DSP BLACKROCK MUTUAL FUND

(Mandatory for Non-Individual Applicants/Investors)

Ultimate Beneficial Ownership (UBO) Declaration form

| ΜU | TUAL FUN | N D | (Ma | ndatory for No | on-Individ | ual Applicant | s/Investors |) | | | | | | |
|---|--|--|---|---|--------------------------------|--|--------------------------------|-------------------------------------|--|--|------------------|-------------|----------------------|--|
| A: A | This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company A: APPLICANT/INVESTOR DETAILS: | | | | | | | | | | | | | |
| Name | | | | | | | | | | | Application No.: | | | |
| PAN: | | | Folio N | los.: | | | | | | | | | | |
| B: 0 | B: CATEGORY [tick applicable category]: | | | | | | | | | | | | | |
| □ Uı | Unlisted Company Partnership Firm LLP Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust/ Trust created by a Will Others | | | | | | | | | | | | | |
| | | | | | | | | | declaration forms) | | | | | |
| Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories. | | | | | | | | | | | | | | |
| S No | Name of UBO [Mandatory] | Country of Tax Residency | PAN / Taxpayer Identification Number / Equivalent ID Number | Document Type (Refer Instruction 4) | % of beneficial interest | Controlling person type Code (Refer Instruction 5) | Place & Country of Birth | Date of Birth [dd- mmm- yyyy] | Address & Contact details [include City, Pincode, State, Country | Gender [Male, Female, others] | Father's Name | Nationality | Occupation | |
| | [| | M | andatory | | |] | [| Mandatory | , if PAN n | ot provided |] | | |
| | | | | | | | | | | | | | ☐ Service | |
| 1 | | | | | | | | | | | | | ☐ Business | |
| | | | | | | | | | | | | | ☐ Others | |
| 2 | | | | | | | | | | | | | ☐ Service | |
| | | | | | | | | | | | | | ☐ Business | |
| | | | | | | | | | | | | | Others | |
| 3 | | | | | | | | | | | | | Service | |
| | | | | | | | | | | | | | Business | |
| | | | | | | | | | | | | | Others | |
| 4 | | | | | | | | | | | | | ☐ Service ☐ Business | |
| | | | | | | | | | | | | | ☐ Others | |
| | | | | | | | | | | | | | ☐ Service | |
| 5 | | | | | | | | | | | | | ☐ Business | |
| | | | | | | | | | | | | | ☐ Others | |
| aft | Ve acknowledge and c er necessary consultat We have understood ng with instructions a form are true, correc | tion with tax profe the information r nd scheme relate | essionals. requirements of the d documents) and | | | - | _ | · | | 1 | 1 | | | |
| Page 1 of 2 | | | | | | | Date: | | Authorize | Authorized Signatories [with Company/Trust/Firm/Body Corporate seal] | | | | |