DSP BLACKROCK MUTUAL FUND

Scheme

DSPBR

Cheque no.

Amount

APPLICATION FORM

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

Application No.:

Distributor/RIA name and A	ARN/Code Sub Broker	ARN & Name	Sub Broker/Branch/	RM Internal Code EUI	N (Refer note below)	For Office use only
We confirm that the FIIIN	hov is intentionally left	blank by me/u	es as this is an "ove	cution-only"		
We confirm that the EUIN ransaction without any int Jpfront commission shall be issessment of various factor	eraction or advice by the paid directly by the inve	e distributor pestor to the AMF	ersonnel concerned I registered Distribu	f. tors based on the inve	estors'	
ssessment of various factor I am a First Time Inve				nvestor in Mutual Fu		Sole / First Applicant's Signature Mandatory
I. FIRST APPLICA	NT'S DETAILS	, _			•	
Name of First Applica	int (Should match wit	h PAN Card)			1	PAN (1st Applicant / Guardian)
Existing Folio Numbe	r	Name of	Guardian (if mi	nor)/POA/Contac	t Person I	PAN (POA)
On behalf of Minor	Date of Birth	D D /	м м / Y	YYYY	ate of Birth	Guardian named is:
*Attach Mandatory Documents as per in CONTACT DETA	,	PONDENC	F ADDRESS (roof attached *	☐ Father ☐ Mother ☐ Court Appointe
Email ID	ILS AND CORRE	JONDEN	L ADDICESS (AS PEL RICIE	corus,	Adduses Tone (Mendeton
(in capital)						Address Type (Mandator
Mobile +91			Tel (STD Co	ode)		☐ b. Residential
Address						☐ c. Business☐ d. Registered Office
andmark						
City			Pin Code		Charles	
. KYC DETAILS (A			(Mandatory)		State	
Ret-worth in (Ma Ret-Individuals (Retired House Come (Please tick Andatory for Non-Indiv	ewife ○ Stud) ○ Below 1 I viduals) ₹	dent O Forex De Lac O1-5 Lacs	oaler O Others O5-10 Lacs	○10-25 Lacs	ervice O Business O Professional (Please specify) 25 Lacs-1 crore O>1 crore M M / Y Y Y Y (Not older than 1)
. JOINT APPLICA	NTS (IF ANY) DE	TAILS		, ,		
Mode of Holding (I			fault)	Anyone or Surviv	vor	
nd Applicant Name			,			AN (2nd Applicant)
Occupation Detail						ice OBusiness (Please spec
O. Gross Annual Inco Others (Please tic						
ard Applicant Name	(Should match with	PAN Card)			P	AN (3rd Applicant)
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ACKNOWLEDGEME	NT SLIP (To be fill	ed in by the i	nvestor)			DSP BLACKROCK MUTUAL FUI
eceived, subject to realisation	n and verification an applic	ation for purchas	e of Units as mentione	edin the application form	ı.	Application No.
rom						Application No.

Sole/First Ap	JE TAILS	For Individuals	(Mandatory)	lon Individ	ual invest	ors including HUI	should mand	atorily fill sep	arate FATC	A/CRS details fo	
Sole/First Applicant/Guardian				2nd Applicant				☐ 3rd Applicant ☐ POA			
Place & Country of Birth	ntry of Birth PLACE COUNTRY		Place & Country of Birth		PLACE	PLACE COUNTRY		intry of Birth	PLACE	COUNTRY	
Nationality Indian U.S. Other		Nationality □ Indian □ U.S. [ian 🗆 U.S. 🗆 Other			
# Please indicate all Countries, *If TIN is not available or mention of tax residence entered above	other than Indi- ned, please me do not require th	a, in which you are ntion reason as: 'A' he TIN to be disclose	a resident for tax purp if the country does not ed.	oose, associa issue TINs to	ed Taxpaye its resident	Identification Num s; 'B' & mention why	ber and it's Ident you are unable t	tification type eg o obtain a TIN; 'C	g. TIN etc. C' if the authori	ities of the country	
	untry # Tax Identification Identification Number Type/Reason*		Country #	fication per				Tax Identification Identi			
1		7.	1				1				
2			2				2				
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. BANK ACCOUNT	DETAILS	(Avail Multiple	Bank Registratio	n Facility)							
Bank Name											
Bank A/C No.						A/C Typ	e ☐ Savings ☐	Current 🗌 N	IRE 🗌 NRO [☐ FCNR ☐ Othe	
Branch Address											
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FSC code: (11 digit)				MICR c	ode (9 d	git) (This is a 9 di	git number next to	your cheque numb			
7. INVESTMENT AN	D PAYMEN	NT DETAILS	(Default plan/or	otion/sub	ontion w	ll be applied in	case of no i	nformation.	ambiguity	or discrepancy	
Cheque/DD should be in fav											
One time Lumpsum Inv	estment 🗌	SIP: Systematic	Investment Plan.	F Attacl	n OTM for	m, if not alread	ly registered.			ue Details belov	
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B. DSPBR - Sch	eme	Plan	Option/Sub O	ption				Date D	/ M M	/ Y Y Y	
Total	Amount i	in words				Amount in Fi	gures	DD charges,	if anv		
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Payment from Bank A/c	No.		n A/c No.		A/C.	ype □ Savings	current	NKE LI NKU L	JECNK LI UI	.ners	
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□ I/We wish to nomi		Ve DO NOT wish	to nominate and si								
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