

APPLICATION NO. _____

NEW REGISTRATION RENEWAL OF REGISTRATION UPDATE NEW BANK A/C FOR SIP DEBIT

REGISTRATION CUM MANDATE FORM FOR ECS (Debit clearing) / Direct Debit/Standing Instructions

Distributor ARN and Name ARN	Sub Broker ARN Code	Sub Broker/Branch/RM Internal Code	Employee Unique Id. No. (EUN)	For Office use only
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I/We confirm that the EUN 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.

Sole / FirstApplicant's Signature Mandatory

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name _____

Existing Investor Folio No. _____ **OR** Application no. for New Investors _____

Scheme **DSP BlackRock**

Plan _____ Option/Sub option _____

Email ID: (In capital) _____

Mobile Number: + 9 1 _____ (For SMS Alerts) (For Email Delivery instead of physical account statement.)

Sole / First Applicant / Guardian _____ Second Applicant / Guardian _____ Third Applicant / Guardian _____

PAN & KYC
In case of Micro SIP (Refer Instruction 3) _____

KRA Reference No. _____

SIP AND DEBIT DETAILS

Each SIP Amount (Rs.) _____ Frequency Monthly* Quarterly (Minimum 12 instalments, 6 in case of DSPBR Tax Saver Fund)

SIP Debit Date: 1st* 7th 14th 21st 28th (Please tick only one date. Use separate forms for different dates)

SIP Period (Including cheque) Start Month _____ / _____ End Month _____ / _____ **OR** DEC-2040* *Default Options

(Note: There should be a minimum time gap of one month and maximum time gap of two months between the first cheque for SIP investment and first instalment of SIP Debit)

First SIP Cheque No.: _____ **Cheque date** _____ / _____ / _____

(Cheque amount same as Auto Debit Amount. Should be current dated & drawn on bank whose details are provided below.)

Mandatory Enclosure (If 1st instalment is not by cheque) Cheque Copy Cancelled Cheque Banker's attestation

PARTICULARS OF BANK ACCOUNT

I/We hereby authorise DSP BlackRock Mutual Fund and their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit/SI to account for collection of SIP payments. (First Unit Holder should be amongst one of bank account holders.)

Accountholder Name as in Bank Account

Bank Name _____

Branch Name & Address _____

Account Number _____ A/c Type Savings Current NRE NRO Others _____

9 Digit MICR Code _____

DSP BlackRock MF will not be responsible for any bank rejection or failed debit or transaction reversal due to funds not received from investors' bank for any reason including mandate not received by bank.

Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Schemes of DSP BlackRock Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Direct Debit/Standing Instructions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible, I will also inform DSP BlackRock Mutual Fund, its service providers and bank about any changes in my bank account. I have read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Debit/SI mentioned overleaf. In case of Micro SIP application without PAN, I/We hereby declare that I/we do not have any existing Micro SIPs with DSP BlackRock Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. **[Signature as per Mutual Fund Records/Application]**

First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
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Authorisation of the Bank Accountholder (to be signed by the Bank Accountholder)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit/Standing Instructions Facility and that my/our payment towards my/our investment in DSP BlackRock Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative of DSP BlackRock Mutual Fund carrying this mandate form to get it verified & executed. I have read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Debit/SI mentioned overleaf.

Bank Account Number _____
[Signature as per Bank Records]

First Account Holder's Signature	Second Account Holder's Signature	Third Account Holder's Signature
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Acknowledgement (Subject to verification)

DSP BlackRock Mutual Fund

Investor's Name _____

Folio No. _____ / _____ Scheme _____

SIP Date _____ SIP Amount (Rs.) _____ Frequency: Monthly Quarterly Cheque No. _____

New Registration Renewal of Registration Update New Bank A/c For SIP Debit