

Distributor/RIA name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
ARN-134803 HARSHIL D MORJARIA			E225415	

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/Aadhar Card)			Date of Birth (1st Appl / Minor) (attach proof)		
			D D / M M / Y Y Y Y		
Name of Guardian (if minor)/POA/Contact Person			PAN (1st Appl / Guardian)		
			D D / M M / Y Y Y Y		
AADHAAR No. (1st Appl / Guardian) ☐ Attach copy (mandatory)			CKYC - KIN		
			Guardian is:		
			☐ Father ☐ Mother ☐ Court Appointed		
Existing Folio		PAN of POA	☐ KYC	AADHAAR No. of POA ☐ Attach copy (mandatory)	

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records)

Email ID (in capital)	Tel (STD Code)		Address Type (Mandatory)	
Mobile +91			☐ a. Residential & Business	
Address		☐ b. Residential		
		☐ c. Business		
		☐ d. Registered Office		
Landmark				
City	Pin Code (Mandatory)	State		

3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick ✓) ☐ Indian Resident Individual ☐ Minor (Resident) ☐ Minor (Repatriable) ☐ Minor (Non Repatriable) ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ PIO ☐ Sole Proprietorship ☐ HUF - Indian ☐ HUF - NR ☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Public Ltd. Co. ☐ Private Ltd. Co. ☐ Body Corporate ☐ Bank ☐ FI ☐ Insurance Companies ☐ Government Body ☐ AOP/BOI ☐ Trust ☐ Society ☐ Provident Fund ☐ Superannuation/Pension Fund ☐ Gratuity Fund ☐ Mutual Fund ☐ FII ☐ FPI-Category I/II/III ☐ FCRA ☐ GDN ☐ Defence Establishment ☐ NPS Trust ☐ Others (Please specify)

☒ Are you a Non-Profit Organization [NPO] or Company u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013: ☐ Yes ☐ No

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 D D / M M / Y Y Y Y (Not older than 1 year)

3d. For Individuals (Please tick ✓) ☐ Not Applicable ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person

4. JOINT APPLICANTS (IF ANY) DETAILS

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

2nd Applicant (Should match with PAN/Aadhar Card)

PAN AADHAR NO. ☐ Attach copy (mandatory) CKYC - KIN

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 (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

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

3rd Applicant (Should match with PAN/Aadhar Card)

PAN AADHAR NO. ☐ Attach copy (mandatory) CKYC - KIN

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 (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

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

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.

From		
Scheme	Cheque no.	Amount
DSPBR		

Application No.

5. FATCA and CRS DETAILS

Sole/First Applicant/Guardian			2nd Applicant			☐ 3rd Applicant ☐ POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality ☐ Indian ☐ U.S. ☐ Other _____			Nationality ☐ Indian ☐ U.S. ☐ Other _____			Nationality ☐ Indian ☐ U.S. ☐ Other _____		

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.
*If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

6. 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)			(This is a 9 digit number next to your cheque number)															

7. INVESTMENT AND PAYMENT DETAILS (Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

Cheque/DD should be in favour of: "DSP BlackRock Mutual Fund" if single cheque with multiple schemes OR "Scheme Name", in case of single scheme / scheme wise cheques.

☐ One time Lumpsum Investment ☐ SIP: Systematic Investment Plan. Attach OTM form, if not already registered. Mention First SIP Cheque Details below and in SIP form.

Full Scheme/Plan/Option/Sub Option				Amount (₹)	Payment Mode: ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Funds transfer Cheque/DD/RTGS/NEFT Details: Ref. No. _____ Date <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> DD charges, if any _____	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M		/	Y	Y	Y	Y					
1. DSPBR -	Scheme	Plan	Option/Sub Option												
2. DSPBR -	Scheme	Plan	Option/Sub Option												
3. DSPBR -	Scheme	Plan	Option/Sub Option												
Total	Amount in words			Amount in Figures											

Payment from Bank A/c No. _____ Pay In A/c No. _____ A/c. Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others _____

Bank Name & Branch _____

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

8. NOMINATION DETAILS

☐ I/We wish to nominate. ☐ I/We DO NOT wish to nominate and sign here _____ 1st Applicant Signature (Mandatory)

	Nominee Name	Relationship with applicant	Guardian Name (In case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1					
Nominee 2					
Nominee 3					
Address				Total = 100%	

9. UNIT HOLDING OPTION:

☐ In Account Statement Mode (default):	☐ In Demat mode: NSDL: <table><tr><td>I</td><td>N</td></tr><tr><td></td><td></td></tr></table>	I	N			Depository Participant (DP) ID (NSDL only)	Enclose for demat option: ☐ Client Master List ☐ Transaction/Holding Statement ☐ DIS Copy
I	N						
	CDSL: _____	Beneficiary Account Number (NSDL only)					

10. 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 from time to time, I / We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme/Plan/Option and agree to abide by the terms and conditions, rules and regulations. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form is true, correct, and complete. 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 hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I hereby provide my consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA)/Service Providers for the purpose of updating the same in all my/our folios.

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

Email: service@dsblackrock.com	Website: www.dsblackrock.com	Contact Centre: 1800 200 4499
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Quick Checklist	☐ 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 Demand Draft is used.
	☐ Email ID / Mobile number are mentioned	☐ Pay-In bank details and supportings are attached	☐ Non Individual investors should attach
	☐ KYC information provided for each applicant	☐ Nomination facility opted	☐ FATCA Details and Declaration Form
	☐ FATCA/CRS details provided for each applicant	☐ Form is signed by all applicants	☐ UBO Declaration Form
	☐ Aadhaar No. and copy is attached for each applicant		