DSP BLACKROCK
MUTUAL FUND

COMMON APPLICATION FORM

Please read Instructions before completing this Form

Distributor Name and ARN	Sub Agent's Code	For Office use only
Distributor Contact No		

1. FIRST APPLICANT'S DETAILS

Name of First Applicant (First / Middle / Surname) Title ☐ Mr. ☐ Ms. ☐ M/s

Existing Folio No (If you have an existing folio number with PAN and KYC validation, please mention the number here and skip to section 5. Mode of holding will be as per existing folio number)

Date of Birth (Mandatory for minor) Gender ☐ Male ☐ Female

Email ID (in capital)

PAN (1st applicant / guardian) (Mandatory) **Enclosed** (Please tick ✓) ☐ Attested PAN card copy ☐ KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

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

Address for Correspondence (P.O. Box address is not sufficient) *PoA should be KYC compliant and also attach KYC Acknowledgement

City Pin Code (Mandatory) State

STD Code Telephone Fax

Mobile +91

Overseas Address (mandatory for NRI / FII applicants in addition to mailing address in India) (P. O. Box address is not sufficient)

City State Pin Code (Mandatory)

Country

Status of Sole/1st Applicant (Please tick ✓) ○ Resident Individual ○ NRI (Repatriable) ○ NRI (on Non-Repatriable basis) ○ Minor through guardian ○ HUF ○ Proprietary Firm ○ Partnership Firm ○ Trust/Society ○ Company ○ Body Corporate ○ PSI ○ Insurance Company ○ Provident Fund / PF ○ Bank / FI ○ FII ○ Pension Fund ○ Registered Portfolio Manager ○ NBFC ○ Other _____ (Please specify)

Occupation (Please ✓) ☐ Service ☐ Professional ☐ Business ☐ Housewife ☐ Retired ☐ Student ☐ Other_____

2. JOINT APPLICANTS' DETAILS

Name of Second Applicant (First / Middle / Surname) Title ☐ Mr. ☐ Ms. ☐ M/s

PAN (2nd applicant) **Enclosed** (Please tick ✓) ☐ Attested PAN card copy ☐ KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

Name of Third Applicant (First / Middle / Surname) Title ☐ Mr. ☐ Ms. ☐ M/s

PAN (3rd applicant) **Enclosed** (Please tick ✓) ☐ Attested PAN card copy ☐ KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

☞ **Mode of Holding** (Please tick ✓) ☐ Single ☐ Anyone or survivor ☐ Joint (Default)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) DSP BLACKROCK MUTUAL FUND

Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

Application No.

From

vide cheque number

Checklist ☞ All Investments ☐ Bank Mandate is provided
☐ PAN Card copy (Attested with a seal by a Distributor, Bank Manager, Notary)
☐ KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

3. BANK ACCOUNT DETAILS (Refer Instruction 3) (Mandatory)

Bank Name

Bank Account No. **Account Type** ☐ Savings ☐ Current ☐ NRE ☐ NRO

Branch Address

City Pin

9 Digit MICR code **IFSC code:** (11 digit)

4. OTHER FACILITIES / EMAIL COMMUNICATION (Please ✔)

I wish to receive the following documents via email in lieu of physical document(s)
☐ Account Statement ☐ Newsletter & Annual Report ☐ Other statutory information

☐ I would like to receive a PIN (for telephone & internet transactions, as and when started)

5. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 5)

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

Scheme Name **Plan** **Option & Sub Option**

Cheque / DD No. Cheque/DD Date

Amount of Cheque/DD (Rs.) (i) Drawn on Bank/ Branch Name)

DD charges, if any, (Rs.) (ii)

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

Account Type (Please ✔) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

Scheme Name **Plan** **Option & Sub Option**

Cheque / DD No. Cheque/DD Date D D / M M / Y Y Y Y

Amount of Cheque/DD (Rs.) (i) Drawn on Bank/ Branch Name)

DD charges, if any, (Rs.) (ii)

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

Account Type (Please ✔) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR

6. NOMINATION DETAILS (Refer Instruction 6)

I/We do hereby nominate the person described hereunder and cancel the nomination made earlier by us in respect of Units held by me/us.

Nominee Name

Guardian Name Relationship

Address

City

Pin Code Signature of Nominee / Guardian

Nominee Date of Birth

7. DECLARATION & SIGNATURES

Having read and understood the contents of the combined Scheme Information Document and Statement of Additional Information, Key Information Memorandum and Instructions. 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 have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We hereby nominate the above nominee to receive all the amounts to my/our credits in the event of my/our death and have read the instructions for nomination. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of DSP BlackRock Mutual Fund. 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.

Applicable to NRIs only
I/We confirm that I am/We are No-Resident(s) of Indian Nationality / Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account/FCNR Account(s).
If NRI (✔) ☐ Repatriation basis ☐ Non-Repatriation basis

SIGNATURE(S)

Sole / First Applicant/ Guardian ☒

Second Applicant ☒

Third Applicant ☒

www.dspblackrock.com

Toll Free Number: 1800 345 4499 (MTNL/BSNL Lines)
Alternative Number: 044 3048 2855

Email: service@dspblackrock.com

Local Service Centre: 1901 425 1234