## 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.

MUIUAL F	☐ NEW REGISTRATI	<del>-</del>
REGISTRATION CUM MANE	DATE FORM FOR ECS (Debit clea	ring) / Direct Debit/Standing Instructions
ARN: Contact No: 34120	Sub Broker Code Branch / RM Co	ode For Office use only
001110011101	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 INVESTME	NT DETAILS	
Sole / First Investor Name		
Existing Investor Folio No.		OR Application no. for New Investors
Scheme Plan	DSP BlackRock	Option/Sub option
Email ID: (In capital)		Οριιστή 3αβ θριιστί
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) ID & Address Proof Document Name		
Document Number		
(provide attested photo identification proof)  SIP AND DEBIT DETAILS		
Each SIP Amount (Rs.)	Freque	ncy Monthly* Quarterly Minimum 12 instalments, 6 in case of DSPBR Tax Saver Fund
[Minimum Rs. 500/-] SIP Debit Date:	□ 1 <sup>st</sup> * □ 7 <sup>th</sup> □ 14 <sup>th</sup> □ 21 <sup>st</sup>	□ 28 <sup>th</sup> (Please tick 🗸 only one date. Use separate forms for different dates)
SIP Period (Including cheque)	Start Month M M M M / Y	End Month M M M / Y Y OR DEC-2040* *Default Options
(Note: There should be a minimum time	gap of one month and maximum time gap of two	o months between the first cheque for SIP investment and first instalment of SIP Debit)
First SIP Cheque No.:	Cheque da	
(Cheque amount same as Auto Debi Mandatory Enclosure		n on bank whose details are provided below.)
(If 1st instalment is not by cheque)	☐ Cheque Copy ☐ Cancelled Ch	eque 🔲 banker s'attestation
I/We hereby authorise DSP Bla		prised service providers to debit my/our following bank account by ECS (Debit
		rst 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)		Account Type ☐ Savings ☐ Current ☐ NRE ☐ NRO
9 Digit MICR Code Having read and understood the contents of		
respective Scheme(s) of DSP BlackRock M participation in ECS/Direct Debit/Standing will also inform DSP BlackRock Mutual Fu	Iutual Fund mentioned within, I hereby declare that t Instructions. If the transaction is delayed or not effect	dditional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the he particulars given above are correct and express my willingness to make payments referred above through ted at all for reasons of incomplete or incorrect information, I would not hold the user institution responsible, I as in my bank account. I have read, understood and agreed to the terms and conditions of ECS [Debit]/Direct that I/we do not have any existing Micro SIPs with DSP BlackRock Mutual Fund which together with the current has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him s being recommended to me/us.
Debit/SI mentioned overleaf. In case of Mici application will result in aggregate investment of the different competing Schemes of variety	ro SIP application without PAN, I/We hereby declare the secret of the se	hat I/we do not have any existing Micro SIPs with DSP BlackRock Mutual Fund which together with the current has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him
First	Second	Third
Account Holder's	Account Holder's	Account Holder's
Signature	Signature	Signature
Authorisation of the Bank	Accountholder (to be signed by t	he Bank Accountholder)
	istered for RBI's Electronic Clearing Service	
Mutual Fund shall be made from my/ representative of DSP BlackRock Muti	nd that my/our payment towards my/our invest our below mentioned bank account with your l ual Fund carrying this mandate form to get it ve rms and conditions of ECS (Debit)/Direct Direct,	bank. I/We authorise the erified & executed. I have Bank Account Number
First Account	Second Account	Third Account
Holder's (As in Bank h	Holder's	Holder's (AS IN Bank Records)
Signature	Signature	Signature
Acknowledgement (Subjec	t to verification)	DSP BlackRock Mutual Fund
1		
Investor's Name		
Folio No.  SIP Date  SIP Amount	/ Scheme	