DSP BLACKROCK

First SIP Cheque and SIP Debit Form

Please refer to Instructions of KIM and as mentioned overleaf before filling the form.

APPLICATION NO. KAF0118366

MUTUAL FUND ■ NEW REGISTRATION ☐ RENEWAL OF REGISTRATION ☐ CHANGE IN BANK MANDATE 01-10-10 V3.2010 REGISTRATION CUM MANDATE FORM FOR ECS (Debit clearing) / Direct Debit/Standing Instructions Sub Broker Code Branch / RM Code For Office use only **ARN - 9686** Contact No: 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 **INVESTOR AND INVESTMENT DETAILS** Sole / First Investor Name Existing Investor Folio No. Date of Birth Scheme DSP BlackRock Plan Option/Sub option Email ID: (In capital) (For Email Delivery instead of physical account statement.) (For SMS Alerts) Mobile Number: Sole / First Applicant / Guardian Second Applicant / Guardian Third Applicant / Guardian **PAN** (Provide attested copy) In case of Micro SIP (Refer Instruction 3) ID Proof Document Name Document Number (provide attested photo identification proof) **SIP AND DEBIT DETAILS** Each SIP Amount (Rs.) Frequency Monthly* Quarterly (Minimum Rs. 500/-) $\square 14^{th} \square 21^{st} \square 28^{th}$ (Please tick ✔ only one date. Use separate forms for different dates) SIP Debit Dates: Start Month M M Y Y End Month M M Y Y SIP Period (Minimum 12 instalments, 6 in case of DSPBR Tax Saver Fund) (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) *Default Cheque date First SIP Cheque No.: (Cheque amount same as Auto Debit Amount and should be drawn on bank whose details are provided below. The cheque should be current dated.) Mandatory Enclosure (If 1st instalment is not by cheque)

Blank Cancelled Cheque

Cheque Copy 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. Accountholder Name as in Bank Account Bank Name Branch Name & Address Account Number Account Type ☐ Savings ☐ Current ☐ NRE☐ NRO (Core Banking No. in full) ◄ (Please enter the 9 digit number that appears after your cheque number). 9 Digit MICR Code 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 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 bloder 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. First Second Third Account Account Account Holder's Holder's Holder's Signature Signature Signature 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 **Bank Account Number** read, understood and agreed to the terms and conditions of ECS (Debit)/Direct Direct/SI mentioned overleaf First Second Third Account Account Account Holder's Holder's Holder's Signature Signature Signature Acknowledgement (Subject to verification) DSP BlackRock Mutual Fund Investor's Name Folio No. Scheme SIP Date Frequency: Monthly Quarterly SIP Amount (Rs.)