

**ACKNOWLEDGEMENT SLIP**

Acknowledgement is subject to verification. Request may not be processed in case of incomplete / ambiguous / improper / incorrect details in Transaction Form.

Investor Name

Folio Number

Scheme

Plan / Option / Sub Option

Additional Purchase or  SIP

Total Amount (Rs. \_\_\_\_\_)

Total Cheques \_\_\_\_\_

Cheques No.(s) \_\_\_\_\_

From \_\_\_\_\_

To \_\_\_\_\_

Redemption or  Switch

Amount (Rs.) \_\_\_\_\_

OR Units \_\_\_\_\_

SWP or  STP

Change of Bank Account

PAN Details  KYC Letter

Change of Address / Contact Details

Cancellation Form for Systematic Transactions (SIP/ STP/ SWP)

PIN Facility  Nomination Details

ISC Stamp & Signature

Please fill only in the space provided. Any additional details/notings/instructions or those provided at a non designated area of the form may not be executed. Please use separate Transaction Form for each Transaction and for each Scheme / Plan and Kindly refer Instructions overleaf.

Name of Sole / First Unitholder (Leave space between first / middle / last name)  Mr.  Ms.  M/s.  Others \_\_\_\_\_

Existing Folio Number \_\_\_\_\_ Scheme Name / Plan / Option\* / Sub Option\* \_\_\_\_\_

**ADDITIONAL PURCHASE** (Write Investment Scheme Name, Plan / Option\* / Sub Option\* on top)

Amount in Words \_\_\_\_\_

Amount in Figures \_\_\_\_\_ Cheque / DD No. \_\_\_\_\_

Rs. \_\_\_\_\_

Cheque / DD Drawn on (Name of Bank & Branch) \_\_\_\_\_

Cheque / DD Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Cheque/DD to be drawn in favour of 'Name of the Scheme' \_\_\_\_\_

**REDEMPTION** (Write Scheme Name, Plan / Option / Sub Option on top)

Amount in Figures \_\_\_\_\_ Amount in Words \_\_\_\_\_

Rs. \_\_\_\_\_

OR (Please note that the Redemption can be done either in Units or in Amount and not in both)

Units in Figures \_\_\_\_\_ Units in Words \_\_\_\_\_

**SWITCH** (Write switch-out Scheme Name, Plan / Option / Sub Option on top)

Amount in Figures \_\_\_\_\_ Amount in Words \_\_\_\_\_

Rs. \_\_\_\_\_

OR (Please note that the Switch can be done either in Units or in Amount and not in both)

Units in Figures \_\_\_\_\_ Units in Words \_\_\_\_\_

Switch-in To Scheme / Plan / Option\* / Sub Option\* \_\_\_\_\_

**CHANGE OF BANK ACCOUNT DETAILS**

Please attach cancelled / photocopy of Cheque / Bank Letter confirming new bank account details

Bank Name \_\_\_\_\_

Branch \_\_\_\_\_

Account No. \_\_\_\_\_

A/c. Type (Please ✓)  Savings  Current  NRE  NRO  FCNR

9 Digit MICR Code \_\_\_\_\_  
for ECS :

11 Digit IFSC Code \_\_\_\_\_

\* Default Option will be applied in case of no information, ambiguity or discrepancy.

Distributor Name and ARN	Sub Broker Code	Branch / RM Code

**PAN DETAILS**

Sole / First Applicant / Guardian \_\_\_\_\_

Second Applicant / Guardian \_\_\_\_\_

Third Applicant / Guardian \_\_\_\_\_

**PAN CARD COPY**

Attached

Attached

Attached

**KYC LETTER** (for Rs. 50,000/- & above)

Attached

Attached

Attached

**PoA (Power of Attorney) DETAILS, if applicable**

Name of the PoA holder \_\_\_\_\_

PAN of the PoA holder \_\_\_\_\_

Attached  PAN Card Copy  KYC Letter

**CHANGE OF ADDRESS** (P.O. Box Address is not sufficient) (Local Address for NRIs / FIIs)

CoA for KYC Compliance Folios need to be carried with CVL and not directly with the Fund / Registrar.

City \_\_\_\_\_

Pin Code \_\_\_\_\_

State \_\_\_\_\_

**NRI / FII Overseas Address** (Mandatory) (P.O. Box Address is not sufficient)

**CONTACT DETAILS**

STD Code \_\_\_\_\_

Tel. Off. \_\_\_\_\_

Extn. \_\_\_\_\_

Mobile \_\_\_\_\_

Tel. Resi. \_\_\_\_\_

Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

(Refer Instructions overleaf)

**DECLARATION & SIGNATURES**

Having read and understood the contents of the Scheme Information Document (SID), Statement of Additional Information (SAI), Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Schemes of DSP BlackRock Mutual Fund mentioned within, I / We hereby apply to the Trustee of DSP BlackRock Mutual Fund for units of the Schemes and agree to abide by terms and conditions, rules and regulations of the relevant Schemes. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We hereby nominate the above nominee to receive all the amounts to my / our credits in the event of my / our death and have read the Instructions for Nomination listed overleaf. Signature of the nominee acknowledging receipts of my / our credit will constitute full discharge of liabilities of the Fund. I / We declare that the amount invested in the scheme is through legitimate sources only and is not designed for the purpose of any contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by Government of India or any Statutory Authority. **Applicable to NRIs only :** I / We confirm that I am / We are Non-Resident(s) of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account(s).

Sole / First Holder \_\_\_\_\_

Second Holder \_\_\_\_\_

Third Holder \_\_\_\_\_

