

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 / RIA Name<br>and ARN / Code | Sub Broker ARN &<br>Name | Sub Broker/Branch/RM<br>Internal Code | EUIIN (Refer note below) | For Office use only |
|--|--------------------------|---------------------------------------|--------------------------|---------------------|
|--|--------------------------|---------------------------------------|--------------------------|---------------------|

I/We confirm that the EUIIN 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.

| Existing Folio Number | Name of Sole / First Unitholder | (Sole / First Applicant's Signature Mandatory) |
|-----------------------|---------------------------------|--|
|-----------------------|---------------------------------|--|

**ADDITIONAL PURCHASE (DEFAULT PLAN/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.

| Full Scheme/Plan/Option/Sub Option |        |      |                   | Amount (₹)        |
|------------------------------------|--------|------|-------------------|-------------------|
| 1. DSPBR -                         | Scheme | Plan | Option/Sub Option |                   |
| 2. DSPBR -                         | Scheme | Plan | Option/Sub Option |                   |
| 3. DSPBR -                         | Scheme | Plan | Option/Sub Option |                   |
| <b>Total</b>                       |        |      |                   |                   |
| Amount in words                    |        |      |                   | Amount in Figures |

Payment Mode:  
 OTM Facility (One Time Mandate)  
 Cheque  DD  RTGS  
 NEFT  Funds transfer

Cheque/DD/RTGS/NEFT Details:  
 Ref. No. \_\_\_\_\_  
 Date dd / mm / yyyy  
 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

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

Scheme Name/Plan/Option\*/Sub Option\* **DSPBR -**

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 \_\_\_\_\_

**Bank Account for This Redemption Proceeds (This should NOT be construed as "Change of Bank Mandate" request. Refer Instructions overleaf.)**

I/We agree that the redemption proceeds should be sent entirely at our risk to the following bank account, if already registered with the fund or to the default bank account if no bank account is mentioned here.

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

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

**Important Note:** Unregistered bank account will not be considered, even if mentioned here. To change bank account, investors should avail multiple bank account registration facility and use a specific designated form for this purpose. If unit holder(s) provide a new and unregistered bank mandate with the redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds and will not be registered.

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

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

Scheme Name/Plan/Option\*/Sub Option\* **DSPBR -**

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\* **DSPBlackRock**

**PAN AND KYC UPDATION**

|                                   |       |                                   |
|-----------------------------------|-------|-----------------------------------|
| Sole / First Applicant / Guardian | _____ | <input type="checkbox"/> Attached |
| Second Applicant / Guardian       | _____ | <input type="checkbox"/> Attached |
| Third Applicant / Guardian        | _____ | <input type="checkbox"/> Attached |

**KYC LETTER**

**PoA (Power of Attorney) REGISTRATION DETAILS (Refer Instructions overleaf)**

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

PAN of the PoA holder \_\_\_\_\_ Attached  KYC Letter (Mandatory)  
 Notarized copy of PoA

**DECLARATION & SIGNATURES (TO BE SIGNED AS PER MODE OF HOLDING)**

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, 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 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. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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. Applicable to NRIs only: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality.

If EUIIN is left blank/not mentioned; I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

|                          |                    |                   |                    |
|--------------------------|--------------------|-------------------|--------------------|
| Sole / First Unit Holder | Second Unit Holder | Third Unit Holder | POA Holder, if any |
|--------------------------|--------------------|-------------------|--------------------|

**ACKNOWLEDGEMENT SLIP DSP BLACKROCK MUTUAL FUND**

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 \_\_\_\_\_  Additional Purchase or  SIP (PDC)

Scheme/s \_\_\_\_\_ Total Amount (Rs.) \_\_\_\_\_

Total Cheques \_\_\_\_\_ Cheques From \_\_\_\_\_  
 No.(s) To \_\_\_\_\_

Redemption or  Switch  
 Amount (Rs.) \_\_\_\_\_  
 OR Units \_\_\_\_\_

PAN and KYC Updation  
 PoA Registration  STP or  SWP or  DTP

ISC Stamp & Signature \_\_\_\_\_

V3 07/DEC/2016

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

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

Scheme Name/Plan/Option\*/Sub Option\* **DSPBR -**

**SYSTEMATIC INVESTMENT PLAN (SIP) POST DATED CHEQUES (PDC)**  
 (Separate Cheque required for investment in different Scheme / Plan)  
 All Cheques should be of same date of the months / quarters.  
 Each SIP Amount (minimum Rs. 500) Rs. \_\_\_\_\_  
 SIP Date  1st  7th  10th  14th  15th  21st  25th  28th  
 Investment Frequency  Monthly  Quarterly  
 SIP Period From DD / MM / YY To DD / MM / YY  
 (Minimum 12 installments, 6 in case of DSPBR TaxSaver Fund)  
 Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_  
 Drawn on Bank \_\_\_\_\_  
 Branch \_\_\_\_\_ City \_\_\_\_\_

I/We confirm that the EUIIN 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 / FirstApplicant's Signature Mandatory**

**SYSTEMATIC TRANSFER PLAN (STP) (Please allow 7 days to register STP)**  
 STP in To Scheme/Plan/Option\*/Sub Option\*  
**DSPBR -**  
 Transfer Amount  Fixed Sum of Rs. \_\_\_\_\_ (Minimum Rs.500/-)  
 Capital Appreciation, subject to Minimum of Rs.500/-

**DIVIDEND TRANSFER PLAN (DTP) - ENROLMENT DETAILS**  
 (Please allow 7 days to register DTP) (Refer Terms and Conditions)  
 (Please mention complete Scheme, Plan & Option)  
 Source Scheme (From where Dividend is to be transferred)  
**DSPBR -**  
 To \_\_\_\_\_  
 Target Scheme (To where Dividend is to be transferred)  
**DSPBR -**

| STP DATES   | FREQUENCY  |
|---|--|
| <input type="checkbox"/> 1st* <input type="checkbox"/> 7th <input type="checkbox"/> 10th <input type="checkbox"/> 14th  | <input type="checkbox"/> Monthly* <input type="checkbox"/> Quarterly |
| <input type="checkbox"/> 15th <input type="checkbox"/> 21st <input type="checkbox"/> 25th <input type="checkbox"/> 28th | <input type="checkbox"/> OR <input type="checkbox"/> Daily           |

Transfer Period (Period to cover - minimum 6 STP transactions) From DD / MM / YY To DD / MM / YY  
 Investments done in schemes through STP will be treated as investments through SIP and the load structure for SIP will be applicable. \* Default Option

**SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please allow 7 days to register SWP)**  
 Withdrawal Amount  Fixed Sum of Rs. \_\_\_\_\_ (Minimum Rs.500/-)  
 Capital Appreciation, subject to Minimum of Rs.500/-  
 Withdrawal Date  1st\*  7th  14th  21st  28th  All five Dates  
 Frequency  Monthly\*  Quarterly \* Default Option  
 Withdrawal Period (Period to cover - minimum 6 SWP transactions) From DD / MM / YY To DD / MM / YY

**DECLARATION & SIGNATURES** (To be signed as per Mode of Holding)

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, 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 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. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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. Applicable to NRIs only: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality.

If EUIIN is left blank/not mentioned; I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

|                          |                    |                   |                    |
|--------------------------|--------------------|-------------------|--------------------|
| Sole / First Unit Holder | Second Unit Holder | Third Unit Holder | POA Holder, if any |
|--------------------------|--------------------|-------------------|--------------------|

**INSTRUCTIONS**

This form should be used by existing investors only by mentioning their folio number, name and Scheme details. Please read the Scheme related documents, Addenda, KIM and Instructions there-in and below mentioned instructions carefully before filling up the form. Investors should provide details/instructions only in the designated space provided in the form else the same may not be considered.

**ADDITIONAL PURCHASE & PAYMENT DETAILS:** Investors should fill name of the scheme, plan, option and sub-option. In case the details are not proper and clear or in case of incomplete details, non-clarity or ambiguity, default options will be considered and applied. Where the investor gives separate cheque/s for investments in separate scheme/s, each such cheque should be favouring the scheme name and crossed as Account Payee. Where the investor gives a single consolidated cheque for investments in more than one scheme such cheque should be crossed as Account Payee and drawn in favour of 'DSP BlackRock Mutual Fund'. Where the investor gives a cheque for an amount more than Rs 2 lakhs and wishes to do a fund transfer banking (in the banks supported by the fund) cheque should be drawn in favour of ' DSP BlackRock Mutual Fund Collection Account'.

The first unit holder should be one of the bank account holders in the pay-in bank account. Purchase application through Cheque/DD/RTGS/NEFT/Funds transfer requests should necessarily mention the pay-in bank account details i.e. account number and bank, branch name of the bank account used for issuing the payments to the fund. If this is not evidenced on the payment cheque/funds transfer/RTGS/NEFT request, or in case of demand drafts, unit holder should attach necessary supporting documents as required by the fund, like bank certificate, bank passbook copy or statement to prove that the funds are from a bank account held by first unit holder only. If the documents are not submitted with the application, the fund reserves the right to reject the application or call for additional details. Investors are advised to visit [www.dsblackrock.com](http://www.dsblackrock.com) for details on documents, restrictions on third party payments or approach any of the offices of the fund.

**ADDITIONAL PURCHASE THROUGH OTM FACILITY:** If you are making payment through OTM facility registered in your folio, please tick the relevant box and do not attach any cheque. If more than one bank accounts are registered in your folio under OTM facility, please mention the bank account number and bank name where you wish the debit to happen. If the same is not mentioned or is not registered, default bank mandate under OTM facility will be considered to debit the purchase amount.

**KYC COMPLIANCE:** Investors shall note that KYC is mandatory and they need to comply with the 'Know Your Client' requirements as applicable from time to time. For more information on KYC, please log on to [www.dsblackrock.com](http://www.dsblackrock.com) / [www.amfiindia.com](http://www.amfiindia.com) before investing. Applications are liable to be rejected without any intimation to the applicants, if required KYC compliance is not completed by all the applicants/unit holders.

**REDEMPTION REQUEST:** Redemption may not be processed if folio number and full scheme name including plan and option is not mentioned. Please ensure that either of amount or units is mentioned in the redemption request. The fund offers a facility to register multiple bank accounts and designate one of the bank account as "Default Bank Account". Default Bank Account will be used for all dividends and redemptions payouts including FMP schemes maturity proceeds unless investor specifies one of the existing registered bank account in the redemption request for receiving redemption proceeds. A new non-registered bank account specified in the specific redemption request for receiving redemption proceeds will not be considered. Consequent to introduction of "Multiple Bank Accounts Facility", the existing facility of redemption with change of bank mandate is discontinued by the fund. New bank accounts can only be registered using the designated "Bank Account Registration Form".

**BANK ACCOUNT FOR REDEMPTION PROCEEDS:** Please note the following important points related to payment of redemption proceeds: a) Proceeds of any redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing. b) Unit holder(s) may choose to mention any of the existing registered bank accounts with redemption request for receiving redemption proceeds. If no registered bank account is mentioned, default bank account will be used. c) If unit holder(s) provide a new and unregistered bank mandate with a specific redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds.

**POA REGISTRATION:** Only a General Power of Attorney agreement without any restrictions and perennial validity is accepted. The PoA must be executed on stamp paper and registered in India and a duly notarized copy should be enclosed. The PoA must have signatures of the investor as well the POA holder. If the signature of POA holder is not available, the fund may call for additional documents or declarations on a case to case basis. PoA will be registered within 10 working days of receipt of all valid documents.

**SYSTEMATIC INVESTMENT PLAN (SIP) / SYSTEMATIC WITHDRAWAL PLAN (SWP):** Please allow upto 7 days for STP/ SWP to be registered and first STP/ SWP transaction to happen. Hence form should be submitted atleast 7 days before STP / SWP start date. STP/ SWP is available in all the schemes of the Fund. Please note the default options highlighted in the form which will be used in case of incorrect details in the form. For investors availing the transfer/ withdrawal of 'appreciation' option, where in any week, month or quarter, there is no appreciation or is less than Rs.500/-, switch/withdrawal as mentioned above, may not be carried out. You can choose to discontinue this facility by giving 30 days written notice to the Registrar.

**DIVIDEND TRANSFER PLAN (DTP):** Please allow upto 7 days for DTP to be registered. Hence form should be submitted atleast 7 days before the record date of any forthcoming proposed dividend. Please refer to [www.dsblackrock.com](http://www.dsblackrock.com) > Services > Dividend Transfer Plan for list of Source Scheme, Target Schemes and detailed terms and conditions. The Minimum amount of dividend eligible for transfer under Dividend Transfer Plan is Rs. 500/-.

| Distributor/RIA name and ARN/Code | Sub Broker ARN & Name | Sub Broker/Branch/RM Internal Code | EUIN (Refer note below) | 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.

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/Aadhar Card)  |  |                           | Date of Birth (1st Appl / Minor)   |                          |  |
|  |  |                           | D D / M M / Y Y Y Y  |                          |  |
| Name of Guardian (if minor)/POA/Contact Person   |  | PAN (1st Appl / Guardian) |  | Date of Birth (Guardian) |  |
|  |  |                           |  | D D / M M / Y Y Y Y      |  |
| AADHAAR No. (1st Appl / Guardian) <input type="checkbox"/> Attach copy (mandatory) CKYC - KIN                    |  |                           | On behalf of minor:  |                          |  |
|  |  |                           | Date of Birth Proof attached* <input type="checkbox"/>   |                          |  |
| PAN of POA <input type="checkbox"/> KYC      AADHAAR No. of POA <input type="checkbox"/> Attach copy (mandatory) |  |                           | Guardian named is:   |                          |  |
|  |  |                           | <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) |                      |  |       |  | Address Type (Mandatory)                           |  |
| Mobile +91            | Tel (STD Code)       |  |       |  | <input type="checkbox"/> a. Residential & Business |  |
| Address               |                      |  |       |  | <input type="checkbox"/> b. Residential            |  |
|                       |                      |  |       |  | <input type="checkbox"/> c. Business               |  |
|                       |                      |  |       |  | <input type="checkbox"/> d. Registered Office      |  |
| 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 - NR  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  
 FII  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 D D / M M / Y Y Y Y (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      Date of Birth

|  |  |   |                     |            |  |
|--|--|---|---------------------|------------|--|
| 2nd Applicant  |  |   | D D / M M / Y Y Y Y |            |  |
| (Should match with PAN/Aadhar Card)  |  |   |                     |            |  |
| PAN  |  | AADHAR NO. <input type="checkbox"/> Attach copy (mandatory) |                     | CKYC - KIN |  |
|  |  |   |                     |            |  |
| <p><b>a. Occupation Details</b> (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional<br/> <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)</p> <p><b>b. Gross Annual Income</b> (Please tick ✓) <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"/> &gt;25 Lacs-1 crore <input type="radio"/> &gt;1 crore</p> <p><b>c. Others</b> (Please tick ✓) <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP)</p> |  |   |                     |            |  |
| 3rd Applicant  |  |   | Date of Birth       |            |  |
| (Should match with PAN/Aadhar Card)  |  |   |                     |            |  |
| PAN  |  | AADHAR NO. <input type="checkbox"/> Attach copy (mandatory) |                     | CKYC - KIN |  |
|  |  |   |                     |            |  |
| <p><b>a. Occupation Details</b> (Please tick ✓) <input type="radio"/> Private Sector Service <input type="radio"/> Public Sector Service <input type="radio"/> Government Service <input type="radio"/> Business <input type="radio"/> Professional<br/> <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)</p> <p><b>b. Gross Annual Income</b> (Please tick ✓) <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"/> &gt;25 Lacs-1 crore <input type="radio"/> &gt;1 crore</p> <p><b>c. Others</b> (Please tick ✓) <input type="radio"/> Not Applicable <input type="radio"/> Politically Exposed Person (PEP) <input type="radio"/> Related to a Politically Exposed Person (PEP)</p> |  |   |                     |            |  |

### 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 \_\_\_\_\_

Application No.

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



**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

**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 | Sub Broker ARN & Name | Sub Broker/Branch/RM Internal Code | EUIN (Refer note below) | 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

UMRN  Office use only

Tick(✓)  
 CREATE  
 MODIFY  
 CANCEL

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.**

- 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 | Sub Broker ARN & Name | Sub Broker/Branch/RM Internal Code | EUIN (Refer note below) | 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 -   |                            | <input type="checkbox"/> 1 <sup>st</sup> * <input type="checkbox"/> 7 <sup>th</sup><br><input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 14 <sup>th</sup><br><input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup><br><input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup> | <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="checkbox"/> Yearly*<br><input type="checkbox"/> Half-yearly |
| 2.           | DSPBR -   |                            | <input type="checkbox"/> 1 <sup>st</sup> * <input type="checkbox"/> 7 <sup>th</sup><br><input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 14 <sup>th</sup><br><input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup><br><input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup> | <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="checkbox"/> Yearly*<br><input type="checkbox"/> Half-yearly |
| 3.           | DSPBR -   |                            | <input type="checkbox"/> 1 <sup>st</sup> * <input type="checkbox"/> 7 <sup>th</sup><br><input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 14 <sup>th</sup><br><input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 21 <sup>st</sup><br><input type="checkbox"/> 25 <sup>th</sup> <input type="checkbox"/> 28 <sup>th</sup> | <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="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 AMFI 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"/><br><input type="checkbox"/> DEBIT MANDATE FORM <input type="checkbox"/> SIP FORM | <b>DSP BlackRock Mutual Fund</b><br>Folio No./Application No. <input type="text"/> | ISC Stamp |
|--|--|-----------|

## Instructions

- Investors who have already submitted an OTM form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors if wish to add a new bank account towards OTM facility may fill the form.
- Other investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter, sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through 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.

## Instructions

- With the introduction of One Time mandate (OTM) facility, the mandate registration and SIP registration through OTM facility has been delinked. There are two separate forms, 1) for onetime mandate registration and 2) for SIP Registration.
- Where a onetime mandate is already registered in a folio for a bank account, the Unit Holder(s) will have to fill only the SIP Registration Form and there is no need of a separate cheque to be given along with the SIP Registration Form.
- Where the mandate form and the SIP registration form are submitted together, debits for the SIP may happen only on successful registration of the mandate by the Unit holder(s) bank. The Fund / AMC would present the SIP transactions or lump sum purchase transactions without waiting for the confirmation of the successful registration from the Unit holder(s)' bank.
- In case the onetime mandate is successfully registered, new SIP registration will take upto five days. The first debit may happen any time thereafter, based on the dates opted by the Unit holder(s).
- While the Fund and RTA reserve the right to enhance the SIP period to ensure minimum installments as per respective scheme offer documents, even if the investor has submitted the form late or requested for a period less than minimum installments, they may reject the applications for less than minimum installments.
- If start date for SIP period is not specified, SIP will be registered to start anytime from a period after five days from the date of receipt of application based on the SIP date available / mentioned, subject to mandate being registered. If end date is not specified, SIP will be registered till December 2099 or end date of mandate, whichever is earlier.
- If any time during the SIP period, the onetime mandate is to be modified to reduce the validity period which is more than SIP end period registered through OTM, investor should first cancel the SIP and thereafter modify the OTM end period.
- In case of Micro SIP application without PAN, the investor/s hereby declare that they 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.
- For detailed terms and conditions on SIP, including for OTM facility, please visit our website [www.dspblackrock.com](http://www.dspblackrock.com) and also refer to scheme related documents.
- For SIPs through OTM, the maximum per installment amount after Top-Up shall not exceed Rs. Five lakhs or the maximum amount mentioned in OTM form, whichever is less.
- The Top-up details cannot be modified once enrolled. In order to make any changes, the investor needs to cancel the existing SIP and enroll for a fresh SIP with Top-up option.

**INVESTOR DETAILS**

Entity Name: \_\_\_\_\_  
 PAN: \_\_\_\_\_ Application No. \_\_\_\_\_  
 Folio Nos: \_\_\_\_\_  
 Type of Address given at KRA:  Residential or Business  Residential  Business  Registered Office

**ADDITIONAL KYC DETAILS (Mandatory)**

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 ₹ \_\_\_\_\_ as on DD / MM / YYYY (Not older than 1 year)

**INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)**

City of Incorporation: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_  
 Is Entity a tax resident of any country other than India?  Yes  No *(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)*  
 In case TIN or its functional equivalent is not available, please provide Company Identification number of Global Entity Identification Number or GIIN, etc.

|    | Country of Tax Residency | TIN or equivalent number | Identification Type/Reason* |
|----|--------------------------|--------------------------|-----------------------------|
| 1. |                          |                          |                             |
| 2. |                          |                          |                             |
| 3. |                          |                          |                             |
| 4. |                          |                          |                             |

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box: \_\_\_\_\_ (refer definition D4)

**FATCA and CRS DETAILS (Mandatory)**

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

**PART I (to be filled by Financial Institutions or Direct Reporting NFEs)**

We are a, (please tick as appropriate)  
 Financial Institution (Refer definition A) or  
 Direct reporting NFE (Refer definition B)  
 GIIN: \_\_\_\_\_  
 Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below  
 Name of sponsoring entity: \_\_\_\_\_  
 GIIN - Not Available  Applied for  
 If the entity is a financial institution,  Not required to apply for - please specify 2 digits sub-category \_\_\_\_\_ (refer definition C)  
 Not obtained - Non-participating FI

**PART II (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)**

Is the Entity a publicly traded company? (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)  
 Yes  (If yes, please specify any one stock exchange on which the stock is regularly traded)  
 Name of stock exchange: \_\_\_\_\_  
 Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) (Refer definition D2)  
 Yes  (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)  
 Name of listed company: \_\_\_\_\_  
 Nature of relation:  Subsidiary of the Listed Company OR  Controlled by a Listed Company  
 Name of stock exchange: \_\_\_\_\_  
 Is the Entity an Active NFE? (Refer definition D3)  
 Yes  Also provide UBO Form   
 Nature of Business: \_\_\_\_\_  
 Please specify the sub-category of Active NFE: \_\_\_\_\_ (Mention code - refer D3)  
 Is the Entity a Passive NFE? (Refer definition E2)  
 Yes  Also provide UBO Form   
 Nature of Business: \_\_\_\_\_

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals.  
 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 confirm that the information provided by me/us on this form are true, correct, and complete.

Place : \_\_\_\_\_ Date : \_\_\_\_\_

A. **Financial Institution (FI)**- The term FI means any financial institution that is a:

- 1 **Depository institution:** Accepts deposits in the ordinary course of banking or similar business.
- 2 **Custodial institution:** An entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's gross income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of-
  - (a) The three-year period ending on December 31 of the year preceding the year in which the determination is made;
  - (b) The period during which the entity has been in existence before the determination is made)
- 3 **Investment entity :** Conducts a business or operates for or on behalf of a customer for any of the following activities: (a) Trading in money market instruments, foreign exchange, foreign currency, etc. (b) Individual or collective portfolio management. (c) Investing, administering or managing funds, money or financial asset on behalf of other persons. [OR] The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described herein. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or (ii) The period during which the entity has been in existence.

- 4 **Specified Insurance company:** Entity issuing insurance products i.e. life insurance or cash value products.
- 5 **Holding company or treasury company:** Is an entity that is a holding company or treasury centre that is a part of an expanded affiliate group that includes a depository, custodial institution, specified insurance company or investment entity

B. **Direct Reporting NFE:** means a Non-financial Entity (NFE) that elects to report information about its direct or indirect substantial U.S. owners to the IRS

C. **GIIN not required: Categories with codes**

| Code | Sub-Category  |
|------|---|
| 01   | Governmental Entity, International Organization or Central Bank   |
| 02   | Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank |
| 03   | Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund  |
| 04   | Entity is an Indian FI solely because it is an investment entity  |
| 05   | Qualified credit card issuer  |
| 06   | Investment Advisors and Investment Managers   |
| 07   | Exempt collective investment vehicle  |
| 08   | Trustee of an Indian Trust  |
| 09   | FI with a local client base   |
| 10   | Non-registering local banks   |
| 11   | FI with only Low-Value Accounts   |
| 12   | Sponsored investment entity and controlled foreign corporation  |
| 13   | Sponsored, Closely Held Investment Vehicle  |
| 14   | Owner Documented FI   |

D. **Non-Financial Entity (NFE):** Entity that is not a financial institution (including a territory NFE). Types of NFEs excluded from FATCA reporting are as below:

1. **Publicly traded corporation (listed company):** A company is publicly traded if its stock are regularly traded on one or more established securities markets.
2. **Related entity of a listed company:** The NFE is a related entity of an entity of which is regularly traded on an established securities market;
3. **Active NFE:** (is any one of the following):

| Code | Sub-Category   |
|------|--|
| 01   | Less than 50 percent of the NFE's gross income for the preceding financial year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;  |
| 02   | The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;  |
| 03   | Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes; |
| 04   | The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;  |
| 05   | The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;  |
| 06   | The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;   |

|    |   |
|----|---|
| 07 | Any NFE is a 'non for profit' organization which meets all of the following requirements: <ul style="list-style-type: none"> <li>● It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>● It is exempt from income tax in India;</li> <li>● It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> </ul> |
|----|---|

The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

| Code | Sub-Category  |
|------|---|
| A    | An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)  |
| B    | The United States or any of its agencies or instrumentalities   |
| C    | A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities   |
| D    | A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)  |
| E    | A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)   |
| F    | A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state |
| G    | A real estate investment trust  |
| H    | A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940  |
| I    | A common trust fund as defined in section 584(a)  |
| J    | A bank as defined in section 581  |
| K    | A broker  |
| L    | A trust exempt from tax under section 664 or described in section 4947(a)(1)  |
| M    | A tax exempt trust under a section 403(b) plan or section 457(g) plan   |
| 14   | Owner Documented FI   |

E. **Other definitions**

- 1 **Related entity:** An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the vote or value in an entity.
- 2 **Passive NFE:** The term passive NFE means any NFE that is not (i) an Active NFE (including publicly traded entities or their related entities), or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations. (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)
- 3 **Passive income:** The term passive income means the portion of gross income that consists of: (a) Dividends, including substitute dividend amounts; (b) Interest; (c) Income equivalent to interest, including substitute interest and amounts received from or with respect to a pool of insurance contracts if the amounts received depend in whole or part upon the performance of the pool; (d) Rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFE; (e) Annuities; (f) The excess of gains over losses from the sale or exchange of property that gives rise to passive income described in this section.; (g) The excess of gains over losses from transactions (including futures, forwards, and similar transactions) in any commodities, but not including: (i) Any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation; or (ii) Active business gains or losses from the sale of commodities, but only if substantially all the foreign entity's commodities are property (h) The excess of foreign currency gains over foreign currency losses; (i) Net income from notional principal contracts; (j) Amounts received under cash value insurance contracts; (k) Amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts
- 4 **Controlling persons:** Controlling persons are natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force recommendations.
- 5 **Specified US Persons –** Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker
- 6 **Expanded affiliated group:** Expanded affiliated group is defined to mean one or more chains of members connected through ownership (50% or more, by vote or value, as the case may be) by a common parent entity if the common parent entity directly owns stock or other equity interests meeting the requirements in at least one of the other members.
- 7 **Owner documented FI:** An FI meeting the following requirements: (i) The FI is an FI solely because it is an investment entity; (ii) The FI is not owned by or related to any FI that is a depository institution, custodial institution, or specified insurance company; (iii) The FI does not maintain a financial account for any nonparticipating FI; (iv) The FI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and (v) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 FI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FI that holds its interest through a participating FI, a deemed-compliant FI (other than an owner-documented FI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.



