

Application No.:

| Distributor ARN and Name | Sub Broker Name & ARN | Branch/RM Internal Code | EUIN (Refer note below) | For Office use only |
|--------------------------|-----------------------|-------------------------|-------------------------|---------------------|
| 6136                     |                       |                         | E033574                 |                     |

I/We confirm that the EUIN 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.

☐ I am a First Time Investor in Mutual Fund Industry. ☐ I am an Existing Investor in Mutual Fund Industry.

Sole / First Applicant's Signature Mandatory

### 1. FIRST APPLICANT'S DETAILS

|                                                      |  |                                                                                                          |                              |
|------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|------------------------------|
| Name of First Applicant (Should match with PAN Card) |  | PAN (1st Applicant / Guardian)                                                                           | <input type="checkbox"/> KYC |
| Existing Folio Number                                |  | PoA PAN                                                                                                  | <input type="checkbox"/> KYC |
| Date of Birth (DD / MM / YYYY)                       |  | Guardian named is :                                                                                      |                              |
| Date of Birth (DD / MM / YYYY)                       |  | Proof attached * <input type="checkbox"/>                                                                |                              |
| Date of Birth (DD / MM / YYYY)                       |  | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed |                              |

### 2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records)

|                       |                          |                                                    |
|-----------------------|--------------------------|----------------------------------------------------|
| Email ID (in capital) | Address Type (Mandatory) |                                                    |
| Mobile +91            | Tel (STD Code)           | <input type="checkbox"/> a. Residential & Business |
| Address               |                          | <input type="checkbox"/> b. Residential            |
| Landmark              |                          | <input type="checkbox"/> c. Business               |
| City                  | Pin Code (Mandatory)     | <input type="checkbox"/> d. Registered Office      |
|                       | State                    |                                                    |

### 3. KYC DETAILS (Mandatory)

**3a. Status of Sole/1st Applicant (Please tick ✓)** ☐ Indian Resident Individual ☐ Minor (Resident) ☐ Minor NRI ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ PIO ☐ Sole Proprietorship ☐ HUF - Indian ☐ HUF - NRI ☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Public Ltd. Co. ☐ Private Ltd. Co. ☐ Body Corporate ☐ Bank ☐ Fls ☐ Insurance Companies ☐ Government Body ☐ AOP/BOI ☐ Trust ☐ Society ☐ Provident Fund ☐ Superannuation / Pension Fund ☐ Gratuity Fund ☐ Mutual Fund ☐ FII ☐ FPI-Category I/II/III ☐ FCRA ☐ GDN ☐ Defence Establishment ☐ NPS Trust ☐ Others (Please specify)

☒ Are you a Non-Profit Organization [NPO] or Company u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013: ☐ Yes ☐ No

**3b. Occupation Details (Please tick ✓)** ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

**3c. Gross Annual Income (Please tick ✓)** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

Net-worth in (Mandatory for Non-Individuals) ₹ as on DD / MM / YYYY (Not older than 1 year)

**3d. For Individuals / HUFs** ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person ☐ Not Applicable

**For Non-Individual Investors (Companies, Trust, Partnership etc)** ☐ YES ☐ NO

I. Foreign Exchange / Money Changer Services ☐ YES ☐ NO

II. Gaming / Gambling / Lottery/Casino Services ☐ YES ☐ NO

III. Money Lending / Pawning ☐ YES ☐ NO

### 4. JOINT APPLICANTS (IF ANY) DETAILS

☒ Mode of Holding (Please tick ✓) ☐ Joint (Default) ☐ Anyone or Survivor

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------|
| 2nd Applicant Name (Should match with PAN Card)                                                                                                                                                                                                                                                                                                                                                                                                            | PAN (2nd Applicant) | <input type="checkbox"/> KYC |
| a. Occupation Details (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others (Please specify) |                     |                              |
| b. Gross Annual Income <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹                                                                                                                                                                                                              |                     |                              |
| c. Others (Please tick ✓) <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP) <input type="radio"/> Not Applicable                                                                                                                                                                                                                                                                  |                     |                              |
| 3rd Applicant Name (Should match with PAN Card)                                                                                                                                                                                                                                                                                                                                                                                                            | PAN (3rd Applicant) | <input type="checkbox"/> KYC |
| a. Occupation Details (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others (Please specify) |                     |                              |
| b. Gross Annual Income <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore OR Net worth ₹                                                                                                                                                                                                              |                     |                              |
| c. Others (Please tick ✓) <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP) <input type="radio"/> Not Applicable                                                                                                                                                                                                                                                                  |                     |                              |

### ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

### DSP BLACKROCK MUTUAL FUND

Received, subject to realisation and verification an application for purchase of Units as mentioned in the application form.

From

| Scheme | Cheque no. | Amount |
|--------|------------|--------|
| DSPBR  |            |        |

Application No.

**5. FATCA and CRS DETAILS** For Individuals/HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA/CRS details form

| Sole/First Applicant/Guardian |       |         | 2nd Applicant            |       |         | <input type="checkbox"/> 3rd Applicant |       | <input type="checkbox"/> POA |  |
|-------------------------------|-------|---------|--------------------------|-------|---------|----------------------------------------|-------|------------------------------|--|
| Place & Country of Birth      | PLACE | COUNTRY | Place & Country of Birth | PLACE | COUNTRY | Place & Country of Birth               | PLACE | COUNTRY                      |  |
|                               |       |         |                          |       |         |                                        |       |                              |  |

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

| Country # | Tax Identification Number | Identification Type | Country # | Tax Identification Number | Identification Type | Country # | Tax Identification Number | Identification Type |
|-----------|---------------------------|---------------------|-----------|---------------------------|---------------------|-----------|---------------------------|---------------------|
| 1         |                           |                     | 1         |                           |                     | 1         |                           |                     |
| 2         |                           |                     | 2         |                           |                     | 2         |                           |                     |
| 3         |                           |                     | 3         |                           |                     | 3         |                           |                     |

**6. BANK ACCOUNT DETAILS** (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)                                                                                                                          |  |     |  |  |

**7. INVESTMENT AND PAYMENT DETAILS** (Cheque/DD should be in favour of "Scheme Name")

|                                                                                                                                                                                                    |                 |                                                                                                                                                                        |      |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------|
| Scheme/Plan /Option/Sub Option                                                                                                                                                                     | DSP BlackRock - | Scheme                                                                                                                                                                 | Plan | Option/Sub Option |
| (Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)                                                                                                |                 |                                                                                                                                                                        |      |                   |
| <input type="checkbox"/> One time Lumpsum Investment <input type="checkbox"/> SIP: Systematic Investment Plan.  Attach OTM form, if not already registered. Mention First SIP Cheque Details below |                 |                                                                                                                                                                        |      |                   |
| Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer                      |                 | Cheque/RTGS/NEFT/DD Date                                                                                                                                               |      |                   |
| Cheque/DD/RTGS/NEFT No.                                                                                                                                                                            |                 | Payment from Bank A/c No.                                                                                                                                              |      |                   |
| Amount (Rs.) (i)                                                                                                                                                                                   |                 | Bank Name                                                                                                                                                              |      |                   |
| DD charges, (Rs.)(ii)                                                                                                                                                                              |                 | Branch                                                                                                                                                                 |      |                   |
| Total Amount (Rs.) (i) + (ii)                                                                                                                                                                      |                 | Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR |      |                   |
| In figures                                                                                                                                                                                         |                 |                                                                                                                                                                        |      |                   |
| 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                   |                 |                                                                                                                                                                        |      |                   |

**8. NOMINATION DETAILS**

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/ Guardian Signature |
|-----------|--------------|----------------------------------|--------------|-----------------------------|
| Nominee 1 |              |                                  |              |                             |
| Nominee 2 |              |                                  |              |                             |
| Nominee 3 |              |                                  |              |                             |
| Address   |              |                                  | Total = 100% |                             |

**9. UNIT HOLDING OPTION:**

|                                                               |                                                   |                                            |                                                                                                                                                                         |
|---------------------------------------------------------------|---------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> In Account Statement Mode (default): | <input type="checkbox"/> In Demat mode: NSDL: I N | Depository Participant (DP) ID (NSDL only) | Enclose for demat option:<br><input type="checkbox"/> Client Master List<br><input type="checkbox"/> Transaction/Holding Statement<br><input type="checkbox"/> DIS Copy |
|                                                               | CDSL:                                             | Beneficiary Account Number (NSDL only)     |                                                                                                                                                                         |

**10. 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 from time to time, I / We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme/Plan/Option and agree to abide by the terms and conditions, rules and regulations. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form is true, correct, and complete. 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.

|                                   |                  |                 |                    |
|-----------------------------------|------------------|-----------------|--------------------|
| Sole / First Applicant / Guardian | Second Applicant | Third Applicant | POA holder, if any |
|                                   |                  |                 |                    |

Email: service@dspblackrock.com

Website: 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"/> Non Individual investors should attach                                                                          |
| <input type="checkbox"/> KYC information provided for each applicant   | <input type="checkbox"/> Nomination facility opted                        | <input type="checkbox"/> FATCA Details and Declaration Form                                                                              |
| <input type="checkbox"/> FATCA/CRS details provided for each applicant | <input type="checkbox"/> Form is signed by all applicants                 | <input type="checkbox"/> UBO Declaration Form                                                                                            |