## **APPLICATION FORM**

Please read Product labeling details and Instructions before filling this Form

		All details in t	he form are ma	andatory.	Application No.:	
Distributor ARN and Name	Sub Broker ARN C	ode Branch/RM	I Internal Code	EUIN (Refer note bel	ow) For Office use o	only
ARN-0155	16336					
I/We confirm that the EUIN box transaction without any interact Upfront commission shall be pa assessment of various factors in	id directly by the investor to ncluding the service rendere					
I am a <u>First Time Investor</u> in		l am an <u>Exis</u>	ting Investor in N	Mutual Fund Industr	y. Sole / First Applicant's Signa	ture Mandatory
I. FIRST APPLICANT'S Name of First Applicant (Sh		rd)			PAN (1st Applicant / Guardian	KYC
Name of Guardian if mir	nor/ Contact Person	or non-individua	ls / <b>PoA</b> Holde	rname:	PoA PAN	∟ KYC
On behalf of Minor Attach Mandatory Documents as per instructions)	Date of Birth	/ м м /	YYY	Date of Bir Proof attac		Court Appointed
. CONTACT DETAILS		DENCE ADDR	ess	Proof attac	:hed * [   Father   Mother	Court Appointed
Email ID	AND CONNEST ON	JENGE ADDIN				
in capital) <b>Mobile</b> +91		Tel (ST	D Code)			
Address						
daress					· (	
_andmark						
City		Pin Code (Mandator		S	State	
. KYC DETAILS (Mand	atory)			<b>*</b> . ( )		
3b. Occupation Details (P ©Professional © Agrico 3c. Gross Annual Income	lease tick ✔) ulturist ◎Retired	OPrivate Sector S OHousewife O	Service SPu Student OFo	blic Sector Service	OF - MF schemes OFII Others OGovernment Service OBusine ers acs O>25 Lacs-1 crore O>1	ess
Net-worth in (Mandato	ry for Non-Individuals	)₹		as or	1 D D   M M   M   Y   Y   Y	(Not older than 1 year
3d. For Individuals		For Non-Individ L. Is the company a K. Foreign Exchang III. Gaming / Gambli V. Money Lending /	Listed Company o e / Money Change ing / Lottery/Casin	r Subsidiary of Listed (If N Services	rust, Partnership etc)   Company or Controlled by a Listed Compan  o, please attach mandatory UBO declaration	y: OYES ONO OYES ONO OYES ONO OYES ONO
. JOINT APPLICANTS,	IF ANY AND THE					OILD ONO
Mode of Holding (Please	tick 🗸 🔲 Joint	(Default)	Anyone or	Survivor		
2nd Applicant Name (Shou	ld match with PAN Care	(1			PAN (2nd Applicant)	[ KY
					rnment Service ©Business	(Please specify
	Below 1 Lac 01-5 L	acs ©5-10 Lacs	©10-25 Lacs	©>25 Lacs-1 cror	re	
Brd Applicant Name (Shoul	ld match with PAN Card	1)			PAN (3rd Applicant)	_ KY
					rnment Service ©Business	
					ers ne	
• Others (Please tick ✓)						
						MIRIALEN
ACKNOWLEDGEMENT Received, subject to realisation and ver			anadia the analisati	ARN-497	DSP BLACKROCK	MUTUALFUN
	incation an application for pure	.nase or Units as menti	uneum the applicati	on form.	Application No	-
romScheme	e	Cheque no.	Cheque Date	Amount		
		-				

ARN-49710

EUIN-

5. BANK ACCOUNT DETAILS (AV	ail Multiple Bank Registrati	ion Facility)			
Bank Name					
Bank A/C No.			A/C Type Savir	ngs Current NRE NRO	FCNR Others
Branch Address					
		City		Pin	
IFSC code: [11 digit]		MICR code (9 digit)	fThis is a 9 dinit number	next to unus che que number)	
				mexico your cheque number y	
6. INVESTMENT AND PAYMEN	T DETAILS (Cheque DD	should be in favour of	"Scheme Name")		
Scheme/Plan /Option/Sub Option DSP BlackRoo	k - Scheme	P	lan	Option/Sub Opti	on
(Default plan/option/sub option will be ap	plied incase of no informat	tion, ambiguity or discre	pancy)		
☐ One time Lump sum Investment: I	Please fill the details	hereunder.			
Payment Mode:	RTGS NEFT	Funds transfer	Cheque/RTGS/ D D / M M / Y Y Y		Y Y Y
Cheque/DD/RTGS/NEFT No.			Payment from	Pay In A/c No	
Cheque/DD/RTGS/NEFT No.  Amount (Rs.) (i)  DD charges, (Rs.)(ii)			Bank A/c No.		
DD charges, (Rs.)(ii)			Bank Name		
Total Amount (Rs.) (i) + (ii) In figu			Branch		
In Words			Account Type	☐ Savings ☐ Current ☐ NRE	NROFCNR
Documents Attached to avoid Third Par	ty Payment Rejection, where	e applicable: 🔲 Bank Ce	rtificate, for DD	Third Party Declarations	
☐ SIP: Systematic Investment Plan.		ot already registered.			
First SIP Cheque Details: (Mention A	Amount in SIP Form)				
Cheque / DD No.		Drawn on Bank A/c No			
Cheque/DD Date D / M	4 / Y Y Y Y	Bank & Branch			
7. NOMINATION DETAILS		Individuals (single o	or joint applicants) a	re advised to avail Nomination	facility.
IS □I/We wish to nominate. □I/We D0	NOT wish to nominate and	I sign here		1st Applicant Signature (Ma	ndatory)
Nominee Name		dian Name (In case of		ation % Nominee/ Guardi	
Nominee 1	Guard	nan Name (in case of	Millor) Attoc	ation % Nonninee/ odardi	all Signature
Nominee 2					
Nominee 3 Address					
Address			Total	= 100%	
8. UNIT HOLDING OPTION:					
☐ In Account Statement Mode	☐ In Demat mode, in	n demat account provid	ed below: (Switch n	ot allowed. Redemption through SE pla	tforms/ DPs only)
(default):	Depository Part	ticipant (DP) ID (NSDL only)	Beneficiary /	Account Number (NSDL only)	
(Switch/Redemption through	NSDL:   N				
Fund/RTA offices only.)	CDSL:				
	Enclose for demat or	otion: OClient Haster List	Transaction/Hole	ding Statement ☐ DIS Copy	
9. DECLARATION & SIGNATUR		otion. Detiene master List	. La transaccion/ Hote	aling statement in bis copy	
		Chatamant of Additional Inform	tine Verrleformatic	Managed in Instruction and ad-	dende innoced by DCI
Having read and understood the contents of the Sch BlackRock Mutual Fund, I / We, hereby apply to the 1 the Scheme. I / We declare that the amount investe	Frustee of DSP BlackRock Mutual	l Fund for Units of the relevant	Scheme and agree to a	bide by the terms and conditions, rule	es and regulations o
Notification, Directions or any other applicable law indirectly in making this investment. The ARN hold	s enacted by the Government of Ir	ndia or any Statuťory Authority	/. I / We have neither re	ceived nor been induced by any rebat	te or gifts, directly o
Schemes of various Mutual Funds from amongst wh	ich the Scheme is being recomme	ended to me/us.			
Where the EUIN box is left blank being an execution employee/relationship manager/sales person and t				r in-appropriateness, it any, provided	) by the distributor
Sole / First Applicant / Guardian	Second Applicant	т	hird Applicant	POA holder,	, if any
	dspblackrock.com dspblackrock.com		Contact Centre: 1800 200 4499		
		manama alaa sattaa t	ention of	Additional decreases	i inua et
Quick Name, Address are correctly Checklist Email ID / Mobile number are		me name, plan, option is m ank details and supportings	_	Additional documents provided not pre-printed on payment che	
PAN / KYC details are enclose	ed Nominati	on facility opted		Demand Draft is used.  Additional documents provided	
Complete Bank details provid	led Form is s	signed by all applicants		of specific exceptional Third Par	