APPLICATION FORM

DSP BLACKROCK MUT

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

Distributor (D)		o G ADN Bronch (DM Intermed C	do ELUN (Pefer note below)	For Office use on	ly
Distributor ARN and	Name Sub Broker Nam	e & ARN Branch/RM Internal Coo	de EUIN (Refer note below)	For Office use off	ıy
ARN-34348			025124		
I/We confirm that the I transaction without an	EUIN box is intentionally left I y interaction or advice by the	blank by me/us as this is an "execut e distributor personnel concerned.	tion-only"		
	actors including the service rer estor in Mutual Fund Industr	tor to the AMFI registered Distributor idered by the distributor.		Sole / First Applicant's Signature	- Mandatory
		y. 🗌 I am an Existing Investo	n in mutual Fund Industry.		
1. FIRST APPLICA				DAN	
Name of First Applica	ant (Should match with PAN	N Card)		PAN (1st Applicant / Guardian)	
Existing Folio Numbe	ar N	lame of Guardian if minor		PoA PAN	
On behalf of Minor	Date of Birth		Date of Birth	Guardian named is :	
* Attach Mandatory Documents as per i			Proof attached *] 🗌 Father 🗌 Mother 🗌 C	ourt Appointed
	AILS AND CORRESPO	NDENCE ADDRESS (As p	er KYC records)		
Email ID (in capital)					e (Mandatory)
Mobile +91		Tel (STD Code)		a. Resident	tial & Business
Address					
				🗌 d. Register	ed Office
andmark					
City		Pin Code (Mandatory)	State		
	Applicant (Please tick 🗸) \bigcirc Indian Resident Individual \bigcirc /	Minor (Resident) 🔿 Minor NRI 🔿 N	NRI (Repatriable) 🔿 NRI (Non-Repatr	riable) 🔿 PlO
 Sole Proprietorship 	🛛 🔿 HUF - Indian 🔿 HUF - NR	I O Partnership Firm O Limited Pa		○ Private Ltd. Co. ○ Body Corporat	
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Cheque no. Scheme Amount DSPBR

5. FATCA and	CRS DETAILS	For Individual	s/HUF (Mandator	y) Non Individu	al investors shou	ld mandatorily fi	ll separate FATCA	CRS details form		
Sole/First Applicant/Guardian		2nd Applicant			🗌 3rd Applicant 🗌 POA					
Place & Country	y of Birth PLAC	E COUNTRY	Place & Country	y of Birth PLAC	COUNTRY	Place & Country	y of Birth PLACE	E COUNTRY		
# Please indicate al	ll Countries, other t	han India, in which y	ou are a resident fo	or tax purpose, asso	ciated Taxpayer Ide	ntification Number a	and it's Identificatio	n 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 ACC	OUNT DETAIL	S (Avail Multiple	Bank Registratio	on Facility)						
Bank Name										
Bank A/C No.					A/C Type	Savings Curre	nt 🗌 NRE 🗌 NRO [FCNR Others		
Branch Address										
branch Address				City			Pin			
IESC code: (11 dia	(i+)				J: u:t.) (This is a field					
IFSC code: (11 dig			(Chagua (DD a		digit) (This is a 9 digi		eque number)			
7. INVESTME				hould be in favo			ation (Sub. On			
Scheme/Plan /Option/Sub Opt			Scheme		Plan	C)ption/Sub Op	tion		
		will be applied in				v registered Me	ntion First SIP Che	eque Details below		
	Cheque	- •		ds transfer	Cheque/R	TGS/				
Cheque/DD/RTC	GS/NEFT No.				NEFT/DD Payment 1		7			
Amount (Rs.) (i))				Bank A/c		Pay In A/c 1			
DD charges, (Rs.	.)(ii)				Bank Nam	e				
Total Amount (I		figures			Branch					
In Words	(3.) (1) + (11)				Account T	VDe Saving	s 🗌 Current 🗌 NR			
	hed to avoid Thir	d Party Payment R	ejection, where	applicable: 🗌 Ba		-	rty Declarations			
8. NOMINATIO	ON DETAILS			Individua	ls (single or joint	applicants) are a	advised to avail No	omination facility.		
I I/We wish	to nominate. 🗌 🛛	/We DO NOT wish t	o nominate and si	ign here		1st Applicant Signature (Mandatory)				
	Nomi	inee Name	Guar	rdian Name (In c	ase of Minor)	Allocation %	Nominee/ Gua	ardian Signature		
Nominee 1										
Nominee 2										
Nominee 3										
Address						Total = 100%				
9. UNIT HOLI							Enclose for dome			
In Account St Mode (defaul		Demat mode: NSDL			sitory Participant (DF ficiary Account Numb		Enclose for dema			
× ×	,	CDSL:					Transaction/H DIS Copy	olding Statement		
	TION & SIGN									
			n Document and State	ment of Additional Info	rmation, Key Informat	ion Memorandum, Inst	ructions and addenda i	ssued by DSP BlackRock		
Mutual Fund form time regulations. I / We have	e to time, I / We, here ve understood the info	by apply to the Trustee rmation requirements of further confirm that the	of DSP BlackRock Mut of the application form	ual Fund for Units of th m, including FATCA and ad by me (us on this for	e relevant Scheme/Pla CRS requirements, ter	an/Option and agree to ms and conditions (re	o abide by the terms ar ad along with instruction are that the amount in	ssued by DSP BlackRock ad conditions, rules and ons and scheme related vested in the Scheme is ad by the Government of		
through legitimate sou India or any Statutory A	urces only and is not des Authority.	igned for the purpose of	contravention or evas	sion of any Act, Regulati	on, Rule, Notification,	Directions or any other	applicable laws enacte	d by the Government of		
Sole / First Ap	plicant / Guardian	Se	cond Applicant		Third Applica	nt	POA holde	r, if any		
Email: se	ervice@dspblackro	ck.com	Website	e: www.dspblackr	ock.com	Conta	ct Centre: 1800 2	200 4499		
Quick 🗆 Name	Address are correc	tly mentioned	Full schem	e name inlan optiv	n is mentioned		documents provide	ed if investor name i		
Quick Name, Address are correctly mentioned Full scheme name, plan, option is mentioned Additional documents provided if investor name is not pre-printed on payment cheque or if Result Pay-In bank details and supportings are attached Name, Address are correctly mentioned Name, Address are correctly m										
KYC information provided for each applicant Nomination facility opted										
☐ FATCA/CRS details provided for each applicant ☐ Form is signed by all applicants ☐ Non Individual Investors should attach ☐ FATCA Details and Declaration Form ☐ UBO Declaration Form										