

NEW REGISTRATION RENEWAL OF REGISTRATION

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

BROKER ARN: **Prudent CAS Ltd**
Contact No: **9992**

BHAVESH MODH
27030

For Office use only

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.

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name _____
Existing Investor Folio No. _____ / _____ Date of Birth DD / MM / YYYY
Scheme _____
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 (Provide attested copy) <small>In case of Micro SIP (Refer Instruction 3)</small>			
ID Proof Document Name			
Document Number <small>(provide attested photo identification proof)</small>			

SIP AND DEBIT DETAILS

Each SIP Amount (Rs.) _____ Frequency Monthly* Quarterly
(Minimum Rs. 1,000/-)
SIP Debit Dates: 1st * 7th 14th 21st All four dates of the month / quarter (minimum 12 instalments).
SIP Period Start Month MM YY End Month MM YY *Default
(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** DD / MM / YYYY
(Cheque amount same as Auto Debit Amount and should be drawn on bank whose details are provided below)

Mandatory Enclosure (If 1st instalment is not by cheque) Blank Cancelled Cheque Cheque Copy

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.

Accountholder Name as in Bank Account _____
Bank Name _____
Branch Name & Address _____
Account Number _____ Account Type Savings Current NRE NRO
(Core Banking No. in full)
9 Digit MICR Code _____ ◀ (Please enter the 9 digit number that appears after your cheque number)

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.

First Account Holder's Signature	(As in Bank Records)	Second Account Holder's Signature	(As in Bank Records)	Third Account Holder's Signature	(As in Bank Records)
---	----------------------	--	----------------------	---	----------------------

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 Debit/SI mentioned overleaf.

Bank Account Number

First Account Holder's Signature	(As in Bank Records)	Second Account Holder's Signature	(As in Bank Records)	Third Account Holder's Signature	(As in Bank Records)
---	----------------------	--	----------------------	---	----------------------

Acknowledgement (Subject to verification)

DSP BlackRock Mutual Fund

Investor's Name _____
Folio No. _____ / _____ Scheme _____
SIP Date _____ SIP Amount (Rs.) _____ Frequency: Monthly Quarterly