

APPLICATION NO.

01-11-10 V4.2010

Distributor Name and ARN	Sub Broker Code	Branch / RM Code	For Office use only
Distributor Contact No:			

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.

### 1. FIRST APPLICANT'S DETAILS

**Name of First Applicant** (Should match with PAN Card) \_\_\_\_\_ 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 4. Mode of holding will be as per existing folio number)

**Date of Birth** \_\_\_\_\_ (Mandatory for minor) **Gender**  Male  Female

**PAN** (1st Applicant / Guardian) \_\_\_\_\_ (Mandatory) **Enclosed**  Attested PAN card copy  
(Please tick )  KYC Acknowledgement (Mandatory - Refer General Instructions h.)

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

**Correspondence Address** \_\_\_\_\_ \*PoA PAN & KYC is mandatory

Landmark \_\_\_\_\_

City \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_ State \_\_\_\_\_

**Email ID** (in capital) \_\_\_\_\_ (Refer instruction 6)

**Mobile** +91 \_\_\_\_\_ Fax \_\_\_\_\_

STD Code \_\_\_\_\_ Tel. (Office) \_\_\_\_\_ Tel. (Resi.) \_\_\_\_\_

**Need PIN**  Yes, I wish to have a PIN for internet / telephone transactions and agree to terms and conditions of PIN Issuance and Usage as available in SID/SAI and www.dspblackrock.com (Refer instruction 1(i) for mandatory details).  
(Please tick )

**Status of Sole/1st Applicant** (Please tick )  Resident Individual  On Behalf Of Minor  HUF  Sole Proprietorship  NRI (Repatriable)  
 NRI (Non-Repatriable)  LLP  Partnership Firm  Company  AOP/BOI  Body Corporate  Trust  Society  FII  FOF - MF schemes  Provident Fund  
 Superannuation / Pension Fund  Gratuity Fund  Bank / FI  Government Body  Insurance Companies  Others \_\_\_\_\_ (Please specify)

**Occupation** (Please tick )  Service  Professional  Business  Housewife  Retired  Student  Other \_\_\_\_\_

### 2. JOINT APPLICANTS' DETAILS

**Mode of Holding** (Please tick )  Joint (Default)  Anyone or Survivor  Single

**Name of Second Applicant** (Should match with PAN Card) \_\_\_\_\_ Title  Mr.  Ms.  M/s

**PAN** (2nd applicant) \_\_\_\_\_ **Enclosed**  Attested PAN card copy  
(Please tick )  KYC Acknowledgement (Mandatory - Refer General Instructions h.)

**Name of Third Applicant** (Should match with PAN Card) \_\_\_\_\_ Title  Mr.  Ms.  M/s

**PAN** (3rd applicant) \_\_\_\_\_ **Enclosed**  Attested PAN card copy  
(Please tick )  KYC Acknowledgement (Mandatory - Refer General Instructions h.)

### 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.

From \_\_\_\_\_

Cheque no.	Date	Amount	Scheme

Application No. \_\_\_\_\_

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

### 4. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 4) (Cheque DD should be in favour of "Scheme Name")

Scheme/Plan /Option/Sub Option **DSP BlackRock**

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

One time Lump sum Investment: Please fill the details hereunder. Do not submit SIP Auto Debit Form. (Refer instruction 4(i) on Third Party Payments)

**LUMPSUM**

Payment Mode:  Cheque  DD  RTGS  NEFT  Funds transfer

Cheque/DD/RTGS/NEFT No.  Cheque/RTGS/NEFT/DD Date

Amount (Rs.) (i)  Payment from Bank A/c No.  Pay In A/c No.

DD charges, (Rs.)(ii)  Bank Name

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

In Words  Account Type  Savings  Current  NRE  NRO  FCNR

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

SIP: Systematic Investment Plan. Please fill up SIP Auto Debit form and attach with this form. (Refer instruction 4(i) on Third Party Payments)

**SIP**

First SIP Cheque Details: (Mention Amount in SIP Auto Debit Form)

Cheque/DD No.  Drawn on Bank A/c No.  Pay In A/c No.

Cheque/DD Date  Bank & Branch

### 5. NOMINATION DETAILS (Refer Instruction 5)

Individuals (single or joint applicants) are advised to avail Nomination facility.  I/We wish to nominate  I/We DO NOT wish to nominate.

	Nominee Name	Guardian Name (In case of Minor)	Allocation %	Nominee Signature
Nominee 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		<b>Total = 100%</b>	<input type="text"/>

### 6. DECLARATION & SIGNATURES

Having read and understood the contents of the 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. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. **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

**Sole / First Applicant / Guardian** **Second Applicant** **Third Applicant**

Email: [service@dspblackrock.com](mailto:service@dspblackrock.com)  
Website: [www.dspblackrock.com](http://www.dspblackrock.com)

Contact Centre: 1800 200 4499

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
- Additional documents provided in case of specific exceptional Third Party Payments.
- PAN / KYC requirements are enclosed
- Nomination facility opted
- Complete Bank details provided
- Form is signed by all applicants