PAN (1st Applicant / Guardian) AADHAR NO. ☐ Attach copy (mandatory) CKYC - KIN

On behalf of Minor Date of Birth Minor's Date of Birth Guardian named is :
(* Attach Mandatory Documents as per instructions). Minor's Proof attached * ☐ ☐ Father ☐ Mother ☐ Court Appointed

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

Email ID (in capital) Address Type (Mandatory)
Mobile +91 Tel (STD Code) ☐ a. Residential & Business
Address ☐ b. Residential
Landmark ☐ c. Business
City Pin Code (Mandatory) State ☐ d. Registered Office

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 - NR ☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Public Ltd. Co. ☐ Private Ltd. Co.
☐ Body Corporate ☐ Bank ☐ Fls ☐ 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 / / (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

(Should match with PAN/Aadhar Card)

PAN AADHAR NO. ☐ Attach copy (mandatory) CKYC - KIN

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 (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

c. Others (Please tick ✓) ☐ Not Applicable ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

3rd Applicant

(Should match with PAN/Aadhar Card)

PAN AADHAR NO. ☐ Attach copy (mandatory) CKYC - KIN

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 (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

c. Others (Please tick ✓) ☐ Not Applicable ☐ Politically Exposed Person (PEP) ☐ 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.

From Application No.

Scheme	Cheque no.	Amount
DSPBR		

5. FATCA and CRS DETAILS

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
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 <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 (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 <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer Cheque/DD/RTGS/NEFT Details: Ref. No. _____ Date <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> DD charges, if any _____	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M		/	Y	Y	Y	Y					
1. DSPBR -	Scheme	Plan	Option/Sub Option												
2. DSPBR -	Scheme	Plan	Option/Sub Option												
3. DSPBR -	Scheme	Plan	Option/Sub Option												
Total	Amount in words			Amount in Figures											

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

☐ I/We wish to nominate. ☐ I/We DO NOT wish to nominate and sign here _____ 1st Applicant Signature (Mandatory)

	Nominee Name	Relationship with applicant	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)	Enclose for demat option: <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> DIS Copy
I	N												
		Beneficiary Account Number (NSDL only)											
	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>												

10. DECLARATION & SIGNATURES

Having read and understood the contents of the SID, SAI, KIM, Terms & Conditions, Addenda issued by DSPBRMF from time to time: I / We, hereby apply for Units of the relevant Scheme/Plan/Option and agree to abide by the same. I / We have understood and accept the requirements of this application, including PAN, Aadhaar, CKYC-KIN, FATCA, CRS and others, terms and conditions and further confirm that the information provided by me/us on this form is true, correct, and complete. By providing my/our Aadhaar number, I / We expressly agree, authorize and consent that: i. DSPBRMF will validate the Aadhaar Number with UIDAI through various mechanisms either directly or through their appointed agencies including their RTA (CAMS); ii. Update/Seed/Enrich my Aadhaar number and related data, except for biometric information, in all my accounts maintained with DSPBRMF for KYC, PMLA and internal requirements; iii. Share our Aadhaar data and information with other Intermediaries and RTAs for updating the same in my / our folios held with them.

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any
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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"/> Full scheme name, plan, option is mentioned	<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
	<input type="checkbox"/> Email ID / Mobile number are mentioned	<input type="checkbox"/> Pay-In bank details and supportings are attached	
	<input type="checkbox"/> KYC information provided for each applicant	<input type="checkbox"/> Nomination facility opted	
	<input type="checkbox"/> FATCA/CRS details provided for each applicant	<input type="checkbox"/> Form is signed by all applicants	