

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

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)                        |                              | Date of Birth (1st Appl / Minor)                                                                         |                                                  |
|                                                                                    |                              | D D / M M / Y Y Y Y                                                                                      |                                                  |
| Name of Guardian (if minor)/POA/Contact Person                                     |                              | PAN (1st Appl / Guardian)                                                                                |                                                  |
|                                                                                    |                              |                                                                                                          |                                                  |
| AADHAAR No. (1st Appl / Guardian) <input type="checkbox"/> Attach copy (mandatory) |                              | CKYC - KIN                                                                                               |                                                  |
|                                                                                    |                              |                                                                                                          |                                                  |
| PAN of POA                                                                         | <input type="checkbox"/> KYC | AADHAAR No. of POA                                                                                       | <input type="checkbox"/> Attach copy (mandatory) |
|                                                                                    |                              |                                                                                                          |                                                  |
|                                                                                    |                              | On behalf of minor:                                                                                      |                                                  |
|                                                                                    |                              | Date of Birth Proof attached* <input type="checkbox"/>                                                   |                                                  |
|                                                                                    |                              | Guardian named is:                                                                                       |                                                  |
|                                                                                    |                              | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> 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 D D / M M / Y Y Y Y (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

\*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 (₹)        |
|------------------------------------|--------|------|-------------------|-------------------|
| 1. DSPBR -                         | Scheme | Plan | Option/Sub Option |                   |
| 2. DSPBR -                         | Scheme | Plan | Option/Sub Option |                   |
| 3. DSPBR -                         | Scheme | Plan | Option/Sub Option |                   |
| Total                              |        |      |                   | Amount in Figures |

Payment Mode:   ☐ Cheque   ☐ DD  
☐ RTGS   ☐ NEFT   ☐ Funds transfer

Cheque/DD/RTGS/NEFT Details:

Ref. No. \_\_\_\_\_

Date D D / M M / Y Y Y Y

DD charges, if any \_\_\_\_\_

|                                                                                                                                                                                  |                |                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Payment from Bank A/c No.                                                                                                                                                        | Pay In A/c No. | <b>A/c. Type</b> <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others |
| <b>Bank Name &amp; Branch</b>                                                                                                                                                    |                |                                                                                                                                                                                                            |
| Documents Attached to avoid Third Party Payment Rejection, where applicable: <input type="checkbox"/> Bank Certificate, for DD <input type="checkbox"/> Third Party Declarations |                |                                                                                                                                                                                                            |

## 8. NOMINATION DETAILS

|                                                                                                                                                               |              |                             |                                  |              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------|----------------------------------|--------------|-----------------------------|
| <input type="checkbox"/> I/We wish to nominate. <input type="checkbox"/> 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:**

[illegible]

## 10. 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 from time to time, I / We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme/Plan/Option and agree to abide by the terms and conditions, rules and regulations. 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 is true, correct, and complete. 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 hereby provide my consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I hereby provide my consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered intermediaries, their Registrar and Transfer Agents (RTA) / Service Providers for the purpose of updating the same in all my / our folios.

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

|                                                                               |                                                                         |                               |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------|
| Email: <a href="mailto:service@dspblackrock.com">service@dspblackrock.com</a> | Website: <a href="http://www.dspblackrock.com">www.dspblackrock.com</a> | Contact Centre: 1800 200 4499 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------|

|                                                                                                               |                                                                              |                                                                           |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Quick Checklist</b><br> | <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"/> KYC information provided for each applicant         | <input type="checkbox"/> Nomination facility opted                        | <input type="checkbox"/> Non Individual investors should attach                                                                          |
|                                                                                                               | <input type="checkbox"/> FATCA/CRS details provided for each applicant       | <input type="checkbox"/> Form is signed by all applicants                 | <input type="checkbox"/> FATCA Details and Declaration Form                                                                              |
|                                                                                                               | <input type="checkbox"/> Aadhaar No. and copy is attached for each applicant |                                                                           | <input type="checkbox"/> UBO Declaration Form                                                                                            |