

**Contact: Save Tax Get Rich**  
**+91 94 8300 8300**

# KEY INFORMATION MEMORANDUM CUM APPLICATION FORM

**DSP BLACKROCK**  
**MUTUAL FUND**

Investment Manager : DSP BlackRock Investment Managers Pvt. Ltd. | Offer of Units at NAV based prices

**Contact: Save Tax Get Rich**  
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PRODUCT LABELLING & SUITABILITY 

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the Schemes/Mutual Fund, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations, associate transactions etc. investors should, before investment, refer to the relevant Scheme Information Document (SID) and Statement of Additional Information (SAI) available free of cost at any of the Investor Service Centres or distributors or from the website [www.dspblackrock.com](http://www.dspblackrock.com). The Schemes' particulars have been prepared in accordance with the Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The Units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM. This KIM is dated June 29, 2016.

Application No.:

| Distributor/RIA name and ARN/Code | Sub Broker ARN & Name | Sub Broker/Branch/RM Internal Code | EUIN (Refer note below) | For Office use only |
|-----------------------------------|-----------------------|------------------------------------|-------------------------|---------------------|
| ARN - 74461                       |                       |                                    | E 063566                |                     |

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.

I am a First Time Investor in Mutual Fund Industry.  I am an Existing Investor in Mutual Fund Industry.

Sole / First Applicant's Signature Mandatory

**1. FIRST APPLICANT'S DETAILS**

|  |  |  |  |
|--|--|--|--|
| Name of First Applicant (Should match with PAN Card) |  | PAN (1st Applicant / Guardian)                 | <input type="checkbox"/> KYC   |
| Existing Folio Number                                |  | Name of Guardian (if minor)/POA/Contact Person | PAN (POA) <input type="checkbox"/> KYC   |
| On behalf of Minor                                   | Date of Birth<br>(* Attach Mandatory Documents as per instructions). Minor's | Date of Birth                                  | Guardian named is :  |
|  |  | Proof attached * <input type="checkbox"/>      | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed |

**2. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (As per KYC records)**

|                       |                      |       |  |
|-----------------------|----------------------|-------|--|
| Email ID (in capital) | Tel (STD Code)       |       | Address Type (Mandatory)<br><input type="checkbox"/> a. Residential & Business<br><input type="checkbox"/> b. Residential<br><input type="checkbox"/> c. Business<br><input type="checkbox"/> d. Registered Office |
| Mobile +91            |                      |       |  |
| Address               |                      |       |  |
| Landmark              |                      |       |  |
| City                  | Pin Code (Mandatory) | State |  |

**3. KYC DETAILS (Mandatory)**

**3a. Status of Sole/1st Applicant (Please tick ✓)**  Indian Resident Individual  Minor (Resident)  Minor (Repatriable)  Minor (Non Repatriable)  
 NRI (Repatriable)  NRI (Non-Repatriable)  PIO  Sole Proprietorship  HUF - Indian  HUF - NRI  Partnership Firm  Limited Partnership (LLP)  Public Ltd. Co.  
 Private Ltd. Co.  Body Corporate  Bank  Fls  Insurance Companies  Government Body  AOP/BOI  Trust  Society  Provident Fund  
 Superannuation / Pension Fund  Gratuity Fund  Mutual Fund  FI  FPI-Category I/II/III  FCRA  GDN  Defence Establishment  NPS Trust  
 Others \_\_\_\_\_ (Please specify)

Are you a Non-Profit Organization [NPO] or Company u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act, 2013:  Yes  No

**3b. Occupation Details (Please tick ✓)**  Private Sector Service  Public Sector Service  Government Service  Business  Professional  
 Agriculturist  Retired  Housewife  Student  Forex Dealer  Others \_\_\_\_\_ (Please specify)

**3c. Gross Annual Income (Please tick ✓)**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore  
 Net-worth in (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on DD / MM / YYYY (Not older than 1 year)

**3d. For Individuals (Please tick ✓)**  
 Not Applicable  I am Politically Exposed Person  I am Related to Politically Exposed Person

**4. JOINT APPLICANTS (IF ANY) DETAILS**

Mode of Holding (Please tick ✓)  Joint (Default)  Anyone or Survivor

|  |                     |                              |
|--|---------------------|------------------------------|
| 2nd Applicant Name (Should match with PAN Card)  | PAN (2nd Applicant) | <input type="checkbox"/> KYC |
| <b>a. Occupation Details (Please tick ✓)</b> <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business<br><input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others _____ (Please specify) |                     |                              |
| <b>b. Gross Annual Income (Please tick ✓)</b> <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore  |                     |                              |
| <b>c. Others (Please tick ✓)</b> <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP)   |                     |                              |
| 3rd Applicant Name (Should match with PAN Card)  | PAN (3rd Applicant) | <input type="checkbox"/> KYC |
| <b>a. Occupation Details (Please tick ✓)</b> <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business<br><input type="radio"/> Professional <input type="radio"/> Agriculturist <input type="radio"/> Retired <input type="radio"/> Housewife <input type="radio"/> Student <input type="radio"/> Forex Dealer <input type="radio"/> Others _____ (Please specify) |                     |                              |
| <b>b. Gross Annual Income (Please tick ✓)</b> <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> >25 Lacs-1 crore <input type="radio"/> >1 crore  |                     |                              |
| <b>c. Others (Please tick ✓)</b> <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP)   |                     |                              |

**ACKNOWLEDGEMENT SLIP (To be filled in by the investor)**

**DSP BLACKROCK MUTUAL FUND**

Received, subject to realisation and verification an application for purchase of Units as mentioned in the application form.

|        |            |        |
|--------|------------|--------|
| From   |            |        |
| Scheme | Cheque no. | Amount |
| DSPBR  |            |        |

Application No. \_\_\_\_\_

**5. FATCA and CRS DETAILS** For Individuals (Mandatory) Non Individual investors including HUF should mandatorily fill separate FATCA/CRS details form

| Sole/First Applicant/Guardian  |       |         | 2nd Applicant  |       |         | <input type="checkbox"/> 3rd Applicant   |       |         | <input type="checkbox"/> POA   |       |         |
|--|-------|---------|--|-------|---------|--|-------|---------|--|-------|---------|
| Place & Country of Birth   | PLACE | COUNTRY | Place & Country of Birth   | PLACE | COUNTRY | Place & Country of Birth   | PLACE | COUNTRY | Place & Country of Birth   | PLACE | COUNTRY |
| Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____ |       |         | Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____ |       |         | Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____ |       |         | Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____ |       |         |

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.  
 \*If TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

| Country # | Tax Identification Number | Identification Type/Reason* | Country # | Tax Identification Number | Identification Type/Reason* | Country # | Tax Identification Number | Identification Type/Reason* |
|-----------|---------------------------|-----------------------------|-----------|---------------------------|-----------------------------|-----------|---------------------------|-----------------------------|
| 1         |                           |                             | 1         |                           |                             | 1         |                           |                             |
| 2         |                           |                             | 2         |                           |                             | 2         |                           |                             |
| 3         |                           |                             | 3         |                           |                             | 3         |                           |                             |

**6. BANK ACCOUNT DETAILS** (Avail Multiple Bank Registration Facility)

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

Bank A/C No. \_\_\_\_\_ A/C Type  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_

Branch Address \_\_\_\_\_

City \_\_\_\_\_ Pin \_\_\_\_\_

IFSC code: (11 digit) \_\_\_\_\_ MICR code (9 digit) \_\_\_\_\_ (This is a 9 digit number next to your cheque number)

**7. INVESTMENT AND PAYMENT DETAILS** (Default plan/option/sub option will be applied incase of no information, ambiguity or discrepancy)

Cheque/DD should be in favour of: "DSP BlackRock Mutual Fund" if single cheque with multiple schemes OR "Scheme Name", in case of single scheme / scheme wise cheques.

One time Lumpsum Investment  SIP: Systematic Investment Plan.  Attach OTM form, if not already registered. **Mention First SIP Cheque Details below and in SIP form.**

| Full Scheme/Plan/Option/Sub Option                                       | Amount (₹)                       | Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> DD  |
|--|----------------------------------|--|
| 1. DSPBR - Tax Saver Fund/Growth/Growth <small>Option/Sub Option</small> |                                  | <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Funds transfer  |
| 2. DSPBR - <small>Scheme Plan Option/Sub Option</small>                  |                                  | Cheque/DD/RTGS/NEFT Details:   |
| 3. DSPBR - <small>Scheme Plan Option/Sub Option</small>                  |                                  | Ref. No. _____   |
| Total <small>Amount in words</small>                                     | <small>Amount in Figures</small> | Date <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

DD charges, if any \_\_\_\_\_

Payment from Bank A/c No. \_\_\_\_\_ Pay In A/c No. \_\_\_\_\_ A/c. Type  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_

Bank Name & Branch \_\_\_\_\_

Documents Attached to avoid Third Party Payment Rejection, where applicable:  Bank Certificate, for DD  Third Party Declarations

**8. NOMINATION DETAILS**

Individuals (single or joint applicants) are advised to avail Nomination facility.

I/We wish to nominate.  I/We DO NOT wish to nominate and sign here \_\_\_\_\_ 1st Applicant Signature (Mandatory)

|           | Nominee Name | Guardian Name (In case of Minor) | Allocation % | Nominee/ Guardian Signature |
|-----------|--------------|----------------------------------|--------------|-----------------------------|
| Nominee 1 |              |                                  |              |                             |
| Nominee 2 |              |                                  |              |                             |
| Nominee 3 |              |                                  |              |                             |
| Address   |              |                                  | Total = 100% |                             |

**9. UNIT HOLDING OPTION:**

In Account Statement Mode (default):  In Demat mode: NSDL:  I  N \_\_\_\_\_

Depository Participant (DP) ID (NSDL only) \_\_\_\_\_

Beneficiary Account Number (NSDL only) \_\_\_\_\_

CDSL: \_\_\_\_\_

Enclose for demat option:  
 Client Master List  
 Transaction/Holding Statement  
 DIS Copy

**10. DECLARATION & SIGNATURES**

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum, Instructions and addenda issued by DSP BlackRock Mutual Fund from time to time, I / We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme/Plan/Option and agree to abide by the terms and conditions, rules and regulations. I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form is true, correct, and complete. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority.

Sole / First Applicant / Guardian

Second Applicant

Third Applicant

POA holder, if any

Email: [service@dspblackrock.com](mailto:service@dspblackrock.com)

Website: [www.dspblackrock.com](http://www.dspblackrock.com)

Contact Centre: 1800 200 4499

- Quick Checklist
- Name, Address are correctly mentioned
  - Email ID / Mobile number are mentioned
  - KYC information provided for each applicant
  - FATCA/CRS details provided for each applicant
  - Full scheme name, plan, option is mentioned
  - Pay-In bank details and supportings are attached
  - Nomination facility opted
  - Form is signed by all applicants
  - Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
  - Non Individual investors should attach
    - FATCA Details and Declaration Form
    - UBO Declaration Form

**Debit Mandate Checklist:**

- Distributor code & details, if any,
- Bank Account Number, Bank Name, IFSC or MICR Code
- Amount in words AND in Figures, as you would in a cheque (your maximum limit)
- Your NAME and SIGNATURE as in your bank account

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**SIP Registration Checklist:**

- Distributor code & details, if any,
- Name, Folio No. / Application No.
- Scheme/s details
- Date, Other details
- Signature/s

|  |                       |                                    |  |                     |
|--|-----------------------|------------------------------------|--|---------------------|
| Distributor/RIA Name and ARN/Code<br><b>ARN- 74461</b> | Sub Broker ARN & Name | Sub Broker/Branch/RM Internal Code | EUIN (Refer note below)<br><b>E 063566</b> | For Office use only |
|--|-----------------------|------------------------------------|--|---------------------|

The following Mandate needs to be submitted only once for registration with or without SIP form. Once the mandate is registered, investor need not submit mandate again and can do lump sum investments, start new SIP registrations, using Physical Forms, Call, SMS or Online.

**DSP BLACKROCK  
MUTUAL FUND**

**OTM Debit Mandate Form NACH/ECS/DIRECT DEBIT**  
[Applicable for Lumpsum Additional Purchases as well as SIP Registrations]

Date

Tick(✓)  
 CREATE  
 MODIFY  
 CANCEL

UMRN  Office use only

Sponsor Bank Code  Office use only  Utility Code  Office use only

I/We hereby authorize: **DSP BLACKROCK MUTUAL FUND Schemes** to debit (tick✓) **SB / CA / CC / SB-NRE / SB-NRO / Other**

Bank A/c No.:

With Bank:  Bank Name & Branch IFSC  OR MICR

an amount of Rupees  In Words ₹  In Figures

FREQUENCY  Mthly  Qtrly  H. Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Reference 1 Folio No:  Mobile

Reference 2 Appln No:  Email id

I agree for the debit of mandate processing charges by the bank whom I am authorising to debit my account as per latest schedule of charges of the bank.

PERIOD  
 From          
 to          
 or  Until Cancelled

1.  Signature of Account Holder 2.  Signature of Account Holder 3.  Signature of Account Holder  
 1.  Name of Account Holder 2.  Name of Account Holder 3.  Name of Account Holder

**Declaration:** This is to confirm that the declaration has been carefully read, understood and made by me/us. I/We have understood that I/we are authorised to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User entity or the bank where I have authorised the debit and express my willingness and authorize to make payments through participation in NACH/ECS/Direct Debit/Standing Instructions. I/We hereby confirm adherence to the terms of OTM Facility and as amended from time to time and of NACH/ECS (Debits)/Direct Debits /Standing Instructions. Authorisation to Bank; This is to inform that I/We have registered for ECS / NACH (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 above mentioned bank account with your Bank. I/We authorize the representatives of DSP BlackRock Mutual Fund carrying this mandate form to get it verified and executed. **Please attach a cancelled cheque/cheque copy**

**DSP BLACKROCK  
MUTUAL FUND**

**SIP Registration/Renewal Form (for OTM registered investors only)**

**Attention: No need to attach OTM Debit Mandate again, if already registered earlier.**

Please tick  as applicable:  
 OTM Debit Mandate is already registered in the folio. [No need to submit again].  OTM Debit Mandate is attached and to be registered in the folio.  
 The total of all installments in a day should be less than or equal to the amount as mentioned in One Time Mandate already registered or submitted, if not registered.

|  |                       |                                    |  |                     |
|--|-----------------------|------------------------------------|--|---------------------|
| Distributor/RIA Name and ARN/Code<br><b>ARN- 74461</b> | Sub Broker ARN & Name | Sub Broker/Branch/RM Internal Code | EUIN (Refer note below)<br><b>E 063566</b> | For Office use only |
|--|-----------------------|------------------------------------|--|---------------------|

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 / First Applicant's Signature Mandatory

Investor Name:  Existing Investor Folio No./Application No.

| Sr. No.      | Scheme/Plan/Option/Sub-option (Mention Cheque details, if attached) | SIP Installment Amount (₹) | SIP Date (✓ one only)   | Frequency   | Start Month/Year End Month/Year*   | Top-Up (Minimum ₹ 500 or in Percentage %) Amount (₹) or Percentage %                  | Frequency  |
|--------------|---|----------------------------|---|---|--|---|--|
| 1.           | DSPBR -Tax Saver Fund/Growth/Growth                                 |                            | <input type="checkbox"/> 1st* <input type="checkbox"/> 7th<br><input type="checkbox"/> 10th <input type="checkbox"/> 14th<br><input type="checkbox"/> 15th <input type="checkbox"/> 21st<br><input type="checkbox"/> 25th <input type="checkbox"/> 28th | <input type="checkbox"/> Monthly*<br><input type="checkbox"/> Quarterly | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>to<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | ₹ <input type="text"/> OR <input type="text"/> %<br>Top-Up CAP*: <input type="text"/> | <input type="checkbox"/> Yearly*<br><input type="checkbox"/> Half-yearly |
| 2.           | DSPBR -   |                            | <input type="checkbox"/> 1st* <input type="checkbox"/> 7th<br><input type="checkbox"/> 10th <input type="checkbox"/> 14th<br><input type="checkbox"/> 15th <input type="checkbox"/> 21st<br><input type="checkbox"/> 25th <input type="checkbox"/> 28th | <input type="checkbox"/> Monthly*<br><input type="checkbox"/> Quarterly | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>to<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | ₹ <input type="text"/> OR <input type="text"/> %<br>Top-Up CAP*: <input type="text"/> | <input type="checkbox"/> Yearly*<br><input type="checkbox"/> Half-yearly |
| 3.           | DSPBR -   |                            | <input type="checkbox"/> 1st* <input type="checkbox"/> 7th<br><input type="checkbox"/> 10th <input type="checkbox"/> 14th<br><input type="checkbox"/> 15th <input type="checkbox"/> 21st<br><input type="checkbox"/> 25th <input type="checkbox"/> 28th | <input type="checkbox"/> Monthly*<br><input type="checkbox"/> Quarterly | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>to<br><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | ₹ <input type="text"/> OR <input type="text"/> %<br>Top-Up CAP*: <input type="text"/> | <input type="checkbox"/> Yearly*<br><input type="checkbox"/> Half-yearly |
| <b>Total</b> |   |                            |   |   |  |   |  |

(\*Maximum per Installment Amount after Top-Up shall not exceed Rs. Five Lakh) (\*Default option) (\*Default End Month/Year - 12/2099)

First SIP transactions via single cheque no.  favouring 'DSP BlackRock Mutual Fund' Dated

Debit Bank Details: Bank Name:  A/C. No.:

**Declaration:** Having read, understood and agreed to the contents of OTM Facility, 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 towards SIP instalments referred above through participation in NACH/ECS/Direct Debit/Standing Instructions. The ARN holder, where applicable, has disclosed to me/us all the commissions (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.

Signatures [as per Mutual Fund Records/Application]

First Unit Holder's Signature  Second Unit Holder's Signature  Third Unit Holder's Signature

|   |  |                  |
|---|--|------------------|
| <b>Acknowledgement</b><br>Investor Name: <input type="text"/>                 | <b>DSP BlackRock Mutual Fund</b><br>Folio No./Application No. <input type="text"/> | <b>ISC Stamp</b> |
| <input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM |  |                  |