

Distributor/RIA name and ARN/Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EUIN (Refer note below)	For Office use only
306467			E137275	

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/Aadhar Card)

Existing Folio Number (If any) Name of Guardian (if minor)/POA/Contact Person PAN (POA) ☐ KYC

PAN (1st Applicant / Guardian) AADHAR NO. ☐ Attach copy (mandatory) CKYC - KIN

On behalf of Minor Date of Birth Minor's Date of Birth Guardian named is :
(* Attach Mandatory Documents as per instructions). Minor's Proof attached * ☐ ☐ Father ☐ Mother ☐ 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
			<input type="checkbox"/> c. Business
			<input type="checkbox"/> d. Registered Office
Landmark			
City	Pin Code (Mandatory)	State	

3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick ✓) ☐ Indian Resident Individual ☐ Minor (Resident) ☐ Minor (Repatriable) ☐ Minor (Non Repatriable)
☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ PIO ☐ Sole Proprietorship ☐ HUF - Indian ☐ HUF - NR ☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Public Ltd. Co. ☐ Private Ltd. Co.
☐ Body Corporate ☐ Bank ☐ FIs ☐ 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 (Please tick ✓) ☐ Not Applicable ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person

4. JOINT APPLICANTS (IF ANY) DETAILS

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

2nd Applicant
(Should match with PAN/Aadhar Card)

PAN AADHAR NO. ☐ Attach copy (mandatory) CKYC - KIN

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

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

c. Others (Please tick ✓) ☐ Not Applicable ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

3rd Applicant
(Should match with PAN/Aadhar Card)

PAN AADHAR NO. ☐ Attach copy (mandatory) CKYC - KIN

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

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

c. Others (Please tick ✓) ☐ Not Applicable ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

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

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
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other		

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.
*If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*	Country #	Tax Identification Number	Identification Type/Reason*
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 (Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

Cheque/DD should be in favour of: "DSP BlackRock Mutual Fund" if single cheque with multiple schemes OR "Scheme Name", in case of single scheme / scheme wise cheques.

☐ One time Lumpsum Investment ☐ SIP: Systematic Investment Plan. Attach OTM form, if not already registered. Mention First SIP Cheque Details below and in SIP form.

Full Scheme/Plan/Option/Sub Option				Amount (₹)	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 Details: Ref. No. _____ Date <table><tr><td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> DD charges, if any _____	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M		/	Y	Y	Y	Y					
1. DSPBR -	Scheme	Plan	Option/Sub Option												
2. DSPBR -	Scheme	Plan	Option/Sub Option												
3. DSPBR -	Scheme	Plan	Option/Sub Option												
Total				Amount in words	Amount in Figures										

Payment from Bank A/c No. Pay In A/c No. A/c. Type ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others _____

Bank Name & Branch

Documents Attached to avoid Third Party Payment Rejection, where applicable: ☐ Bank Certificate, for DD ☐ Third Party Declarations

8. NOMINATION DETAILS

☐ I/We wish to nominate. ☐ I/We DO NOT wish to nominate and sign here _____ 1st Applicant Signature (Mandatory)

	Nominee Name	Relationship with applicant	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: <table><tr><td>I</td><td>N</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	I	N									Depository Participant (DP) ID (NSDL only)	Enclose for demat option: <input type="checkbox"/> Client Master List <input type="checkbox"/> Transaction/Holding Statement <input type="checkbox"/> DIS Copy
I	N												
	CDSL: <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											Beneficiary Account Number (NSDL only)	

10. DECLARATION & SIGNATURES

Having read and understood the contents of the SID, SAI, KIM, Terms & Conditions, Addenda issued by DSPBRMF from time to time: I / We, hereby apply for Units of the relevant Scheme/Plan/Option and agree to abide by the same. I / We have understood and accept the requirements of this application, including PAN, Aadhaar, CKYC-KIN, FATCA, CRS and others, terms and conditions and further confirm that the information provided by me/us on this form is true, correct, and complete. By providing my/our Aadhaar number, I / We expressly agree, authorize and consent that: i. DSPBRMF will validate the Aadhaar Number with UIDAI through various mechanisms either directly or through their appointed agencies including their RTA (CAMS); ii. Update/Seed/Enrich my Aadhaar number and related data, except for biometric information, in all my accounts maintained with DSPBRMF for KYC, PMLA and internal requirements; iii. Share our Aadhaar data and information with other Intermediaries and RTAs for updating the same in my / our folios held with them.

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any
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Email: service@dspblackrock.com	Website: www.dspblackrock.com	Contact Centre: 1800 200 4499
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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"/> FATCA Details and Declaration Form <input type="checkbox"/> UBO Declaration Form
	<input type="checkbox"/> KYC information provided for each applicant	<input type="checkbox"/> Nomination facility opted		
	<input type="checkbox"/> FATCA/CRS details provided for each applicant	<input type="checkbox"/> Form is signed by all applicants		

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Amount in words AND in Figures, as you would in a cheque (your maximum limit)
- Your NAME and SIGNATURE as in your bank account

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details
- Signature/s

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/ RM Internal Code	EJIN (Refer note below)	For Office use only
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The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registrations, using Physical Forms. Call, SMS or Online.

DSP MUTUAL FUND

OTM Debit Mandate Form NACH/DIRECT DEBIT

UMRN															Office use only															Date														
Utility Code															Office use only															Tick(✓) <input type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL														
Sponsor Bank Code															Office use only															I/We hereby authorize:														
																														DSP MUTUAL FUND Schemes														
to debit (tick✓)															SB / CA / CC / SB-NRE / SB-NRO / Other															Bank A/c No.:														
With Bank:															Bank Name & Branch															IFSC/MICR														
an amount of Rupees															In Words															₹ In Figures														
Debit Type															<input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount FREQUENCY <input type="checkbox"/> Mthly <input type="checkbox"/> Qly <input type="checkbox"/> H. Yrly <input type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented																													
Reference 1															Folio No:															Reference 2														
																														Appln No:														

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank. This is to confirm that the declaration has been carefully read, understood and made by me/us. I/we have understood that I/we are authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH/Direct Debit/Standing Instructions. I/we hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/(Debits)/Direct Debits /Standing Instructions. Authorisation to Bank: This is to inform that I/we have registered for NACH (Debit Clearing) / Direct Debit / Standing instructions facility and that my/our payment towards my/our investment in DSP Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/we authorize the representatives of DSP Mutual Fund carrying this mandate form to get it verified and executed.

PERIOD										
From	<table border="1"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y			
to	<table border="1"> <tr> <td>D</td><td>D</td> <td>M</td><td>M</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	
D	D	M	M	Y	Y	Y	Y			
or	<input type="checkbox"/> Until Cancelled									
Mobile	<input type="text"/>									

1. _____	2. _____	3. _____
Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
1. _____	2. _____	3. _____
Name of Account Holder	Name of Account Holder	Name of Account Holder

DSP **MUTUAL FUND**

SIP Registration/Renewal Form (for OTM registered investors only)

Attention: No need to attach OTM Debit Mandate again, if already registered earlier.

Please tick ☒ as applicable:

☐ OTM Debit Mandate is already registered in the folio. [No need to submit again].

☐ OTM Debit Mandate is attached and to be registered in the folio.

Distributor / RIA / PMRN Name and ARN / Code	Sub Broker ARN & Name	Sub Broker/Branch/RM Internal Code	EJIN (Refer note below)	For Office use only
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☐ 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.

Sole / FirstApplicant's
Signature Mandatory

Investor Name:		Existing Investor Folio No./Application No.	
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Sr. No.	Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached)	SIP Installment Amount (₹)	SIP Date (1 st * to 31 st)	Frequency	Start Month/Year End Month/Year*	Top-Up (Minimum ₹ 500 or in Percentage % Amount (₹) or Percentage %)	Frequency
1.	DSP -		<div><div>D</div><div>D</div></div>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	₹ <div></div> OR <div></div> % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
2.	DSP -		<div><div>D</div><div>D</div></div>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	₹ <div></div> OR <div></div> % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
3.	DSP -		<div><div>D</div><div>D</div></div>	<input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	From <div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div> For <input type="checkbox"/> Perpetual <input type="checkbox"/> 10 yrs <input type="checkbox"/> 7 yrs <input type="checkbox"/> 5 yrs Or till <div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	₹ <div></div> OR <div></div> % Top-Up CAP*:	<input type="checkbox"/> Yearly* <input type="checkbox"/> Half-yearly
(*Default option/Date) (*Default/Perpetual: 12/2099)		Total					

First SIP transactions via single cheque no.		favouring 'DSP Mutual Fund'	Dated	D	D	M	M	Y	Y	Y	Y
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Debit Bank Details:	Bank Name:	A/C. No.:
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Declaration: Having read, understood and agreed to the contents of OTM Facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Additional Information, the time of the respective Schemes of DSP unit trust, the undersigned hereby declares that he/she/particular given above, will not and will not permit or make payments towards SIP instalments referred above through participation in NACH/Direct Debit/Standing Instructions. The ARN holder, where applicable, has disclosed to me/us all the commissions (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.

Signatures [as per Mutual Fund Records/Application]

X First Unit Holder's Signature

Second
Unit
Holder's
Signature

Third
Unit
Holder's
Signature

Acknowledgement Investor Name: _____ <input type="checkbox"/> DEBIT MANADATE FORM <input type="checkbox"/> SIP FORM		DSP Mutual Fund Folio No/Application No. _____	ISC Stamp
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Terms and Conditions and Instructions

For detailed terms and conditions on SIP, including for OTM facility, please visit our website www.dspim.com and also refer to scheme related documents.

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- With the introduction of One Time mandate (OTM) facility, the mandate registration and SIP registration through OTM facility has been delinked. There are two separate forms, 1) for onetime mandate registration and 2) for SIP Registration.
- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- While the Fund and RTA reserve the right to enhance the SIP period to ensure minimum installments as per respective scheme offer documents, even if the investor has submitted the form late or requested for a period less than minimum installments, they may reject the applications for less than minimum installments.
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered. If end date is not specified or is opted as 'Perpetual', SIP will be registered till December 2099 or end date of mandate, whichever is earlier.
- If any time during the SIP period, the onetime mandate is to be modified to reduce the validity period which is more than SIP end period registered through OTM, investor should first cancel the SIP and thereafter modify the OTM end period.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they do not have any existing Micro SIPs with DSP Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year.
- In case the selected date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day/date.
- For SIPs through OTM, the maximum per installment amount after Top-Up shall not exceed Rs. 5 lakhs or the maximum amount mentioned in OTM form, whichever is less.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor needs to cancel the existing SIP and enroll for a fresh SIP with Top-up option.
- DSP Mutual Fund or the AMC, its registrars and other service providers are not responsible if the registration and subsequent transaction are delayed or not effected or the investor's bank account is debited in advance or after the specific SIP date due to local holidays or any other reason.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, 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 Mutual Fund.