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**

17-01-2013 V1.2013

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

Distributor ARN and Name	Sub Broker ARN Code	Sub Broker/Branch/RM Internal Code	Employee Unique Id. No. (EUIN)	For Office use only
ARN-42954			E029686	

☐ **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.

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 & ☐ **KYC** In case of Micro SIP (Refer Instruction 3)			
KRA Reference No.			

SIP AND DEBIT DETAILS

Each SIP Amount (Rs.) (Minimum Rs. 500/-) 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 / End Month / 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** / /

(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) ☐ 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.)

Accountholder 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

☞ **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 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

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 Direct/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

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