APPLICATION FORM

Please read Product labeling details available on cover page and instructions before filling this Form

available on co

DSP BLACKROCK

					Application No.:	:
Distributor ARN and Name	Sub Broker Name & ARN	Branch/RM	Internal Code EL	IN (Refer note below)	For Office u	ise only
SMC GLOBAL ARN - 29345						
I/We confirm that the EUIN box i transaction without any interact Upfront commission shall be paid assessment of various factors incl	is intentionally left blank by ion or advice by the distrib directly by the investor to th uding the service rendered b	r me/us as this i utor personnel ne AMFI registere v the distributor	is an "execution-only concerned. ed Distributors based	" on the investors'		
] I am a First Time Investor in M			sting Investor in Mu		Sole / First Applicant's S	ignature Mandatory
. FIRST APPLICANT'S D	ETAILS					
Name of First Applicant (Sho	uld match with PAN Card)				PAN (1st Applicant / Gua	ardian) 🗌 K
Existing Folio Number	Name c	of Guardian i	f minor		PoA PAN	П К
Dn behalf of Minor D	ato of Pirth			Date of Birth	Guardian named is	•
* Attach Mandatory Documents as per instructions). N	Date of Birth D D /	M M /	Y Y Y Y	Proof attached *[• er 🔲 Court Appointe
2. CONTACT DETAILS AN	ID CORRESPONDEN	ICE ADDRE	SS (As per KY	C records)		
Email ID					Addres	ss Type (Mandator
in capital) Aobile +91		Tel (STI	D Code)			esidential & Busine
Address					□ b. Re	esidential usiness
					d. Re	egistered Office
andmark						
ity		Pin Code (Mandator		State		
. KYC DETAILS (Mandat		(Mandacor	y)			
 b. Occupation Details (Plear O Professional O Agriculti C. Gross Annual Income (Pl 	urist ○Retired ○H .ease tick ✔) ○Below	1 Lac 01-5	Student OForex Lacs O5-10 La	Dealer Others cs O10-25 Lacs		<pre>>>1 crore</pre>
Net-worth in (Mandatory				Companies, Trust, F		(Not older than 1
 I am Politically Exposed F 			e / Money Changer Se	• • •	a the ship etc)	O YES ON
 I am Related to Politicall Not Applicable 	y Exposed Person II.	5 5	ling / Lottery/Casino			O YES ON O YES ON
. JOINT APPLICANTS (I	F ANY) DETAILS					
Mode of Holding (Please t	tick🗸) 🛛 🗌 Joint (D	efault)	Anyone or	Survivor		
nd Applicant Name (Should	match with PAN Card)				PAN (2nd Applicant)	
Occupation Details (Plea OProfessional OAgricultu					t Service OBusiness	(Please spec
 Gross Annual Income ○E Others (Please tick ✓) ○ 						
rd Applicant Name (Should	match with PAN Card)				PAN (3rd Applicant)	
Occupation Details (Ple Orofessional O Agricultu	ase tick√) ○ Private Se	ector Service	○ Public Sector S	Gervice O Governme	nt Service \circ Business	(Please spec
 Gross Annual Income ○ E Others (Please tick ✓) ○ 	Below 1 Lac \circ 1-5 Lacs	○ 5-10 Lacs	\circ 10-25 Lacs \circ	>25 Lacs-1 crore O>	1 crore OR Net worth₹	
,						
CKNOWLEDGEMENT SL	IP (To be filled in by the	e investor)			DSP BLACKROC	K MUTUAL FU
eceived, subject to realisation and verif	ication an application for purch	ase of Units as m	entionedin the applicat	ion form.	Application	No.
Scheme		heque no.	Amount			
DSPBR				-		

5. FATCA and	I CRS DE	TAILS	Fo	r Individu	als/H	iuf (M	andat	ory) N	on Ind	ividu	al inv	estors sho	buld	mand	atorily f	fill sepa	arate	FATCA	/CRS o	letails	s form
Sole/First Applicant/Guardian						2nd Applicant							🗌 3rd Applicant 🗌 POA									
Place & Countr	y of Birth	PLACI	E	COUNTRY		Place 8	t Coun	ntry	of Birt	th	PLACE		COUNTRY		Place	& Count	ry of Bi	rth	PLAC	E	COUN	١TRY
# Please indicate a	ll Countries	, other th	nan Ind	ia, in whicl	ו you	are a r	esiden	it foi	r tax pı	urpose,	, assoc	iated ⁻	Taxpayer Ic	lenti	ficatio	n Numbei	r and it's	ldent	ificatio	n type	eg. Tl	N etc.
Country # Tax Identification Identification Number Type				Country # Tax Identification Number				Identification Type			Country #			Tax Identification Number		Ider	Identification Type					
1					1	1						1										
2					2									2								
3					3									3								
6. BANK ACC	OUNT D	ETAIL	S (Av	vail Multip	le Ba	ank Re	gistra	tior	n Facil	ity)												
Bank Name																						
Bank A/C No.													А/С Тур	e 🗌	Saving	gs 🗌 Curi	rent 🗌	NRE 🗌	NRO		R □ 0	thers
Branch Address																						
									City	y							Pin					
IFSC code: (11 di	git)								MIC	R cod	le (9	digit)	(This is a 9 c	ligit n	umber ne	ext to your o	cheque nur	nber)				
7. INVESTME	NT AND	PAYM	ENT	DETAIL	S	(Cheq	ue/D[) sh	ould	be in	favo	ur of	"Scheme	Nai	me")							
Scheme/Plan /Option/Sub Op	_{tion} DS	P Blac	kRo	ck -		Sci	heme	е				Ρ	lan				Optio	n/Sı	ıb Oı	otion		
(Default plan/op																						
One time Lum											TM fo	orm, if	f not alrea Cheque			ered. M	ention	First	SIP Ch	eque [)etail:	s below
Payment Mode:	Cheq		עט		Ш	NEFT		una	s trans	sier			NEFT/D	D Da	ate	DD		M	^ <i>/</i>	YY	(Y	Y
Cheque/DD/RTGS/NEFT No. Amount (Rs.) (i)						Payment Bank A/c																
DD charges, (Rs	·												Bank Na	me								
Total Amount (Rs.) (i) + (ii) In	figure	S									Branch									
In Words	, (-)	,											Account	Тур	e	□ Savir	igs 🗆 C	urren	t 🗆 NI	RE 🗌 1	√RO□] FCNR
Documents Atta			d Party	y Payment	Rej	ection	, wher	re a	pplica													
8. NOMINATI			/\//- D/					d at a					gle or joi								tion f	acility.
tter the wish	to nomina		nee N			nomina							Minor)	 	-	plicant S ation %					ı Sign	ature
Nominee 1																						
Nominee 2																						
Nominee 3																						
Address														ר י	Total	= 100%	%					
9. UNIT HOL	DING OF	TION																				
In Account S Mode (defau		□ In I	Demat	: mode: NS		I N					•		Participant (Account Nu] Client	t Master action/H	at optio List Iolding S		ent
10. DECLAR	ATION &	SIGN	TUR	ES																		
Having read and unde Mutual Fund form tim regulations. I / We ha documents) and here through legitimate so India or any Statutory	erstood the co le to time, I / live understoo by accept the urces only and				tion D ee of ts of t t the i e of co	ocument DSP Blac he appli informat ntraven	t and Stack A ckRock A ication f ion provision or e	atem Mutu form video evasio	nent of A al Fund , includ d by me on of an	Addition for Unit ing FATC /us on tl y Act, Re	al Info ts of th CA and his forr egulatio	rmation e releva CRS rec n is true on, Rule	, Key Inform ant Scheme/ juirements, , correct, a , Notificatio	nation Plan/ terms nd co n, Dir	Memor Option and co mplete ections	andum, In and agree nditions (r . I / We de or any oth	struction to abide ead alon clare tha er applica	s and a by the g with i t the ai able lav	ddenda terms a instructi mount ir vs enacte	issued b nd condi ons and ivested i ed by the	y DSP B itions, I scheme in the S e Gover	lackRock rules and e related cheme is nment of
Sole / First Ap	oplicant / G	uardian			Seco	ond App	olicant					Tł	nird Applic	ant				PO	A holde	er, if ar	ny	
Email: s	ervice@dsp	blackro	ck.com	n			Webs	ite:	: www	.dspb	lackr	ock.c	om			Cont	act Cei	ntre:	1800	200 44	199	
Checklist 🔲 Email 🖙 🗌 KYC i	e, Address an ID / Mobile nformation A/CRS detail	number provided	are m I for ea	entioned ach applica		□ Pa □ N	ay-In b ominat	oank tion		s and s y opteo	uppor d	tings a	entioned are attache	ed		Addition not pre- Demand Non Indi FATC.	printed Draft is vidual i	on pay used. nvesto s and	yment ors shou Declara	cheque ıld atta	e or if ich	r name i

	nique Benefits Register SIPs within 5 to 10 days One Form - Multiple SIP's Multiple Schemes, Multiple Amounts, Multiple Dates & Multiple Frequencies Debit Mandate form to be filled just ONCE	Debit Mandate • Distributor code & • Bank Account Nur • Amount in words (your maximum 1 • Folio No. / Applic • Your NAME and SI	t details, if any, nber, Bank Name, AND in Figures, as imit) ation No.; Mobile	you would in a cheo & Email Id	ue Dist Schu Schu SIP SIP	SIP Registration Checklist: • Distributor code & details, if any, • Name, Folio No. / Application No. • Scheme/s details • SIP Amount • SIP Date, Frequency & Period • Signature/s				
	er ARN Code Sub Broker Name ar MC GLOBAL ARN - 29345	d ARN Branch/RM Internal Code	EUIN		For Office use or	nly				
The fo	Dilowing Mandate needs to be submitted only once for re new SIP registrations, using Physical Forms, Call, SMS or	gistration with or without SIP form.	Once the mandate is	registered, investor ne	ed not submit mandate agai	n and can do lump s	um investments,			
DS		M Debit Mandate F [Applicable for Lumpsum Addi	orm NACH	VECS/DIRECT	DEBIT Dat	e D D M M	Y Y Y Y			
Tick	(*) UMRN		Office use only							
CRE/ MOD		Office use only BLACKROCK MUTUAL I		ility Code	it (tick√) SB / CA / CC	use only	NPO / Othor			
CAN						/ JD-INRE / JD-				
With Bank	Bank Name & Branch		IFSC		OR MICR					
	nount of Rupees				₹					
	UENCY Hthly Otly H. Yrly Yrly	As & when presented			DEBIT TYPE D Fixed	Amount 🗹 Maxi	mum Amount			
	Folio No:			M	obile					
	ence 2 Appln No:		Email id							
PERI	ee for the debit of mandate processing charges by the OD	e bank whom I am authorising to	debit my account a	s per latest schedule	of charges of the bank.					
From			2		2					
to		Signature of Account Holder	2. Sigr	nature of Account Hold	er <u>Si</u>	gnature of Account	Holder			
or	Until Cancelled 1.	Name of Account Holder	<u>2.</u> N	ame of Account Holder		3. Name of Account Holder				
Declar	ation: This is to confirm that the declaration has been caref lation/amendment request to the User entity or the bank whe	Illy read, understood and made by me/	us. I/We have understo	od that I/we are authoris	ed to cancel/amend this mand	ate by appropriately o	communicating the			
I/We F ECS /	Parently of the second se	amended from time to time and of NACH cility and that my/our payment towards	I/ECS (Debits)/Direct De s my/our investment in	ebits /Standing Instruction	s. Authorisation to Bank: This is ad shall be made from my/our a	s to inform that I/We I	have registered for account with your			
MU Pleas OT OT The t	PBLACKROCK TUAL FUND e tick ⊠ as applicable: M Debit Mandate is already registered in the folio. [N M Debit Mandate is attached and to be registered in otal of all installments in a day should be less than our ter ARN Code Sub Broker Name and	Attent o need to submit again]. SIP Auto o he folio. SIP Auto debit will start a equal to the amount as mentione	tion: No need to debit can start in FIV after mandate regist d in One Time Manda	D attach OTM Del /E Days i.e. for debit of ration which takes Ter	to Thirty days depending	already regist nitted till 2nd of the on NACH or ECS mo ered.	ered earlier.			
in	Ne confirm that the EUIN box is intentionally teraction or advice by the distributor personic	el concerned. Upfront commiss	sion shall be paid d	irectly by the investo	vithout any r to the AMFI					
	gistered Distributors based on the investors' assess	nent of various factors including		,	Sole / First	tApplicant's Signature	e Mandatory			
	tor Name:		Folio	ng Investor No./Application No.						
PAN/I	PEKRAN & KYC Sole / First Applicant	/ Guardian	Second Applicar	nt / Guardian	Third Ap	plicant / Guardiar	1			
Sr. No.	Scheme/Plan/Option/Sub-option	SIP Installmen Amount (₹)	t SIP Date (✓ one only	y) Frequency	Start Month/Year End Month/Year*	Top-Up (Minin Amount (₹)	num Rs. 500) Frequency			
1.	DSPBR -			☐ 7 th ☐ Monthly*	M M Y Y Y	7	Half-yearly			
			15 th	□ 14 th □ Monthly □ 21 st □ Quarterly □ 28 th	/ M M Y Y Y Y	Top-Up CAP*:	☐ Yearly*			
						7	_			
2.	DSPBR -			☐ 14 th ☐ Monthly*	to	Top-Up CAP*:	Half-yearly			
				☐ 21 st ☐ Quarterly ☐ 28 th						
3.	DSPBR -			7 th Monthly*	M M Y Y Y		Half-yearly			
			15 th	21 st Quarterly	to	Top-Up CAP*:	☐ Yearly*			
			Maximum per Installment		ot exceed Rs. Five Lakh) (*Default					
BlackRo	tion: Having read, understood and agreed to the contents of OTM Facility ck Mutual Fund mentioned within, I hereby declare that the particulars where applicable, has disclosed to me/us all the commissions (trail commissions) and the commission	iven above are correct and express my willing	ness to make payments towa	ards SIP instalments referred a	bove through participation in NACH/	ECS/Direct Debit/Standing	Instructions. The ARN			
Signat	ures [as per Mutual Fund Records/Application] First	Second			Third	-				
X	Unit Holder's	Unit Holder's			Unit Holder's					
	Signature	Signature		<u> </u>	Signature	100.0				
Ac	knowlodgomont	DSP Bla	ckRock Mutu	ial Fund		ISC Stamp				
	knowledgement estor Name:		oplication No.							