

Application No.:

11-04-2013 V1.2013

Distributor ARN and Name	Sub Broker ARN Code	Sub Broker/Branch/RM Internal Code	Employee Unique ID. No. (EUIIN) (Refer note below)	For Office use only
ARN-71279			E062011	

I/We confirm that the EUIIN 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

1. TRANSACTION CHARGES (Please refer instructions and tick any one)

Applicable for transactions routed through a distributor who has 'opted in' for transaction charges.

- I am a First Time Investor in Mutual Fund Industry. (Rs 150 will be deducted.)
- I am an Existing Investor in Mutual Fund Industry. (Rs 100 will be deducted.)

2. FIRST APPLICANT'S DETAILS

Name of First Applicant (Should match with PAN Card) _____ Gender Male Female Title Mr. Ms. M/s

Existing Folio Number _____

Date of Birth _____
(Mandatory for minor)

PAN _____
(1st Applicant / Guardian)

Enclose KYC Acknowledgement

For Investments "On behalf of Minor"
[* Attach Mandatory Documents as per instructions].
Proof of DoB Birth Certificate School Certificate / Mark sheet attached * Passport Any other
Guardian named below is : Father Mother Court Appointed*

Name of Guardian if minor / Contact Person for non-individuals / PoA Holder name: _____ PoA PAN* KYC* _____

Correspondence Address _____ *PoA PAN & KYC is mandatory

Landmark _____

City _____ Pin Code (Mandatory) _____ State _____

Status of Sole/1st Applicant (Please tick) Resident Individual On Behalf Of Minor HUF Sole Proprietorship NRI (Repatriable) NRI (Non-Repatriable) LLP Partnership Firm Company AOP/BOI Body Corporate Trust Society FII FOF - MF schemes Provident Fund Superannuation / Pension Fund Gratuity Fund Bank / FI Government Body Insurance Companies Others _____ (Please specify)

DSPBR eServices Email ID (in capital) _____

DSPBR eSMS Mobile +91 _____ Fax _____

STD Code _____ Tel. (Off) _____ Tel. (Resi.) _____

DSPBR Invest Online PIN (Please tick) Yes, I wish to have a PIN for internet / telephone transactions and agree to terms and conditions of PIN Issuance and Usage as available in SID/SAI and www.dspblackrock.com Email ID, Date of Birth, Mobile Number, PAN are mandatory details for issuance of PIN and Online Facility.

3. JOINT APPLICANTS' DETAILS

Mode of Holding (Please tick) Joint (Default) Anyone or Survivor Single

Name of Second Applicant (Should match with PAN Card) _____ Title Mr. Ms. M/s

PAN (2nd applicant) _____ Enclose KYC Acknowledgement

Name of Third Applicant (Should match with PAN Card) _____ Title Mr. Ms. M/s

PAN (3rd applicant) _____ Enclose KYC Acknowledgement

ACKNOWLEDGEMENT SLIP (To be filled in by the investor) DSP BLACKROCK MUTUAL FUND

Received, subject to realisation, verification and conditions, an application for purchase of Units as mentioned in the application form.

Application No. _____

From _____

Cheque no.	Date	Amount	Scheme

4. BANK ACCOUNT DETAILS (Refer Instruction 4 and avail Multiple Bank Registration Facility)

Bank Name

Bank A/C No. A/C Type Savings Current NRE NRO FCNR Others

Branch Address

City Pin

IFSC code: (11 digit) MICR code (9 digit) (This is a 9 digit number next to your cheque number)

5. INVESTMENT AND PAYMENT DETAILS (Refer Instruction 5) (Cheque DD should be in favour of "Scheme Name")

Scheme/Plan /Option/Sub Option **DSP BlackRock -** Scheme **Plan** Option/Sub Option

[Default plan/option/sub option will be applied in case of no information, ambiguity or discrepancy]

One time Lump sum Investment: **Please fill the details hereunder. Do not submit SIP Auto Debit Form.**

Payment Mode: Cheque DD RTGS NEFT Funds transfer

Cheque/DD/RTGS/NEFT No. Cheque/RTGS/NEFT/DD Date

Amount (Rs.) (i) Payment from Bank A/c No. Pay In A/c No.

DD charges, (Rs.)(ii) Bank Name

Total Amount (Rs.) (i) + (ii) In figures Branch

In Words Account Type Savings Current NRE NRO FCNR

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

SIP: Systematic Investment Plan. **Please fill up SIP Auto Debit form and attach with this form.**

First SIP Cheque Details: (Mention Amount in SIP Auto Debit Form) (Refer instruction 4(i) on Third Party Payments)

Cheque / DD No. Drawn on Bank A/c No. Pay In A/c No.

Cheque/DD Date Bank & Branch

6. NOMINATION DETAILS (Refer Instruction 6)

Individuals (single or joint applicants) are advised to avail Nomination facility.

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

	Nominee Name	Guardian Name (In case of Minor)	Allocation %	Nominee/ Guardian Signature
Nominee 1				
Nominee 2				
Nominee 3				
Address			Total = 100%	

7. UNIT HOLDING OPTION: (It is mandatory to tick any one option or 'Account Statement Mode' option will be considered) Refer Instruction 7).

In Account Statement Mode (default): (Switch/Redemption through Fund/RTA offices only.)

In Demat mode, in demat account provided below: (Switch not allowed. Redemption through SE platforms/ DPs only)

Depository Participant (DP) ID (NSDL only) Beneficiary Account Number (NSDL only)

NSDL: I N

CDSL:

Enclose for demat option: Client Master List Transaction/Holding Statement DIS Copy

8. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by DSP BlackRock Mutual Fund, I / We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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.

Where the EUIN box is left blank being an execution only transaction, I/we confirm that the transaction is notwithstanding the advice of in-appropriateness, if any, provided by the distributor's employee/relationship manager/sales person and the distributor has not charged any advisory fees on this transaction.

Sole / First Applicant / Guardian Second Applicant Third Applicant POA holder, if any

Email: service@dspblackrock.com
Website: www.dspblackrock.com

Contact Centre: 1800 200 4499



- Name, Address are correctly mentioned
- Full scheme name, plan, option is mentioned
- Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
- Email ID / Mobile number are mentioned
- Pay-In bank details and supportings are attached
- Additional documents provided in case of specific exceptional Third Party Payments.
- PAN / KYC requirements are enclosed
- Nomination facility opted
- Complete Bank details provided
- Form is signed by all applicants