DSP BLACKROO		ujarat ARN:	54854	4			K	now Y	our Ci				Non-Ir		
Please fill in ENGLISH ar		-	2.00						Applicati	ion No	o. :				
A. Identity Details (please	see guidelines ov	/erleaf)													
1. Name of Applicant (Please write	complete name as per (	Certificate of Inc	orporatio:	n / Re	gistratio	n; leaving	one box	blank betv	veen 2 wor	ds. Plea	ise do	not ab	breviate	the Na	ime).
2. Date of Incorporation	<b>/</b>  m m  <b>/</b>  y	v I v I v I													
Place of Incorporation															
3. Registration No. (e.g. CIN)															
Date of commencement of bus	siness d d / m	n   m   <b>/</b>   y	у у	y											
<b>4. Status</b> Please tick (✓) □ Private □ FI □ FII □ HUF □ Defence Establishment □	🗆 AOP 🛛 🛛 Bank		Body Connent Body	, E	🗌 Non-	Partner Governme	ent Orgar		Charities /	NGOs					
5. Permanent Account Number (P	AN) (MANDATORY)					F	lease end	lose a dul	y attested	copy o	your	PAN C	ard		
											_	_			_
B. Address Details (please 1. Address for Correspondence	see guidelines ov	verleat)													
												_			
City / Town / Village										Pos	tal Cod	9			
State								Country							
2. Contact Details						Tol (Doc )	(ISD)	(STD)							
Mobile (ISD) (STD)						Tel. (Res.) Fax		(STD)				-			
E-Mail Id.															
<ul> <li>*Latest Telephone Bill (only</li> <li>Any other proof of address</li> <li>*Not more than 3 Months old. Va</li> </ul>	s document (as listed lidity/Expiry date of p	overleaf) <u>(Pleas</u> proof of address	se specify)							ise / Sa	le Agi	reeme	nt of C	Office P	remis
4. Registered Address (If dif	ferent from abov	'e)													
									_	Dec	tal Cad				
City / Town / Village State								Country		P05	tal Cod	;			
5. Name, PAN, DIN/Aadhaa (Please use the Annexure to			s and p	ohot	ograp	hs of P	romote	rs/Partr	ers/Kar	ta/Tru	stee	/wh	ole tir	ne di	recto
6. Proof of address to be prov ☐ *Latest Telephone Bill (only ☐ Any other proof of address	Land Line) 🔲*Lates s document (as listed	st Electricity Bil overleaf) <u>.(Pleas</u>	ll 🔲 * Lá se specify)	atest	Bank A	count St	atement	Regi	stered Lea						
□ *Latest Telephone Bill (only	Land Line) 🔲*Lates s document (as listed	st Electricity Bil overleaf) <u>.(Pleas</u>	ll 🔲 * Lá se specify)	atest	Bank A	count St	atement		stered Lea						
<ul> <li>*Latest Telephone Bill (only</li> <li>Any other proof of address</li> <li>*Not more than 3 Months old. Va</li> </ul>	Land Line) 🔲*Lates s document (as listed	st Electricity Bil overleaf) <u>.(Pleas</u>	ll 🔲 * Lá se specify)	atest	Bank A	count St	atement	Regi	stered Lea						
<ul> <li>*Latest Telephone Bill (only</li> <li>Any other proof of address</li> <li>*Not more than 3 Months old. Va</li> </ul>	Land Line) = Late: s document (as listed lidity/Expiry date of p CLARATION details furnished nowledge and belie therein, immediate o be false or untr	st Electricity Bil overleaf).(Pleas roof of address above are t if and I/we un ely. In case an rue or mislea	II 🗌 *La se specify) s submitt rue anco ndertake any of the ading of	atest   red   d	Bank A	count St	atement	Regi	stered Lea						
<ul> <li>*Latest Telephone Bill (only</li> <li>Any other proof of address</li> <li>*Not more than 3 Months old. Va</li> </ul> DECC I/We hereby declare that the correct to the best of my/our kr to inform you of any changes above information is found to misrepresenting, I am/we are average.	Land Line) = Late: s document (as listed lidity/Expiry date of p CLARATION details furnished nowledge and belie therein, immediate o be false or untr	st Electricity Bil overleaf).(Pleas roof of address above are t if and I/we un ely. In case an rue or mislea	II 🗌 *La se specify) s submitt rue anco ndertake any of the ading of	atest   red   d	Bank A	/ <u>m</u>	n / s	: □Regi: /	stered Lea	se / Sa	le Agi	reeme	nt of C	Office P	
<ul> <li>*Latest Telephone Bill (only</li> <li>Any other proof of address</li> <li>*Not more than 3 Months old. Va</li> </ul> DECC I/We hereby declare that the correct to the best of my/our kr to inform you of any changes above information is found to misrepresenting, I am/we are average.	Land Line)	st Electricity Bil overleaf) <u>(Pleas</u> <b>roof of address</b> above are t ef and I/we un ely. In case an rue or mislea be held liable	IIL se specify) s submitt rue and ndertake ny of the ading of for it.	eed deer deer deer deer deer deer deer	Bank A	 / m _ ı N/		: □Regi: /	stered Lea	se / Sa	le Agi	reeme	nt of C	Office P	
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*Latest Telephone Bill (only     Any other proof of address     *Not more than 3 Months old. Va     DEC     We hereby declare that the     correct to the best of my/our kr     to inform you of any changes     above information is found to     misrepresenting, I am/we are av     Place:	Land Line)	st Electricity Bi overleaf).(Pleas roof of address above are ti ef and I/we un ely. In case an ue or mislea be held liable	IIL se specify) s submitt rue and ndertake ny of the ading of for it.	eed deer deer deer deer deer deer deer	Bank A	 / m _ ı N/		: □Regi: /	RE(S) OF	AUTH	DRISE	D PEF	nt of C	)	remis

Date

### Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals

South Gujarat ARN: 54854

### Name of Applicant

PAN of the Applicant			

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed*	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	

Details of Promoters/Partners/Karta/Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals *(contd.)* 

Sr. No.	PAN	Name	DIN (For Directors)/ UID (For others if available)	Residential Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Whether Politically Exposed*	Photograph
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		□ PEP □ RPEP □ NO	
	(Please attach a copy of your PAN Card)			(Please attach proof of your residential address)		PEP RPEP NO	

Name & Signature of the Authorised Signatory(ies)

\***PEP:** Politically Exposed Person \***RPEP:** Related to Politically Exposed Person

## DSP BLACKROCK

MUTUAL FUND South Gujarat ARN: 54854

### FATCA, CRS AND ADDITIONAL KYC

### **Details and Declaration form**

For Investors using OLD Application Forms / Transaction Forms / Slips which do not contain new requirement on FATCA, CRS and KYC details.

Please	refer to instructi						v.dspblackrock.com
SOLE / FIRST INVESTOR DETAI	LS						
Name				Appli	cation No.		
PAN		Folio Nos.					
Type of Address given at KRA	Resident	ial or Busines	s Resider	tial Rus	iness	Registered Office	<b>,</b> , , , , , ,
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Resident		S Resider	itiat Dus	111035	Register eu onnee	-
1. FATCA AND CRS DETAILS	For Individuals (A	Mandatory) No	on Individual invest	ors including HUF	should mandatori	ly fill separate FATC	A/CRS details form
Sole/First Investor/Guardia	in		2nd Investor			3rd Investor	
Place & Country of Birth PLACE	COUNTRY	Place & Country	of Birth PLACE	COUNTRY	Place & Countr	y of Birth PLAC	E COUNTRY
Nationality 🗌 Indian 🗌 U.S. 🗌 Other		Nationality 🗌 Ind	lian 🗆 U.S. 🗆 Other		Nationality 🗆 In	dian 🗆 U.S. 🗆 Other	r
# Please indicate all Countries, other than Indi *If TIN is not available or mentioned, please m the country of tax residence entered above do	ention reason as: 'A	if the country doe					
	dentification 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		
2. ADDITIONAL KYC DETAILS (	MANDATORY	)					
<ul> <li>Sole / First Investor Details</li> <li>a. Occupation Details (Please tid ○ Professional ○ Agriculturist</li> <li>b. Gross Annual Income (Please Net-worth in (Mandatory for N C. For Individuals (Please tick ✓ 2nd Investor Name</li> </ul>	○ Retired ○ tick ✓) ○ Belov Non-Individuals)	Housewife ○ w 1 Lac 01-5 )₹	Student OForex Lacs O5-10 Lac	a Politically Expos	s	-1 crore 0>1 c	(Please specify)
<ul> <li>a. Occupation Details (Please tic ○ Professional ○ Agriculturist</li> <li>b. Gross Annual Income ○ Below 1</li> <li>c. Others (Please tick ✓) ○ Politie</li> </ul>	○ Retired ○ I Lac ○1-5 Lac	Housewife OS cs O5-10 Lacs	itudent OForex I 010-25 Lacs O	Dealer ○Others >25 Lacs-1 crore	○>1 crore <b>OR</b> N	et worth₹	(Please specify)
3rd Investor Name					PAN		
<ul> <li>a. Occupation Details (Please tic ○ Professional ○ Agriculturist</li> <li>b. Gross Annual Income ○ Below 1</li> <li>c. Others (Please tick ✓) ○ Polition</li> </ul>	○ Retired ○ Lac ○1-5 Lac	Housewife OS cs O5-10 Lacs	itudent OForex I 010-25 Lacs O	Dealer ○Others >25 Lacs-1 crore	○>1 crore OR N	et worth₹	(Please specify)
3. DECLARATION & SIGNATURE	S						
I / We acknowledge and confirm that the consultation with tax professionals. I / We along with instructions and scheme related	e information pro have understood t	he information re	quirements pertaini	ng to FATCA. CRS an	nd Additional KYC r	equirements, terms	and conditions (read
Sole / First Investor/ Guardian		ond Investor		Third Investor		POA holde	

# DSP BLACKROCK

South Gujarat ARN: 54854

### Please refer Page 2 for Definitions / Instructions / Guidance

### FATCA, CRS AND ADDITIONAL KYC Details and Declaration form

Mandatory for Non-Individual Investors, including HUF

INVESTOR DETAILS	
Entity Name:	
PAN	Application No.
Folio Nos	
Type of Address given at KRA Res	sidential or Business Residential Business Registered Office
	ADDITIONAL KYC DETAILS (Mandatory)
Gross Annual Income (Please tick $\checkmark$ )	O Below 1 Lac         O 1-5 Lacs         O 5-10 Lacs         O 10-25 Lacs         O >25 Lacs-1 crore         O >1 crore
Net-worth in ₹	as on $D$ $D$ $/$ $M$ $M$ $/$ $Y$ $Y$ $Y$ $Y$ (Not older than 1 year)
INCO	ORPORATION and TAX RESIDENCY DETAILS (Mandatory)
City of Incorporation:	Country of Incorporation: Date of Incorporation:
Is Entity a tax resident of any country oth than India?	for tax purposes and the associated Tax ID number b
In case TIN or its functional equivalent is not av	ailable, please provide Company Identification number of Global Entity Identification Number or GIIN, etc.
Country of Tax Residency	TIN or equivalent number Identification Type/Reason*
1.	
3.	
4.	
In case the Entity's Country of Incorporati Person (as per definition E5), please ment	ion / Tax residence is U.S. but Entity is not a Specified U.S. (refer definition D4)
	FATCA and CRS DETAILS (Mandatory)
	ult your professional tax advisor for further guidance on FATCA & CRS classification)
	nstitutions or Direct Reporting NFEs)
We are a, <i>(please tick as appropriate)</i> Financial Institution <i>(Refer definition A)</i>	GIIN GIIN
or	Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
Direct reporting NFE (Refer definition B)	Name of sponsoring entity:
	oplied for
	ot required to apply for - please specify 2 digits sub-category (refer definition C)
	ot obtained - Non-participating FI
	propriate, to be filled by NFEs other than Direct Reporting NFEs)
Is the Entity a publicly traded company? (that is, a company whose shares are regularly	
traded on an established securities market) (Refer definition D1)	Name of stock exchange
Is the Entity a related entity of a	
publicly traded company?	Yes [] (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
(a company whose shares are regularly traded on an established securities market)	Name of listed company         Nature of relation:               Subsidiary of the Listed Company OR
(Refer definition D2)	Nature of relation.   Subsidiary of the Listed Company OK   Controlled by a Listed Company
	Name of stock exchange
Is the Entity an Active NFE? ( <i>Refer definition D3</i> )	Yes Also provide UBO Form
	Nature of Business
	Please specify the sub-category of Active NFE (Mention code - refer D3)
Is the Entity a Passive NFE? (Refer definition E2)	Yes Also provide UBO Form Nature of Business
I/We acknowledge and confirm that the information provided at best of my/our knowledge and belief and provided after necessary I / We have understood the information requirements of the applic requirements, terms and conditions (read along with instructions hereby confirm that the information provided by me/us on this for	consultation with tax professionals. ation form, including FATCA and CRS and scheme related documents) and m are true, correct, and complete.
Place : Date :	
Page 1 of 2	Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

DS	DSP BLACKROCK		South Guj (Mandator	South Gujarat ARN: 54854 (Mandatory for Non-Individual Applicants/Investors_including HIF)	54 ividual An	nlicants/Inve	stors inclu	dina HUF)	Ultimate E	<b>3enefici</b> a	Ultimate Beneficial Ownership (UBO) Declaration form	JBO) Declar	ation form
Ē	-	This declaratio	in is NOT needed for	or Companies that	are Listed on	any recognized s	stock exchange i	n India or is a Sub	This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company	npany or is C	ontrolled by such Listed	l Company	
Ä	A: APPLICANT/INVESTOR DETAILS:	STOR DETAILS	ïö										
Name:	::e										Application No		
PAN:			Folio Nos.:	DS.:									
ä	B: CATEGORY [tick applicable category]:	applicable cate	gory]:										
	Unlisted Company	🗌 Partnership Firm 🛛 LLP		□ Unincorporated association / body of individua	on / body of ir	Idividuals	ls 🗌 Public Charitable Trust	ust 🔲 Religious Trust	Trust	ist created by	a Will Others		_ [please specify]
ö	C: DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not	MATE BENEFI	CIAL OWNERS	(If the given sp	ace below	is not adequa	ate, please att	ach multiple d	t adequate, please attach multiple declaration forms)				
Plea	ise list below each con at can be enclosed as a	ntrolling person, co additional sheet(s)	Infirming ALL countiduals of the duly signed by Author	ries of tax residenc	y / permanent	address / citizen:	ship and ALL Tax	Identification Num	Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.	berson. If the	given rows are not suffici	ent, required inform	ation in the given
S No	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID	Document Type (Refer Instruction 4)	% of beneficial interest	Controlling person type Code (Refer	Place & Country of Birth	Date of Birth [dd- mmm- yyyy]	Address & Contact details [include City, Pincode, State, Country	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
	-			Mandatory			-	_	Machabach	if DAN not	brouidod	-	
			5IVI	andatory						/, II PAIN NOT	providea		
													Service
-													□ Business
													□ Others
													Service
2													□ Business
													□ Others
													□ Service
с													□ Business
													□ Others
													Service
4													□ Business
													□ Others
													Service
2													□ Business
													□ Others
-	1 / We arknowledge and confirm that the information provided above is/are true and correct to the hest of mv/our knowledge and helisf and provided	onfirm that the int	formation provided	ahove is/are true a	nd correct to	the hest of mv/or	har knowledge and	helief and provid	5				

South Gujarat ARN: 54854

1 / we acknowledge and communitation with tax professionals.

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 are true, correct, and complete.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

DSP BLACKROCK M U T U A L F U N D South Gujarat ARN: 54854

# Form for 'Aadhaar Linking of Authorized Signatories'

Certificate from Company Secretary/any other competent authority of the Organization

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MFRTAs/Mutual Funds <Address>

Name of the Non-Individual	 	 
PAN:		

accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them for sharing/disclosing of their Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. Consent is also provided by them for sharing/disclosing of their Aadhaar number(s) including demographic information with all SEBI registered Mutual Funds/AMCs and their Registrar and Transfer Agent (RTA) for the purpose of updating the same of personnel covers all authorized signatories (associated with MF investments and allied activities) on behalf our organization. These signatories have consented in Company Secretary / Competent Authority (to issue this certification on behalf of the organization) hereby confirm that enclosed list in the corresponding non-individuals folios. IWe,

This information is provided to comply with the PMLA requirements including sharing of information with regulatory/statutory authorities and should not be used for any other purpose unless it is required under any law / regulatory purpose. We hereby confirm that given information is true, reliable and also assure you to share the changes / modifications from time to time, if any through appropriate means to MFRTAs/participating MFs for updates and onward sharing.

Regards

For <<u>Name of the Non-Individual</u>>

<Company Secretary / Competent Authority (Name & Sign with stamp/seal)>

Enclosed: List of Authorized Signatories along with their Aadhaar card copies

Version 1.3

Signatories:
Authorized
List of
Annexure -

.

z
РА

(dd-mmm-yyyy) (dd-mmm-yyyy) (dd-mmm-yyyy)		
(dd-mmm-yyyy) (dd-mmm-yyyy)		
(dd-mmm-yyyy)		
(dd-mmm-yyyy)		
(dd-mmm-yyyy)		
(dd-mmm-yyyy)		

to be submitted along with photograph to be affixed

Signature of Company Secretary / Competent Authority & with Stamp, Seal & date

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Version 1.3

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