

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

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.

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) | | Date of Birth (Guardian) | |
| | | | | D D / M M / Y Y Y Y | |
| AADHAAR No. (1st Appl / Guardian) <input type="checkbox"/> Attach copy (mandatory) CKYC - KIN | | | On behalf of minor: | | |
| | | | Date of Birth Proof attached* <input type="checkbox"/> | | |
| PAN of POA <input type="checkbox"/> KYC AADHAAR No. of POA <input type="checkbox"/> Attach copy (mandatory) | | | 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) | | Tel (STD Code) | | Address Type (Mandatory) | |
| | | | | <input type="checkbox"/> a. Residential & Business | |
| Mobile +91 | | | | <input type="checkbox"/> b. Residential | |
| Address | | | | <input type="checkbox"/> c. Business | |
| | | | | <input type="checkbox"/> d. Registered Office | |
| Landmark | | Pin Code (Mandatory) | | State | |
| | | | | | |
| City | | | | | |

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 Fls 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 Date of Birth

| | | | | | |
|--|--|---|---------------------|------------|--|
| 2nd Applicant | | | D D / M M / Y Y Y Y | | |
| (Should match with PAN/Aadhar Card) | | | | | |
| PAN | | AADHAR NO. <input type="checkbox"/> Attach copy (mandatory) | | CKYC - KIN | |
| | | | | | |
| a. Occupation Details (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others _____ (Please specify) | | | | | |
| b. Gross Annual Income (Please tick ✓) <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore | | | | | |
| c. Others (Please tick ✓) <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP) | | | | | |

| | | | | | |
|--|--|---|---------------------|------------|--|
| 3rd Applicant | | | Date of Birth | | |
| | | | D D / M M / Y Y Y Y | | |
| (Should match with PAN/Aadhar Card) | | | | | |
| PAN | | AADHAR NO. <input type="checkbox"/> Attach copy (mandatory) | | CKYC - KIN | |
| | | | | | |
| a. Occupation Details (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others _____ (Please specify) | | | | | |
| b. Gross Annual Income (Please tick ✓) <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore | | | | | |
| c. Others (Please tick ✓) <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> 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

| Sole/First Applicant/Guardian | | | 2nd Applicant | | | 3rd Applicant | | | POA |
|--|-------|---------|--|-------|---------|--|-------|---------|-----|
| Place & Country of Birth | PLACE | COUNTRY | Place & Country of Birth | PLACE | COUNTRY | Place & Country of Birth | PLACE | COUNTRY | |
| Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____ | | | Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____ | | | Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____ | | | |

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and its 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 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)

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 | Amount (₹) | Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD |
|------------|--------|------|-------------------|-----------------|---|
| 2. DSPBR - | Scheme | Plan | Option/Sub Option | | <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer |
| 3. DSPBR - | Scheme | Plan | Option/Sub Option | | Cheque/DD/RTGS/NEFT Details: |
| Total | | | | Amount in words | Amount in Figures |

Ref. No. _____
 Date: DD / MM / YYYY
 DD charges, if any _____

Payment from Bank A/c No. _____ Pay In A/c No. _____ A/c. Type Savings Current NRE NRO FCNR Others _____

Bank Name & Branch: _____

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

8. NOMINATION DETAILS

I/We wish to nominate. 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:

In Account Statement Mode (default): In Demat mode: NSDL: I N _____ Depository Participant (DP) ID (NSDL only) _____ Enclose for demat option: Client Master List Transaction/Holding Statement DIS Copy

Beneficiary Account Number (NSDL only) _____
 CDSL: _____

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: service@dspblackrock.com

Website: www.dspblackrock.com

Contact Centre: 1800 200 4499

Quick Checklist

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