

APPLICATION NO.

Distributor Name and ARN	Sub Broker ARN Code	Sub Broker/Branch/RM Internal Code	Employee Unique Id. No. (EUN) (Refer note below)	For Office use only
ARN-97821				

☐ We confirm that the EUN box is intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the distributor personnel concerned.  
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.

Sole / First Applicant's Signature Mandatory

**1. TRANSACTION CHARGES (Please refer instructions and tick any one)**

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.

☐ I am a **First Time Investor** in Mutual Fund Industry.  
(Rs 150 will be deducted.)

☐ I am an **Existing Investor** in Mutual Fund Industry.  
(Rs 100 will be deducted.)

**2. FIRST APPLICANT'S DETAILS**

**Name of First Applicant** (Should match with PAN Card) **Gender** ☐ Male ☐ Female **Title** ☐ Mr ☐ Ms ☐ M/s

**Date of Birth**  
(Mandatory for minor)

D	D	/	M	M	/	Y	Y	Y	Y
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**PAN**

(1st Applicant / Guardian)

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**Enclose**

☐ KYC Acknowledgement

**For Investments "On behalf of Minor"**

(\* Attach Mandatory Documents as per instructions).

Proof of DoB ☐ Birth Certificate ☐ School Certificate / Mark sheet  
attached \* ☐ Passport ☐ Any other .....

Guardian named below is: ☐ Father ☐ Mother ☐ Court Appointed\*

**Name of Guardian if minor / PoA Holder name:**

**PoA PAN\***

☐ KYC\*

**Correspondence Address**

\*PoA PAN & KYC is mandatory

Landmark

City

Pin Code  
(Mandatory)

State

**Status:** ☒ On Behalf of Minor ☐ Resident Individual ☐ Sole Proprietor ☒ HUF ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable)

**Occupation** (Please ☒) ☐ Service ☐ Professional ☐ Business ☐ Housewife ☐ Retired ☐ Student ☐ Other

**MY TARGET VALUE  
SAVINGS ACCOUNT**

**Target Value:**

☐ ₹ 1,00,00,000/-  
(₹ One Crore)  
(Default Option)

☐ ₹ 75,00,000/-  
(₹ Seventy Five Lakh)

☐ ₹ 50,00,000/-  
(₹ Fifty Lakh)

☐ ₹ 25,00,000/-  
(₹ Twenty Five Lakh)

**DSPBR eServices**

**Email ID**  
(in capital)

**DSPBR eSMS**

**Mobile** +91

**Fax**

**STD Code**

**Tel. (Off)**

**Tel. (Resi.)**

**DSPBR Online**

**PIN** (Please tick ☒)

**NEW**

☐ 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

☒ Email id, Date of Birth, Mobile Number, PAN are mandatory details for issuance of PIN and Online Facility.

**3. 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)

**Enclose** ☐ KYC Acknowledgement

**Name of Third Applicant** (Should match with PAN Card)

Title ☐ Mr. ☐ Ms. ☐ M/s

**PAN** (3rd applicant)

**Enclose** ☐ KYC Acknowledgement

**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 **ARN-97821**

Application No.

From

Cheque no.	Date	Amount	Scheme

**4. BANK ACCOUNT DETAILS (Refer Instruction 3 and avail Multiple Bank Registration Facility)**

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							
IFSC code: (11 digit)											MICR code (9 digit)	(This is a 9 digit number next to your cheque number)										

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

Scheme/Plan/Option/Sub Option	<b>DSP BlackRock -</b>	<b>Scheme</b>	<b>Plan</b>	<b>Option/Sub Option</b>
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(Default plan/option/sub option will be applied in case of no information, ambiguity or discrepancy)

<b>LUMP SUM</b>	<input type="checkbox"/> 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)
	Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer
	Cheque/DD/RTGS/NEFT No.
	Amount (Rs.) (i)
	DD charges, (Rs.) (ii)
	<b>Total Amount (Rs.) (i) + (ii)</b>
	In Words
	Documents Attached to avoid Third Party Payment Rejection, where applicable: <input type="checkbox"/> Bank Certificate, for DD <input type="checkbox"/> Third Party Declarations
	<input type="checkbox"/> SIP: Systematic Investment Plan.  Please fill up SIP Auto Debit form and attach with this form. (Refer instruction 4(i) on Third Party Payments)
	<b>First SIP Cheque Details: (Mention Amount in SIP Auto Debit Form)</b>
Cheque / DD No.	Drawn on Bank A/c No.
Cheque/DD Date	Bank & Branch

**6. 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 and sign here 1st Applicant Signature (Mandatory)

	Nominee Name	Guardian Name (In case of Minor)	Allocation %	Nominee Signature
Nominee 1				
Nominee 2				
Nominee 3				
Address			Total = 100%	

**7. DECLARATION & SIGNATURES**

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by DSP BlackRock Mutual Fund, 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 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. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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.

If EUIN is left blank/not mentioned; I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
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Email: [service@dspblackrock.com](mailto:service@dspblackrock.com)  
 Website: [www.dspblackrock.com](http://www.dspblackrock.com)

Contact Centre: 1800 200 4499

Quick  
Checklist

- |                                                                 |                                                                           |                                                                                                                                          |
|-----------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Name, Address are correctly mentioned  | <input type="checkbox"/> Full scheme name, plan, option is mentioned      | <input type="checkbox"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used. |
| <input type="checkbox"/> Email ID / Mobile number are mentioned | <input type="checkbox"/> Pay-In bank details and supportings are attached | <input type="checkbox"/> Additional documents provided in case of specific exceptional Third Party Payments.                             |
| <input type="checkbox"/> PAN / KYC requirements are enclosed    | <input type="checkbox"/> Nomination facility opted                        |                                                                                                                                          |
| <input type="checkbox"/> Complete Bank details provided         | <input type="checkbox"/> Form is signed by all applicants                 |                                                                                                                                          |