

DSP BLACKROCK MUTUAL FUND

First SIP Cheque and SIP Debit Form

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

APPLICATION NO.

NEW REGISTRATION RENEWAL OF REGISTRATION UPDATE NEW BANK A/C FOR SIP DEBIT

REGISTRATION CUM MANDATE FORM FOR ECS (Debit clearing) / Direct Debit/Standing Instructions

Distributor ARN and Name ARN-1897	Sub Broker ARN Code	Sub Broker/Branch/RM Internal Code	Employee Unique Id. No. (EUIIN)	For Office use only
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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

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name				
Existing Investor Folio No.	/	OR Application no. for New Investors		
Scheme	DSP BlackRock			
Plan		Option/Sub option		
Email ID: (In capital)				
Mobile Number:	+ 9 1	(For SMS Alerts)	(For Email Delivery instead of physical account statement.)	

	Sole / First Applicant / Guardian	Second Applicant / Guardian	Third Applicant / Guardian
PAN & <input type="checkbox"/> KYC In case of Micro SIP (Refer Instruction 3)			
KRA Reference No.			

SIP AND DEBIT DETAILS

Each SIP Amount (Rs.) (Minimum Rs. 500/-)		Frequency <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly	(Minimum 12 instalments, 6 in case of DSPBR Tax Saver Fund)
SIP Debit Date:	<input type="checkbox"/> 1 st * <input type="checkbox"/> 7 th <input type="checkbox"/> 14 th <input type="checkbox"/> 21 st <input type="checkbox"/> 28 th	(Please tick <input checked="" type="checkbox"/> only one date. Use separate forms for different dates)	
SIP Period (Including cheque)	Start Month <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	End Month <input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>	OR <input type="checkbox"/> DEC-2040* <input type="checkbox"/> *Default Options

(Note: There should be a minimum time gap of one month and maximum time gap of two months between the first cheque for SIP investment and first instalment of SIP Debit)

First SIP Cheque No.:		Cheque date	<input type="text"/> / <input type="text"/> / <input type="text"/> / <input type="text"/>
(Cheque amount same as Auto Debit Amount. Should be current dated & drawn on bank whose details are provided below.)			
Mandatory Enclosure (If 1st instalment is not by cheque)	<input type="checkbox"/> Cheque Copy	<input type="checkbox"/> Cancelled Cheque	<input type="checkbox"/> Banker's attestation

PARTICULARS OF BANK ACCOUNT

I/We hereby authorise DSP BlackRock Mutual Fund and their authorised service providers to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit/SI to account for collection of SIP payments. (First Unit Holder should be amongst one of bank account holders.)

Accountholder Name as in Bank Account	
Bank Name	
Branch Name & Address	
Account Number (Core Banking No. in full)	
9 Digit MICR Code	
	A/c Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others _____

DSP BlackRock MF will not be responsible for any bank rejection or failed debit or transaction reversal due to funds not received from investors' bank for any reason including mandate not received by bank.

Having read and understood the contents of the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Schemes of DSP BlackRock Mutual Fund mentioned within, I hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS/Direct Debit/Standing Instructions. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible, I will also inform DSP BlackRock Mutual Fund, its service providers and bank about any changes in my bank account. I have read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Debit/SI mentioned overleaf. In case of Micro SIP application without PAN, I/We hereby declare that I/we do not have any existing Micro SIPs with DSP BlackRock Mutual Fund which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other model), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. **[Signature as per Mutual Fund Records/Application]**

First Unit Holder's Signature	Second Unit Holder's Signature	Third Unit Holder's Signature
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Authorisation of the Bank Accountholder (to be signed by the Bank Accountholder)

This is to inform that I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit/Standing Instructions Facility and that my/our payment towards my/our investment in DSP BlackRock Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative of DSP BlackRock Mutual Fund carrying this mandate form to get it verified & executed. I have read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Debit/SI mentioned overleaf.

Bank Account Number
[Signature as per Bank Records]

First Account Holder's Signature	Second Account Holder's Signature	Third Account Holder's Signature
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Acknowledgement (Subject to verification)

DSP BlackRock Mutual Fund

Investor's Name				
Folio No.	/	Scheme		
SIP Date	SIP Amount (Rs.)	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Cheque No.	
<input type="checkbox"/> New Registration <input type="checkbox"/> Renewal of Registration <input type="checkbox"/> Update New Bank A/c For SIP Debit				

All details in the form are mandatory.

Application No.:

12-03-2014 V1.2014

Distributor ARN and Name	Sub Broker ARN Code	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 Card) _____ **PAN** (1st Applicant / Guardian) _____ **KYC**

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

On behalf of Minor _____ Date of Birth _____ Date of Birth _____ Guardian named is : _____
 (* Attach Mandatory Documents as per instructions). Minor's D D / M M / Y Y Y Y Proof attached * Father Mother Court Appointed

2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Email ID (in capital) _____

Mobile +91 _____ **Tel** (STD Code) _____

Address _____

Landmark _____

City _____ **Pin Code** (Mandatory) _____ **State** _____

3. KYC DETAILS (Mandatory)

3a. Status of Sole/1st Applicant (Please tick) Indian Resident Individual On Behalf of Minor NRI (Repatriable) NRI (Non-Repatriable) Sole Proprietorship HUF - Indian HUF - NRI Partnership Firm Limited Partnership (LLP) Listed Company Unlisted Company Body Corporate Bank / FI Insurance Companies Government Body AOP/BOI Trust / Society Provident Fund Superannuation / Pension Fund Gratuity Fund FOF - MF schemes FII Others _____ (Please specify)

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 I am Politically Exposed Person I am Related to Politically Exposed Person Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc)
 I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: YES NO
 (If No, please attach mandatory UBO declaration)
 II. Foreign Exchange / Money Changer Services YES NO
 III. Gaming / Gambling / Lottery/Casino Services YES NO
 IV. Money Lending / Pawning YES NO

4. JOINT APPLICANTS, IF ANY AND THEIR DETAILS

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

2nd Applicant Name (Should match with PAN Card) _____ **PAN** (2nd Applicant) _____ **KYC**

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 Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore **OR** Net worth ₹ _____

c. Others (Please tick) Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

3rd Applicant Name (Should match with PAN Card) _____ **PAN** (3rd Applicant) _____ **KYC**

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 Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore **OR** Net worth ₹ _____

c. Others (Please tick) Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

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.	Cheque Date	Amount

Application No. _____

5. BANK ACCOUNT DETAILS (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)

6. INVESTMENT AND PAYMENT DETAILS (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 incase of no information, ambiguity or discrepancy)

One time Lump sum Investment: Please fill the details hereunder.

Payment Mode: Cheque DD RTGS NEFT Funds transfer

Cheque/DD/RTGS/NEFT No.

Amount (Rs.) (i)

DD charges, (Rs.)(ii)

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

In Words

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

SIP: Systematic Investment Plan. Attach OTM form, if not already registered.

First SIP Cheque Details: (Mention Amount in SIP Form)

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

Cheque/DD Date Bank & Branch

7. NOMINATION DETAILS

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%	

8. UNIT HOLDING OPTION:

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:

CDSL:

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

9. 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
- Email ID / Mobile number are mentioned
- PAN / KYC details are enclosed
- Complete Bank details provided
- Full scheme name, plan, option is mentioned
- Pay-In bank details and supportings are attached
- Nomination facility opted
- Form is signed by all applicants
- Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
- Additional documents provided in case of specific exceptional Third Party Payments.