



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

Bank Name			
Bank Account No.		Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> 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)  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 in case of no information, ambiguity or discrepancy)

Scheme Name	Plan	Option & Sub Option
Cheque / DD No.	Cheque/DD Date	DD / MM / YY
Amount of Cheque/DD (Rs.) (i)	Drawn on Bank/ Branch Name	
DD charges, if any, (Rs.) (ii)		
Total Amount (i) + (ii)		
In Words (Rs.)		
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	

Scheme Name	Plan	Option & Sub Option
Cheque / DD No.	Cheque/DD Date	DD / MM / YY
Amount of Cheque/DD (Rs.) (i)	Drawn on Bank/ Branch Name	
DD charges, if any, (Rs.) (ii)		
Total Amount (i) + (ii)		
In Words (Rs.)		
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)

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	DD / MM / YY	

### 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 Non-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](http://www.dspblackrock.com)

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

Email: [service@dspblackrock.com](mailto:service@dspblackrock.com)

Local Service Centre: 1901 425 1234