

NEW REGISTRATION RENEWAL OF REGISTRATION

REGISTRATION CUM MANDATE FORM FOR ECS (Debit clearing) / Direct Debit/Standing Instructions

| | | |
|-------------|------------------|---------------------|
| BROKER ARN: | Sub Agent's Code | For Office use only |
| Contact No: | | |

INVESTOR AND INVESTMENT DETAILS

| | | | |
|---|-----------------------------------|-----------------------------|---|
| Sole / First Investor Name | | | |
| Existing Investor Folio No. | | | |
| Scheme | | | |
| Plan | Option/Sub option | | |
| Email ID: (In capital) | | | |
| Mobile Number: | + 9 1 | (For SMS Alerts) | (For Email Delivery instead of physical account statement.) |
| | Sole / First Applicant / Guardian | Second Applicant / Guardian | Third Applicant / Guardian |
| PAN (Provide attested PAN card copy) | | | |

SIP AND DEBIT DETAILS

| | | | |
|---|--|-----------------|---|
| Each SIP Amount (Rs.) <small>(Minimum Rs. 1,000/-)</small> | | Frequency | <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly |
| First SIP Cheque No.: | Cheque date | D D M M Y Y Y Y | |
| <small>(Cheque amount same as Auto Debit Amount) (Note: Cheque should be drawn on bank whose details are provided below)</small> | | | |
| Mandatory Enclosure (If 1st instalment is not by cheque) | <input type="checkbox"/> Blank Cancelled Cheque <input type="checkbox"/> Copy of Cheque | | |
| SIP Debit Dates: | <input type="checkbox"/> 1 st * <input type="checkbox"/> 7 th <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> All four dates of the month / quarter (minimum 12 instalments). | | |
| SIP Period | Start Month | End Month | *Default |
| <small>(Note: There should be a minimum time gap of one month and maximum time gap of two months between the first cheque for SIP investment and first instalment of SIP Debit)</small> | | | |

PARTICULARS OF BANK ACCOUNT

I/We hereby authorise DSP BlackRock Mutual Fund and their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit/SI to account for collection of SIP payments.

(As per our records) (Furnish details in case Bank Account details differ from those mentioned alongside.)

| | |
|---|---|
| Account Holder Name as in Bank Account | Account Holders name as per Bank records |
| Bank Name | Bank |
| Branch Name & Address | Branch |
| Account Number <small>(Core Banking No. in full)</small> | Account No. |
| 9 Digit MICR Code | A/c Type <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR |

Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of DSP BlackRock Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Direct Debit/Standing Instructions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible, I will also inform DSP BlackRock Mutual Fund, its service providers and bank about any changes in my bank account. I have read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Debit/SI mentioned overleaf.

| | | | | | |
|----------------------------------|----------------------|-----------------------------------|----------------------|----------------------------------|----------------------|
| First Account Holder's Signature | (As in Bank Records) | Second Account Holder's Signature | (As in Bank Records) | Third Account Holder's Signature | (As in Bank Records) |
|----------------------------------|----------------------|-----------------------------------|----------------------|----------------------------------|----------------------|

For Office Use only (Not to be filled in by Investor)

| | |
|---------------------------|-----------------------|
| Scheme Code | Credit Account Number |
| Bank use Mandate Ref. No. | Customer Ref. No. |

Authorisation of the Bank Accountholder (to be signed by the Bank Accountholder)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit/Standing Instructions Facility and that my/our payment towards my/our investment in DSP BlackRock Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative of DSP BlackRock Mutual Fund carrying this mandate form to get it verified & executed. I have read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Debit/SI mentioned overleaf.

Bank Account Number

| | | | | | |
|----------------------------------|----------------------|-----------------------------------|----------------------|----------------------------------|----------------------|
| First Account Holder's Signature | (As in Bank Records) | Second Account Holder's Signature | (As in Bank Records) | Third Account Holder's Signature | (As in Bank Records) |
|----------------------------------|----------------------|-----------------------------------|----------------------|----------------------------------|----------------------|

Acknowledgement (Subject to verification)

DSP BlackRock MUTUAL FUND

| | | | |
|-----------------|------------------|--|--|
| Investor's Name | | | |
| Folio No. | SIP Amount (Rs.) | Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly | |
| SIP Date | Scheme | | |