

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

Sub Broker ARN Code ARN-3092	Sub Broker/Branch/RM Internal Code	Employee Unique Id. No. (EUIIN) E075439	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 / First Applicant'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.)

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

SIP AND DEBIT DETAILS

Each SIP Amount (Rs.) _____ Frequency Monthly* Quarterly (Minimum 12 instalments, 6 in case of DSPBR Tax Saver Fund)
 SIP Debit Date: 1st* 7th 14th 21st 28th (Please tick only one date. Use separate forms for different dates)
 SIP Period (Including cheque) Start Month M M M / Y Y End Month M M M / Y Y OR DEC-2040* *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 DD / MM / YYYY
 [Cheque amount same as Auto Debit Amount. Should be current dated & drawn on bank whose details are provided below.]
 Mandatory Enclosure Cheque Copy Cancelled Cheque 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.)

Account holder Name as in Bank Account _____
 Bank Name _____
 Branch Name & Address _____
 Account Number _____
 (Core Banking No. in full) _____ A/c Type Savings Current NRE NRO Others _____
 9 Digit MICR Code _____

I/We have 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 Scheme(s) 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 mode), 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 Account holder (to be signed by the Bank Account holder)

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. [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: Monthly Quarterly Cheque No. _____
 New Registration Renewal of Registration Update New Bank A/c For SIP Debit

ARN-3092