

All details in the form are mandatory.

Application No.:

12-03-2014 V1.2014

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

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) **KYC**

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

On behalf of Minor Date of Birth Date of Birth Guardian named is : KYC

(* Attach Mandatory Documents as per instructions). Minor's Proof attached * Father Mother Court Appointed

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Email ID (in capital)

Mobile +91 **Tel** (STD Code)

Address

Landmark

City **Pin Code** (Mandatory) **State**

3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick) Indian Resident Individual On Behalf of Minor NRI (Repatriable) NRI (Non-Repatriable) Sole Proprietorship HUF - Indian HUF - NRI Partnership Firm Limited Partnership (LLP) Listed Company Unlisted Company Body Corporate Bank / FI Insurance Companies Government Body AOP/BOI Trust / Society Provident Fund Superannuation / Pension Fund Gratuity Fund FOF - MF schemes FII Others (Please specify)

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 I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc)

I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: YES NO (If No, please attach mandatory UBO declaration)

II. Foreign Exchange / Money Changer Services YES NO

III. Gaming / Gambling / Lottery/Casino Services YES NO

IV. Money Lending / Pawning YES NO

4. JOINT APPLICANTS, IF ANY AND THEIR DETAILS

Mode of Holding (Please tick) Joint (Default) Anyone or Survivor

2nd Applicant Name (Should match with PAN Card) **PAN** (2nd Applicant) **KYC**

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 Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore **OR** Net worth ₹

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

3rd Applicant Name (Should match with PAN Card) **PAN** (3rd Applicant) **KYC**

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 Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore **OR** Net worth ₹

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

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.

Application No.

| From | Scheme | Cheque no. | Cheque Date | Amount |
|------|--------|------------|-------------|--------|
| | | | | |

5. 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)

•• INVESTMENT AND PAYMENT DETAILS

Scheme/Plan /Option/Sub Option **DSP BlackRock -** Scheme Plan Option/Sub Option

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

One time Lump sum Investment: **Please fill the details hereunder.**

Payment Mode: Cheque DD RTGS NEFT Funds transfer

Cheque/DD/RTGS/NEFT No.

Amount (Rs.) (i)

DD charges, (Rs.)(ii)

Total Amount (Rs.) (i) + (ii) In figures

In Words

Cheque/RTGS/NEFT/DD Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Payment from Bank A/c No. Pay In A/c No.

Bank Name

Branch

Account Type Savings Current NRE NRO FCNR

Documents Attached to avoid Third Party Payment Rejection, where applicable: Bank Certificate, for DD Third Party Declarations

SIP: Systematic Investment Plan. **Attach OTM form, if not already registered.**

First SIP Cheque Details: (Mention Amount in SIP Form)

Cheque / DD No. Drawn on Bank A/c No.

Cheque/DD Date Bank & Branch

7. 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% | |

8. UNIT HOLDING OPTION:

In Account Statement Mode (default): (Switch/Redemption through Fund/RTA offices only.)

In Demat mode, in demat account provided below: (Switch not allowed. Redemption through SE platforms/ DPs only)

Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only)

NSDL:

| | | |
|---|---|--|
| I | N | |
|---|---|--|

CDSL:

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

9. 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, 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 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. I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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.

Where the EUIN box is left blank being an execution only transaction, I/we confirm that the transaction is notwithstanding the advice of in-appropriateness, if any, provided by the distributor's employee/relationship manager/sales person and the distributor has not charged any advisory fees on this transaction.

| | | | |
|-----------------------------------|------------------|-----------------|--------------------|
| | | | |
| Sole / First Applicant / Guardian | Second Applicant | Third Applicant | POA holder, if any |

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

Contact Centre: 1800 200 4499

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"/> Email ID / Mobile number are mentioned | <input type="checkbox"/> Pay-In bank details and supportings are attached | <input type="checkbox"/> Additional documents provided in case of specific exceptional Third Party Payments. |
| <input type="checkbox"/> PAN / KYC details are enclosed | <input type="checkbox"/> Nomination facility opted | |
| <input type="checkbox"/> Complete Bank details provided | <input type="checkbox"/> Form is signed by all applicants | |