

To
DSP BlackRock Mutual Fund
c/o Computer Age Management Services Pvt Ltd
1st Floor, Opp. Hotel Palm Grove,
178/10, MGR Salai, (Formerly Kodambakkam High Road)
Chennai 600 034

From
Distributor Name:
ARN Code: ARN -
Address
.....
.....

Dear Sir,

I do hereby nominate the following person in whom on my death, the amount payable to me in respect of the commission pertaining to the units canvassed by me specified below shall vest and to whom such amount shall then be payable will be sufficient legal discharge of duties by DSP BlackRock Investment Managers Pvt Ltd. and its authorized registrars.

Nominee Name:
Date of birth
(if nominee is minor)
Guardian Name
(if nominee is minor)
Address
.....
.....
Signature of
Nominee / Guardian

This nomination is in substitution of the any earlier nomination registered in your books which nomination shall stand cancelled on registration of this nomination.

Signature of Distributor
Place: _____ Date: _____

Acknowledgement	Distributor Nomination Form	DSP BlackRock Mutual Fund
Received, subject to verification, request for nomination from distributor Name: ARN Code:		