

Distributor ARN and Name	ARN- 127182	Sub Broker ARN Code	Sub Broker/Branch/ RM Internal Code	Employee Unique Id. No. (EUN)	E206630
<input type="checkbox"/> I/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. <small>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.</small>					
Sole / FirstApplicant's Signature Mandatory					
NAME OF UNITHOLDER / APPLICANT / GUARDIAN		Date of Birth		FOLIO NO.	
		D D / M M / Y Y Y Y			
E-mail id to receive transaction confirmation / Account Statements etc.					
		Sole / First Applicant / Guardian		Second Applicant / Guardian	
PAN & <input type="checkbox"/> KYC					
KRA Reference No.					

1. SYSTEMATIC INVESTMENT PLAN (SIP) (Separate Cheque required for each investment)

All cheques should be of same date of the months/quarters.

Scheme, Plan/Option Each SIP Amount Rs. <small>(Minimum Rs. 500/-)</small> SIP Period From To Drawn on Bank A/c. Bank Branch City 	SIP Date: <input type="checkbox"/> 1st <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 28th Frequency <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly Cheque Nos. From To <small>(Minimum 12 instalments, 6 in case of DSPBR Tax Saver Fund)</small>
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2. SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please allow 7 days to register SWP)

Scheme, Plan/Option Withdrawal Amount <input type="checkbox"/> Fixed Sum of Rs. <small>(Minimum Rs. 500/-)</small> <input type="checkbox"/> Capital Appreciation, subject to a Minimum of Rs. 500/-	Withdrawal period starting from <small>(Period to cover - minimum 6 SWP transactions)</small> To D D / M M / Y Y D D / M M / Y Y Withdrawal Dates <input type="checkbox"/> 1st* <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 28th <input type="checkbox"/> All five SWP Dates Frequency <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <small>* Default options</small>
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3. SYSTEMATIC TRANSFER PLAN (STP) (Please allow 7 days to register STP)

STP From Scheme/Plan/Option STP Into Scheme/Plan/Option Transfer Amount <input type="checkbox"/> Fixed Sum of Rs. <small>(Minimum Rs. 500/-)</small> <input type="checkbox"/> Capital Appreciation, subject to a Minimum of Rs. 500/-	Transfer period starting from <small>(Period to cover - minimum 6 STP transactions)</small> To D D / M M / Y Y D D / M M / Y Y Transfer Dates <input type="checkbox"/> 1st* <input type="checkbox"/> 7th <input type="checkbox"/> 14th <input type="checkbox"/> 21st <input type="checkbox"/> 28th <input type="checkbox"/> All five STP Dates Frequency <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly <small>* Default options</small>
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Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable.

DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Addenda issued till date of the Scheme & Plans mentioned above (including the target Scheme in case of STP) and Instructions overleaf, I/ We apply to the Trustee, DSP BlackRock Mutual Fund, for SIP / SWP / STP, as the case may be, and agree to abide by the terms and conditions of SIP / SWP / STP. I/ We agree to consider investment through STP as a deemed SIP investment. I/ We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. In case of Micro SIP application without PAN, I/We hereby declare that I/we do not have any existing Micro SIPs with DSP BlackRock Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. 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.

Sole / First Applicant / Guardian	Second Applicant	Third Applicant
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SIP / SWP / STP FORM - ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

FOLIO NO. / <small>*Subject to verification, realisation and conditions</small>	ISC Stamp & Signature <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Received from _____ An application for <input type="checkbox"/> STP <input type="checkbox"/> SIP Cheque No. From _____ To _____ <input type="checkbox"/> SWP Total cheques 	