APPLICATION FORM

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

Distributor/RIA name and ARN/Code	e Sub Broker ARN & Name	Sub Broker/B	ranch/RM Inter	nal Code	EUIN (Refer not	te below)	For Office use only
ARN-77785					E1572	01	
I/We confirm that the EUIN box is ir transaction without any interaction	ntentionally left blank by me/u	is as this is an	"execution-o	only"			
Upfront commission shall be paid dire assessment of various factors includin	ectly by the investor to the AMF	I registered Di	istributors bas	ed on the	investors'		
\Box I am a First Time Investor in Λ					l Fund Industr	y. Sole /	First Applicant's Signature Mandatory
1. FIRST APPLICANT'S DETAI	LS	-					
Name of First Applicant (Sho	ould match with PAN/Aac	lhar Card)					Date of Birth (1st Appl / Minor) (attach proof)
							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 / Gu	Iardian) 🗌 Attach copy (man	datory) CKY	C - KIN				Guardian is:
							Father Mother Court Appointed
Existing Folio	PAN of F	AO		🗆 КҮС	AADH	AAR No. of POA	Attach copy (mandatory)
2. CONTACT DETAILS AND CO	ORRESPONDENCE ADDRE	SS (As per	KYC record	ds)			
Email ID (in capital)							Address Type (Mandatory)
Mobile +91		Tel (STI	Code)				🗌 a. Residential & Business
Address							☐ b. Residential ☐ c. Business
							☐ d. Registered Office
Landmark							
City		Pin Code	•				
		(Mandator	y)		St	ate	
3. KYC DETAILS (Mandatory)							
3a. Status of Sole/1st Applica	````				,		
							$(LLP) \bigcirc$ Public Ltd. Co. \bigcirc Private Ltd. Co.
							on/Pension Fund \odot Gratuity Fund \odot Mutual Fund
○ FII ○ FPI-Category I/II/III ○ FCRA							
Regional Are you a Non-Profit Organ							
3b. Occupation Details (Ple \bigcirc Agriculturist \bigcirc Retired \bigcirc H			0.01			rnment Service C	
3c. Gross Annual Income (P	lease tick ✓) ○Below 1	Lac 01-5		5-10 Lacs			cs-1 crore O>1 crore
Net-worth in (Mandatory	for Non-Individuals) ₹				as on	D D / M N	/ Y Y Y Y (Not older than 1 year)
3d. For Individuals (Please	tick ✔) ○ Not Applicable	○ I am Poli	tically Expos	sed Person	n 🔿 I am Rela	ated to Politically	Exposed Person
4. JOINT APPLICANTS (IF AN			2				•
Mode of Holding (Please	tick 🗸) 🛛 🗌 Joint (De	fault)	Anyo	ne or Su	rvivor		Date of Birth
2nd Applicant							D D / M M / Y Y Y Y
(Should match with PAN/Aadhar Car							
PAN	AADHAR NO). 🗌 At	tach copy	(mandat	ory) C	KYC - KIN	
a Occurrentian Dataila (Disc		Comico O	Dublis Casta	u Comico	0.6		
a. Occupation Details (Pleator Agriculturist O Retired O							
b. Gross Annual Income (P							
C. Others (Please tick ✓)	-						
						Date of Birt	
3rd Applicant (Should match with PAN/Aadhar Car	d)					Date of birt	
PAN	AADHAR NO	D. □ At	tach copy	(mandat	ory) C	KYC - KIN	
a. Occupation Details (Plea							
• Agriculturist • Retired							
b. Gross Annual Income (P	lease tick ✓) ○Below 1 l	ac 0 1-5	Lacs 0 5-1	O Lacs C	0 10-25 Lacs	 >25 Lacs-1 cro 	re O>1 crore
C. Others (Please tick ✓)	Not Applicable O Politic	ally Exposed	rerson (PEP)	O Relat	ed to a Politic	any Exposed Perso	אות (אבר)
ACKNOWLEDGEMENT SLIP (To	be filled in <u>by the invest</u>	or)				DSP B	LACKROCK MUTUAL FUND
Received, subject to realisation and veri	i i i i i i i i i i i i i i i i i i i		entionedin the	application	form.		
From	reación un applicación for purchas			αρριτατισΠ	-		Application No.
Scheme	Ch	eque no.	Amo	unt			
DSPBR							
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5. FATCA and CRS	DETAI		Guardi	an							2nc	l App	licant								3rd	Appli	cant			0A		
Place & Country of	of Birth	PL	ACE	C	OUN	TRY	Plac	e &	Count	ry o	f Bir	th	PLA	CE		COUN	ITRY	Pla	ace 8	t Cour				PLA			OUNTRY	Y
Nationality 🗌 Indi	ian □U.	⊥ S. □Ot	her				Nati	iona	lity 🗆	India	an 🗆	U.S.	Oth	er				N	ationa	ality [Ind	ian 🗆	U.S.	□ Oth	er			
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