

Distributor Name and ARN	Broker Code	Branch / RM 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) DD / MM / YYYY Gender Male Female

Email ID (in capital) _____

PAN (1st applicant / guardian) _____ **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) Individual On Behalf Of Minor HUF Sole Proprietorship NRI (Repatriable) NRI (Non-Repatriable)
 Partnership Firm Company AOP/BOI Body Corporate Trust Society OCB FII FOF - MF schemes Provident Fund
 Superannuation / Pension Fund Gratuity Fund Bank / FI Government Body Insurance Companies Others _____ (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

Mode of Holding (Please tick) Single Anyone or survivor Joint (Default) KYC Acknowledgement (Mandatory for all subscriptions of Rs. 50,000/- or more)

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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

DSP BLACKROCK MUTUAL FUND

Application No. _____

Cheque no.	Date	Amount	Scheme

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

Bank Name														
Bank A/C No.								A/C Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR	<input type="checkbox"/> OTHERS
Branch Address														
						City				Pin				
9 Digit MICR code	(This is a 9 digit number next to your cheque number)					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) I would like to receive a PIN (for telephone & internet transactions, as and when started)

Account Statement Newsletter & Annual Report Other statutory information

5. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 5)

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

I. 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 In Words (Rs.) (i) + (ii)		
In figures (Rs.)	Account Type (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR

II. 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 In Words (Rs.) (i) + (ii)		
In figures (Rs.)	Account Type (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR

6. NOMINATION DETAILS (Refer Instruction 6)

	Nominee	Name of Guardian (In case of Minor)	% of Investment Allocation
Nominee 1			
Address			
Nominee 2			
Address			
Nominee 3			
Address			

Total = 100%

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

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

Contact Centre: 1800 345 4499 / 044 3048 2855

Checklist All Investments Bank Mandate is provided
 PAN Card copy (Attested with a seal by a Distributor, Bank Manager, Notary)
 KYC Acknowledgement