

| 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) 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) 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

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) **DSP BLACKROCK MUTUAL FUND**

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

Application No. _____

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 | <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO |
| 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 in case of no information, ambiguity or discrepancy)

| | | | | | |
|--------------------------------|------------------|--|---|---------------------|--|
| 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 | | |

| | | | | | |
|--------------------------------|------------------|--|---|---------------------|--|
| 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)

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 | D D M M Y Y Y Y | | |

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