DSP BLACKROCK

APPLICATION FORM

Please read Product labeling details available on cover page and instructions before filling this Form

| MUTUAL FU | ND | | | Application No.: | | | | | |
|---|--|--|--|---------------------|--------------------|---|--|--|--|
| Distributor/RIA name and ARN/Code | Sub Broker ARN & | Name Sub Broker/B | ranch/RM Internal Co | de EUIN (Refer no | te below) | For Office use only | | | |
| South Gujarat ARN:54854 | | | | | | | | | |
| I/We confirm that the EUIN box is int transaction without any interaction o Upfront commission shall be paid direc assessment of various factors including I am a First Time Investor in Mu | tly by the investor to the service rendered | the AMFI registered D by the distributor. | "execution-only" cerned. istributors based on ting Investor in Mu | | y. Sole / F | irst Applicant's Signature Mandatory | | | |
| 1. FIRST APPLICANT'S DETAIL | S | | | | | | | | |
| Name of First Applicant (Shou Name of Guardian (if minor)/ | | | PAN (1st A | ppl / Guardian) | | Date of Birth (1st Appt / Minor) D D / M / Y Y Y Date of Birth (Guardian) | | | |
| AADHAAR No. (1st Appl / Gua | rdian) 🗌 Attach co | ppy (mandatory) CKY | /C - KIN | | | | | | |
| | | | | | | On behalf of minor: Date of Birth Proof attached* | | | |
| PAN of POA | □ KYC 4 | ADHAAR No. of PC | DA 🗌 Attach copy (| mandatory) | | Guardian named is: | | | |
| 2. CONTACT DETAILS AND CO | RRESPONDENCE | ADDRESS (As per | KYC records) | | | | | | |
| Email ID (in capital) Mobile +91 Address | | Tel (ST | D Code) | | | Address Type (Mandatory) a. Residential & Business b. Residential c. Business | | | |
| Address | | | | | | ☐ d. Registered Office | | | |
| Landmark | | | | | | | | | |
| City | | Pin Code (Mandator | | St | tate | | | | |
| 3. KYC DETAILS (Mandatory) | | | | | | | | | |
| 3b. Occupation Details (Plea O Agriculturist O Retired O Ho 3c. Gross Annual Income (Plea Net-worth in (Mandatory) | usewife ○ Student ease tick ✓) ○B | E O Forex Dealer C | ○ Others Lacs ○5-10 L | acs 010-25 La | acs O>25 Lac | (Please specify) | | | |
| 3d. For Individuals (Please t | | | | | | | | | |
| 4. JOINT APPLICANTS (IF ANY | | | | | | | | | |
| Mode of Holding (Please t | ick 🗸) 🛛 Joir | nt (Default) | Anyone or | - Survivor | | Date of Birth | | | |
| 2nd Applicant (Should match with PAN/Aadhar Card PAN | | HAR NO. 🗆 At | tach copy (man | datory) C | KYC - KIN | D D / M M / Y Y Y | | | |
| a. Occupation Details (Pleas | | | | | | | | | |
| ○ Agriculturist ○ Retired ○ b. Gross Annual Income (Please tick ✓) ○ | ease tick ✔) ○Be | elow 1 Lac 0 1-5 | Lacs O 5-10 Lac | s • 10-25 Lacs | >25 Lacs-1 crore | e O >1 crore | | | |
| | | | | | | | | | |
| 3rd Applicant (Should match with PAN/Aadhar Card) PAN | AADI | HAR NO. 🗆 At | tach copy (man | datory) C | Date of Birth | D D / M M / Y Y Y Y | | | |
| a. Occupation Details (Pleas O Agriculturist O Retired O b. Gross Annual Income (Pleas | Housewife ○Stu ease tick ✓) ○Be | dent | ler • Others Lacs • 5-10 Lac | s ○ 10-25 Lacs | ○ >25 Lacs-1 crore | Please specify) e O>1 crore | | | |
| C. Others (Please tick ✓) ○ | NOT APPLICABLE C | | $\frac{\text{Person}(\text{PEP}) \circ \text{R}}{\frac{1}{2}}$ | elated to a Politic | any exposed Person | I (FEF) | | | |
| ACKNOWLEDGEMENT SLIP (To I | pe filled in by the | investor) | | | DSP BL | ACKROCK MUTUAL FUND | | | |
| Received, subject to realisation and verifier From | cation an application fo | r purchase of Units as m | entionedin the applica | tion form. | | Application No. | | | |
| Scheme | | Cheque no. | Amount | | | | | | |
| DSPBR | | | | | | | | | |

| 5. FATCA and CF | RS DETAIL | _S | | | | | | | | | | | | |
|---|--|------------------------------|--|-------------------------------------|---|---|---------------------|--|---|--|---|--------------------------------|---|--|
| Sole/First Applicant/Guardian | | | | | 2nd Applicant | | | | 🗌 3rd Applicant 🗌 POA | | | | | |
| Place & Country of Birth PLACE COUNTRY | | | Place & Country of Birth PLACE COUNTRY | | | Place & Country of Birth PLACE COUNTRY | | | | | | | | |
| Nationality 🗌 Indian 🗌 U.S. 🗌 Other | | | | Nationality 🗌 Indian 🗌 U.S. 🗌 Other | | | | Nationality 🗆 Indian 🗆 U.S. 🗆 Other | | | | | | |
| | e or mention | ed, please | mention | reason as: 'A' | if the country does not | | | ver Identification Num nts; 'B' & mention why | | | | | ies of the country | |
| Country # | Tax Ident Num | tification nber | | | Country # Tax Identii Numb | | | Identification Type/Reason* | Country # | | Tax Identification Number | | Identification Type/Reason* | |
| 1 | | | 1 | | 1 | | | | 1 | | | | | |
| 2 | | | | 2 | | | | 2 | | | | | | |
| 3 | | | | | 3 | | | | 3 | | | | | |
| 6. BANK ACCOU | NT DETA | ILS (Ava | ail Mul | tiple Bank I | Registration Fac | ility) | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | |
| Bank A/C No. | | | | | | | | A/C Typ | e 🗌 Savings 🛛 | Curr | ent 🗌 NRE | | FCNR Others | |
| Branch Address | ; | | | | | | | | | | | | | |
| | | | | | | City | | | | | Pin | | | |
| IFSC code: (11 di | git) | | | | | MICR co | de (9 | digit) (This is a 9 di | git number next to | your ch | eque number) | | | |
| 7. INVESTMENT | | YMENT | DETA | IIS (Defau | It plan/option/ | sub option w | rill be a | applied incase of | f no informa | tion. | ambiguity | or discr | epancy) | |
| | | | | | | | | hemes OR <u>"Schem</u> | | | | | | |
| One time Lum | | | | | - | | | | | | - | | | |
| | Full S | cheme/ | Plan/ | Option/Sub | o Option | | | Amount (| ₹) | and | in SIP form | <u>1.</u> | | |
| 1. DSPBR - | Schei | me | | Plan | Option/Sub | Option | | | | Pay | ment Mode | e: Ch | neque DD | |
| 2. DSPBR - | Schei | me | | Plan | · Option/Sub (| Option | | | | | RTGS NEFT Funds transfer | | | |
| 3. DSPBR - | Schei | | | Plan | Option/Sub (| | | | | | Cheque/DD/RTGS/NEFT Details: Ref. No | | | |
| | Scher | | | | option sub | option | Amount in Figures | | | Date D I M M I Y Y Y Y | | | | |
| Total Amount in words | | | | | | | DD cl | | | | charges, if any | | | |
| Payment from Bank A/c No. Pay In A/c No. A/c. Type Savings Current NRE NRO FCNR Others | | | | | | | | | | | | | | |
| Bank Name & Br | ranch | | | | | | | | | | | | | |
| Documents Attac | hed to av | oid Thire | d Party | / Payment R | ejection, where | applicable: | Bar | k Certificate, for | DD 🗌 Thir | d Pari | ty Declarat | ions | | |
| 8. NOMINATION | | | | | | | | | | | | | | |
| I I/We wish | □ I/We wish to nominate. □ I/We DO NOT wish to nominate and si | | | | sign here onship with | | | | plicant Signature (Mandatory) | | | o / Coondian | | |
| | Nominee Name | | | applicant | | case of Minor |) All | ocatio | on % | Nominee/ Guardian Signature | | | | |
| Nominee 1 | | | | | | | | | | | | | | |
| Nominee 2 | | | | | | | | | | | | | | |
| Nominee 3 Address | | | | | | | | | Tot | al = 1 | 100% | | | |
| 9. UNIT HOLDIN | | NI• | | | | | | | 100 | | 100% | | | |
| | | | Demat | : mode: NSDL | .: I N | | Depo | sitory Participant (DF |) ID (NSDL only) | | Enclose f | for demat (| option: | |
| Mode (defau | | | | | | | | ficiary Account Numb | | | Client | Master Lis | t | |
| | | | | CDSL | : | | | | | | DIS Co | | ling Statement | |
| 10. DECLARATI | ON & SI | GNATUR | ES | | | | | | | | | | | |
| Having read and under Fund form time to tim We have understood th accept the same and f and is not designed for hereby provide my cor accordance with the A management compani | stood the co | ntents of th reby apply t | ne Schen to the Tr | e Information [ustee of DSP Bla | Document and Statem ackRock Mutual Fund | nent of Additional for Units of the re | Informa | tion, Key Information M cheme/Plan/Option an | Nemorandum, Ins | tructior by the f | ns and addenda terms and conc | a issued by l ditions, rule | DSP BlackRock Mutual es and regulations, 1 / | |
| We have understood th accept the same and for | né information urther confirent the purpose | on requirem m that the i | nents of information of | the application tion provided by | form, including FATC, me/us on this form i | A and CRS require is true, correct, and Notification Di | ments, t nd comp | erms and conditions (re ete. I / We declare tha | ead along with in: It the amount invested by | structio ested in | ons and scheme the Scheme is | related do through le | cuments) and hereby gitimate sources only | |
| hereby provide my cor accordance with the A | adhaar Act, 2 | ordance wit 2016 (and re | h Aadha egulatior | ar Act, 2016 and is made thereur | d regulations made th nder) and PMLA. I here | nereunder, for (i) eby provide my co | collectin | g, storing and usage (ii r sharing/disclose of th | i) validating/auth e Aadhaar numbe | nenticat er(s) inc | ting and (ii) up luding demogra | dating my aphic infor | Aadhaar number(s) in mation with the asset | |
| management compani | es of SEBI reg | gistered inte | ermedia | ries, their Regis | trar and Transfer Agei | nts (RTA)/Service | Provider | s for the purpose of upo | lating the same ii | i all my | /ourfolios. | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Sole / First Ap | | | | | econd Applicant | | | Third Applica | | | | A holder, | | |
| | Email: service@dspblackrock.com Website: www.dsp | | | | | | | | | Contact Centre: 1800 200 4499 | | | | |
| | | - | | | Eult | scheme name | plan 4 | option is mentioned | d 🗌 vddi | tional | documents | provided | if investor name is | |
| Checklist Email ID / Mobile number are mentioned Pay-In bank details and supportings are attached not pre-printed on payme | | | | | | | | , ment che | | | | | | |
| L KYC i | | | | ach applicant each applica | | ination facility n is signed by a | | | _ | | raft is used. dual investor | | attach | |
| | | | | ed for each a | | in is signed by a | παρρι | icanto | E | ATCA D | Details and Declaration Fo | Declaratio | | |