# DSP BLACKROCK MUTUAL FUND DSP BLACKROCK MUTUAL FUND

## COMMON TRANSACTION FORM

(For Existing Investors only)

NON-FINANCIAL TRANSACTIONS

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. Kindly strike off the unused Sections of the Form to avoid misuse.

Distributor Name	Sub Broker Code	Sub Broker/Branch/	Employee Unique ID. No.				
and ARN		RM Internal Code	(EUIN) (Refer note below)				

#### Existing Folio Number/s

ACKNOWLEDGEMENT SLIP Acknowledgement is subject to verification. Request may not be processed in case of Name

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

#### CHANGE OF ADDRESS

# For KYC complied folio, change of address should be submitted in KYC change form. For Non KYC folios-Attach self attested Proof of address **AND** PAN Card (**OR** Any other Proof of Identity for PAN exempt cases only).

Copies of all documents submitted should be accompanied by originals for verification or they should be attested by a KYD complied distributor or personnel / entities authorized for attesting as per KYC guidelines.

Landmark									
City									
Pin Code			Sta	te					

### CHANGE OF BANK MANDATE

Attach any one of: 
Cancelled Cheque with name & account number pre-printed
Latest Bank statement 
Latest Pass book 
Bank Letter

Submit originals of any one of the documents mentioned above, or copy should be attested by the Bank or originals should be produced for verification. All supporting documents should clearly evidence the bank name, bank account number and names of all account holders.

Bank Name	
Core Bank A/c No.	
•	Savings Current NRE NRO FCNR Others
Branch Name & Address	
	City
IFSC Code (11 digit)	
MICR Code (9 digit)	
PoA (Pow	er of Attorney) REGISTRATION DETAILS (Refer Instructions overleaf)
Name of the PoA holder	
PAN of the PoA holder	Attached KYC Letter (Mandatory)

### **CONTACT DETAILS** (Refer Instructions overleaf) E-Mail (IN CAPITAL) Mobile Tel. (Off.) STD Cod Tel. (Resi.) STD Code Fax STD Code PAN AND KYC UPDATION KYC LETTER Sole / First Applicant / Guardian Attached Second Applicant / Guardian Attached Third Applicant / Guardian Attached

#### **DECLARATION & SIGNATURES**

Having read and understood the contents of the Scheme Information Document and Statement of Additional Information, Key Information Memorandum and Instructions. I / We, hereby apply to the Trustee of DSP BlackRock Mutual Fund for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. 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. Signature of the nominee acknowledging receipts of my/our credit will constitute full discharge of liabilities of DSP BlackRock Mutual Fund. 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 Holder	Second Holder	Third Holder					
(To be signed as per Mode of Holding)							

#### incomplete / ambiguous / improper / incorrect details in Transaction Form.

Website : www.dspblackrock.com

E-mail : service@dspblackrock.com

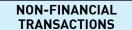
Contact Centre: 1-800-200-4499

Investor Name

Folio Number/s



ISC Stamp & Signature



# DSP BLACKROCK

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# EXISTING INVESTORS TRANSACTION FORM



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. Kindly strike off the unused Sections of the Form to avoid misuse. Please use separate Transaction Form for each Transaction and for each Scheme / Plan and Kindly refer Instructions overleaf.

Distributor Name and ARN	Sub Broker Code	Sub Broker/Branch/ RM Internal Code	Employee Unique ID. No. (EUIN)	For (	For Office use only		
I/We confirm that the EUIN interaction or advice by the			ecution-only" transaction without	any			
Upfront commission shall be paid directly by the	e investor to the AMFI registered Distribu	tors based on the investors' assessment of variou	is factors including the service rendered by the dis		lisent's Cimetana Mandatana)		
Existing Folio Number	Name	of Sole / First Unitholder		(Sole / Firstap	plicant's Signature Mandatory)		
Scheme Name / Plan* / Option	* / Sub Option* DSP Bla	ckRock					
ADDITIONAL PURCHASE	(Cheque / DD to be drawn i	n favour of 'Name of the Schem	ne') <b>REDEMPTION</b> (Write	Scheme Name, Plan / Opt	tion / Sub Option on top)		
Payment Mode: OTM Fac	ility (One Time Mandate)	Cheque DD	Amount in Figures	Amount in Words			
Amount in Words		Funds trf RTGS/N	1.3.				
			•	edemption can be done either i Units in Words	n Units or in Amount and not in both)		
Amount in Figures (i)	Cheq	ue / DD / RTGS / NEFT No.	Units in Figures				
Rs.							
DD Charges (ii)	Chea	ue / Payment Date		his Redemption Procee adate" request. Refer Instruc	<b>ds</b> (This should NOT be construed		
	Clieq				at our risk to the following bank account,		
Rs.					nt if no bank account is mentioned here.		
Total Amount (Rs.) (i) + (ii)	Paym	ent from Bank A/c No.	Bank Name				
Rs.		Pay In A/c No. (Mandatory)	Account No.				
Cheque / DD Drawn on / Pay	ment from Bank & Branch		Important Note: Unregistered	bank account will not be consider	ed, even if mentioned here. To change egistration facility and use a specific		
			designated form for this purp	ose If unit holder(s) provide a new	w and unregistered bank mandate with		
Account Type Savings	Current NRF NRO	FCNR Other	the redemption request (with be considered for payment of	or without necessary supporting or redemption proceeds and will no	documents) such bank account will not		
Documents Attached to avoid				oplied in case of no information	•		
Bank Certificate, for DD	Third Party Declara		PAN AND KYC UPDA	TION	KYC LETTER		
SWITCH (Write switch-out	Scheme Name Plan / (	Option / Sub Option on top)	Sole / First Applicant /		Attached		
	Amount in Words		Guardian Second Applicant /				
Rs.			Guardian		Attached		
OR (Please note that the Swit	ch can be done either in Ur	nits or in Amount and not in both	) Third Applicant / Guardian		Attached		
Units in Figures	Units in Words			v) REGISTRATION DETAIL	S (Refer Instructions overleaf)		
			Name of the				
Switch-in To Scheme / Plan /	Option* / Sub Option*		PoA holder PAN of the		Attached KYC Letter (Mandatory)		
DSP BlackRock			PoA holder		Notarized copy of PoA		
DECLARATION & SIGNATU	RES			(To be	signed as per Mode of Holding)		
the different competing Schemes of vi	arious Mutual Funds from amongst	which the Scheme is being recommended	to me/us. Applicable to NRIs only: I/We c	onfirm that I am/We are Non-Residen	ackRock Mutual Fund, I / We, hereby apply to invested in the Scheme is through legitimate India or any Statutory Authority. I / We have sision or any other mode), payable to him for t(s) of Indian Nationality. by the employee/relationship manager/sales charged any advisory fees on this transaction.		
Sole / First Unit H	older	Second Unit Holder	Third Unit Hol	der	POA Holder, if any		
>	€				-*		
ACKNOWLEDGEMENT	SLIP			DSP BL	ACKROCK MUTUAL FUND		
Acknowledgement is subject to verifica	tion. Request may not be processed i	n case of incomplete / ambiguous / imprope	r / incorrect details in Transaction Form	Redemption or	Switch		
Investor Name	the processed in the processed in			Amount (Rs.)			
Folio Number		Additional Purcl	hase or 🔄 SIP (PDC)	OR Units			
		Total Amount (Rs.)		PAN and KYC Updation	on		
Scheme		iotat Amount (Ks.)		PoA Registration	STP or 🗌 SWP or 🗌 DTP		
DSP BlackRock		Total Cheques					
Plan / Option / Sub Optior	1	Cheques From					
		No.(s) To					
				ISC Sta	amp & Signature		