

# Common Application Form (For Lumpsum / Systematic Investments)

BARODA PIONEER MUTUAL FUND



Please read product labeling details available on cover page and the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

## DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Baroda Pioneer Mutual Fund)

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	Bar Code
<b>ARN - 0018</b>	ARN -				For Office use only

Upfront commission shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression	2nd Applicant Signature / POA Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression
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## TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer Instructions 8)

I confirm that I am a first time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor across Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)

In case the subscription amount is ₹10,000/- or more and your distributor has opted to receive Transaction Charges, they are deductible, as applicable, from the purchase / subscription amount and payable to the distributor. Units will be issued against the balance amount.

Existing Folio Number

## MODE OF HOLDING Single OR Joint OR Anyone or Survivor Default Option: Joint (Please refer Instructions 2)

## SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in ALPHABETS and use one box for one alphabet, leaving one box blank between two words, as it appears in your Aadhaar Card)

Name	Mr	Ms	M/s																
Address [P. O. Box Address is not sufficient] (Indian address, in case of NRIs/ FPI's)																			
																City			
Pincode	(Mandatory)	State														Country			
Phone (Off.)								Fax No.								Mobile No.			
Phone (Res)								Email ID*											

\*Wherever email ID is registered, an electronic Statement of Account (e-SOA) will be shared with the investor. In case you want to receive a physical statement, please request for the same separately.

SECOND APPLICANT'S Name	Mr	Ms																
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THIRD APPLICANT'S Name	Mr	Ms																
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Name of the Guardian (in case First / Sole Applicant is minor) / Contact Person - Designation / PoA Holder (In case of Non-Individual Investors)																		
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Status of the First Applicant (Mandatory, please ✓)  Resident Individual  Minor through guardian  Foreign National Resident in India  NRI - Non Repatriation  NRI-Repatriation  Body Corporate  Society / Club  BOI  LLP  HUF  Trust  FPIs  Company  QFI  PIO  OCI  AOP  Partnership  NGO  Sole Proprietorship  Others

Overseas Address (Mandatory in case of NRI/ FPIs applicant, in addition to mailing address)																		
State								Country								Zip Code		

## ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from Mr. / Ms. / M/s.																		
PAN								an Application for scheme										
Option (please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Sub-option (please ✓)	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment															
along with Cheque / DD No. / UTR No.								Dated	D	D	M	M	Y	Y	Y	Y		
Drawn on (Bank)								Amount ₹								Signature, Stamp & Date		

Information (*Mandatory)	First Applicant**	Second Applicant	Third Applicant
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
PAN/PEKRN <sup>†</sup>			
Aadhaar			
KIN No (CKYC)			
<b>**Incase Minor / POA</b>			
	<b>Guardian (In case of Minor)</b>	<b>POA Holder</b>	
Name			
Relationship			
Date of Birth of Minor	D D M M Y Y Y Y		
PAN/PEKRN			
Aadhaar			
KIN Nos. (CKYC)			
Information to Investor's	<p>The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations.</p> <p>Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016.</p> <p>We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.</p>		
Consent	<p>I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.</p> <p>I/We hereby provide my/our consent for sharing/disclosing my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual funds and their Registrar and Transfer Agents (RTA) for the purpose of updating the same in my/our folios.</p>		
Signature			
Politically Exposed Person (PEP)	<input type="checkbox"/> Self <input type="checkbox"/> Related <input type="checkbox"/> Non Applicable	<input type="checkbox"/> Self <input type="checkbox"/> Related <input type="checkbox"/> Non Applicable	<input type="checkbox"/> Self <input type="checkbox"/> Related <input type="checkbox"/> Non Applicable
Occupation of the Applicant	<input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Builder <input type="checkbox"/> Sports <input type="checkbox"/> Defence <input type="checkbox"/> Public Co.(Listed) <input type="checkbox"/> Public Co.(Unlisted) <input type="checkbox"/> Agriculture <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Gov. Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Entertainment <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Builder <input type="checkbox"/> Sports <input type="checkbox"/> Defence <input type="checkbox"/> Public Co.(Listed) <input type="checkbox"/> Public Co.(Unlisted) <input type="checkbox"/> Agriculture <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Gov. Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Entertainment <input type="checkbox"/> Other	<input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Builder <input type="checkbox"/> Sports <input type="checkbox"/> Defence <input type="checkbox"/> Public Co.(Listed) <input type="checkbox"/> Public Co.(Unlisted) <input type="checkbox"/> Agriculture <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Gov. Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Entertainment <input type="checkbox"/> Other
Gross Annual Income	<input type="checkbox"/> <1L <input type="checkbox"/> 1- 5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> 25 L-1 Cr <input type="checkbox"/> > 1 Cr and so on	<input type="checkbox"/> <1L <input type="checkbox"/> 1- 5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> 25 L-1 Cr <input type="checkbox"/> > 1 Cr and so on	<input type="checkbox"/> <1L <input type="checkbox"/> 1- 5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> 25 L-1 Cr <input type="checkbox"/> > 1 Cr and so on
<b>OR</b>			
Net-worth* in ₹ (Lacs) *Should not be older than one year (Mandatory for Non-Individual)			
Networth as of date	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Non-Individuals	<p>Is the entity involved in any of the following services:</p> <p>• Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No • Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No • Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

(Refer Instruction IV) \*Please attach PAN proof.

### Add convenience to your life with our value added service



Simply send **SMS to 9212 132763 to avail the below facilities	
Balance	SMS BAL <space> last 6 digits of Folio No.
NAV	SMS NAV <space> last 6 digits of Folio No.
Statement thru Email	SMS ESOA <space> last 6 digits of Folio No.
Last 3 Transactions	SMS Transaction <space> last 6 digits of Folio No.



Investor can avail below facilities
1. NAV
2. Account Balance
3. Account Statement
4. Last 5 Transactions

For more details call :  
**1800-2670-189 (Toll Free)**  
 9 am to 6 pm - Monday to  
 Saturday on all Business Days  
 9 am to 2 pm on 2<sup>nd</sup> & 4<sup>th</sup>  
 Saturdays of the Month  
[www.barodapioneer.in](http://www.barodapioneer.in)

\*\*SMS charges as per service provider applicable.

**FATCA & CRS INFORMATION** [Please tick (✓)] For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form

The below information is required for all applicant(s)/ guardian

Address Type:  Residential or Business  Residential  Business  Registered Office (for address mentioned in form/existing address appearing in Folio)  
Is the applicant(s) Country of Birth / Nationality / Tax Residency other than India?

First Applicant (including Minor)	Second Applicant	Third Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes", please provide the following information (Mandatory)

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Country of Tax Residency <sup>#</sup>			
Tax Payer Ref. ID No <sup>^</sup>			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No.3			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^In case Tax Identification Number is not available, kindly provide its functional equivalent.

**FIRST HOLDER'S BANK ACCOUNT DETAILS** (Mandatory) Refer Instruction III.

All communication / payments will be made to the first applicant, or to the Karta in case of HUF. Bank account details of first applicant are required, without which the application is liable to be rejected.

Name of the Bank					Branch							
Account No. (in figures)					Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> Others		
Account no. (in words)												
Bank Address												
Pincode					State					City		
MICR Code (9 digits)					Example for filling the Account No.	Ac. No.	1	3	5	7	*This is an 11 Digit Number, kindly obtain it from your Bank Branch. (Please attach copy of cancelled cheque)	
*IFSC Code for NEFT / RTGS						In words	One	Three	Five	Seven		
Virtual Payment Address (VPA) (of the Sole / First Holder / Guardian) (for Payment through UPI)												

**REDEMPTION / DIVIDEND / REFUND PAYOUTS** (Refer Instruction X for details)

**SCHEME DETAILS** (Please choose the Option and Sub-option for Investment, please read product labeling details available on Cover Page and Instruction before filling this section)

Scheme Name					Plan (please ✓)	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B (Direct)	<input type="checkbox"/> Zero Balance folio
Option (please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend			Sub-option (please ✓)	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvestment	

**INVESTMENT DETAILS** (Strike off whichever is not applicable)

GROSS AMOUNT (A)	₹					DD CHARGES (IF ANY) (B)	B	NET AMOUNT (CHEQUE / DD AMOUNT)	₹					A minus B
MODE OF PAYMENT	<input type="checkbox"/> Cheque	<input type="checkbox"/> NEFT / RTGS	<input type="checkbox"/> DD [(Bank Certificate / Third Party / DD Declaration Enclosed) (for Third Party Payment Refer Instruction VI(9))]	<input type="checkbox"/> UPI										
Cheque / DD Details	A/c No.					A/c Type								
	Cheque / DD No.					Date	D	D	M	M	Y	Y	Y	Y
In case of NEFT / RTGS payment	UTR No.													

**DEMAT ACCOUNT DETAILS**  National Securities Depository Limited  Central Depository Services (India) Limited

Depository Participant Name	Mr / Ms / M/s												
DP ID No.	I	N					Client ID No.						

**NOMINATION DETAILS** (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat Form) Refer Instruction VII.

Name and Address of the Nominee(s)	Relationship between Nominee & Investor	Date of Birth	Name & Address of Guardian (to be furnished in case the nominee is minor)	Signature of Guardian / Nominee	Proportion (%) by which the units will be shared by each nominee (% to aggregate to 100%)
Nominee 1		DDMMYYYY			
Nominee 2		DDMMYYYY			
Nominee 3		DDMMYYYY			

**DECLARATION AND SIGNATURES**

I/We have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. I/We agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rule, regulation, notification or direction or any other applicable laws issued by the Government of India or any regulatory or statutory authority. I/We have understood the details of the Scheme and in the event "Know Your Customer" process is not completed by me/us to the satisfaction of the AMC, I/We hereby authorize the AMC to redeem the funds invested in the Scheme, in favour of the first applicant at the applicable NAV prevailing on the date of such redemption and to undertake such other action with such funds as may be required by law. I/We hereby authorise Baroda Pioneer Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Baroda Pioneer Mutual Fund' bank(s) and/or Distributor/Broker/Investment Adviser.

The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him/it for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated. If I/We have not ticked for not appointing a nominee, then the Application Form shall be processed as without nomination.

**Applicable for "Execution Only" transaction :** I/We, the undersigned, hereby acknowledge and confirm that the above transaction is "Execution Only" as explained vide SEBI circular no. CIR /IMD/DF/13/2011 dated 22 August 2011. This investment is being made notwithstanding the advice of the appropriateness/inappropriateness of the same and the distributor has not charged any advisory fees on this transaction.

**Applicable for NRIs :** I/We confirm that I am/we are Non-Residents of Indian nationality/origin but not residents of the United States and Canada and I/we hereby confirm that I/we have remitted funds from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

**Applicable for FATCA & CRS :**

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression	2nd Applicant Signature / POA Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression
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Toll Free Number No. : 1800 2670 189

9 am to 6 pm - Monday to Saturday  
on all Business Days

9 am to 2 pm on 2<sup>nd</sup> & 4<sup>th</sup> Saturdays of the Month

Visit us at :  
[www.barodapioneer.in](http://www.barodapioneer.in)

Email:  
[info@barodapioneer.in](mailto:info@barodapioneer.in)

# Application Form STP / SWP / DSO

BARODA PIONEER MUTUAL FUND



Please read product labeling details available on cover page and the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required. Please refer the STP / SWP / DSO : Terms & Conditions while filling up the Form. Tick (✓) whichever is applicable, strike out whichever is not required.

## DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of the schemes of Baroda Pioneer Mutual Fund)

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	Bar Code
ARN - 0018	ARN -				For Office use only

Upfront commission shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

I/We hereby confirm that the EUIN 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.

## TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer Instructions for filling up the Application Form - VIII)

I confirm that I am a First time investor across Mutual Funds.  
(₹ 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor across Mutual Funds.  
(₹ 100 deductible as Transaction Charge and payable to the Distributor)

In case the subscription amount is ₹10,000/- or more and your distributor has opted to receive Transaction Charges, they are deductible, as applicable, from the purchase / subscription amount and payable to the distributor. Units will be issued against the balance amount.

## Please note that the applicant details and mode of holding are as per the existing Folio Number

Folio No.	Name of Sole / First Unit Holder
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## SYSTEMATIC TRANSFER PLAN (STP)

No. of units  Capital Appreciation  Fixed Amount (Please tick one option only).

Folio No.	PAN	Enclosed (please ✓)	<input type="checkbox"/> PAN copy	<input type="checkbox"/> KYC
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Mobile No.	Email ID
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Amount ₹ (in figures)	₹ (in words)	OR
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Units
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STP Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Calendar Quarter	STP Period	Start From	D	D	M	M	Y	Y	Y	Y	End On	D	D	M	M	Y	Y	Y	Y
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STP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All dates
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FROM	Scheme	Option	Sub-Option
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TO	Scheme	Option	Sub-Option
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## SYSTEMATIC WITHDRAWAL PLAN (SWP) Fixed Amount Capital Appreciation (Please tick one option only)

Folio No.	PAN	Enclosed (please ✓)	<input type="checkbox"/> PAN copy	<input type="checkbox"/> KYC
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Mobile No.	Email ID
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Amount ₹ (in figures)	₹ (in words)	OR
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Units
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SWP Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Calendar Quarter	SWP Period	Start From	D	D	M	M	Y	Y	Y	Y	End On	D	D	M	M	Y	Y	Y	Y
---------------	--	------------	------------	---	---	---	---	---	---	---	---	--------	---	---	---	---	---	---	---	---

SWP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All dates
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FROM	Scheme	Option	Sub-Option
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## DIVIDEND SWEEP OPTION (DSO) - ENROLMENT DETAILS (Allow 7 days to register, please mention complete Scheme, Plan & Option)

Source Scheme (From where Dividend is to be transferred)	Baroda Pioneer
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Target Scheme (To where Dividend is to be transferred)	Baroda Pioneer
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## DECLARATION AND SIGNATURES

I/We have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. I/We agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rule, regulation, notification or direction or any other applicable laws issued by the Government of India or any regulatory or statutory authority. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him/it for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated. Applicable for NRIs: I/We confirm that I am/we are Non-Residents of Indian nationality/origin but not residents of the United States and Canada and I/we hereby confirm that I/we have remitted funds from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

Signature / Thumb Impression of Sole /  
1st Applicant / POA Holder / Guardian

Signature / Thumb Impression of 2nd Applicant /  
POA Holder / Guardian

Signature / Thumb Impression of 3rd Applicant /  
POA Holder / Guardian

## INSTRUCTION

- An STP will be treated like an SWP from the outgoing scheme and an SIP into the incoming scheme.
- Exit Load, as applicable from time to time, will be levied on STP/SWP.
- In the case of STP/SWP/DSO, the request to start the STP/SWP must reach the ISC at least 7 working days prior to the first STP/SWP.
- For SWP - in case the payout date is not mentioned, the payroll will continue till the balance units are reduced to zero.

For STP - in case the period or end date is not given, STP units / amounts will get switched out till it meets the minimum investment amount in switched in scheme. All Dates - there will be four STP transactions processed in a month i.e 1st, 10th, 15th and 25th.

In case the from date is not mentioned, it will be treated as the 1st day of the following month.

For DSO - Please refer to website 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. 200/-.

## ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

Investor Name	
Folio No.	Dated D D M M Y Y Y Y
<input type="checkbox"/> STP / <input type="checkbox"/> SWP <input type="checkbox"/> DSO	
Scheme / Plan / Option / Sub-Option	To (for STP Only)
Amount ₹	Signature, Stamp & Date

# Debit Mandate for Auto Debit / NACH



Please read product labeling details available on cover page and the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required. Please refer the SIP : Terms & Conditions while filling up the Form. Tick (✓) whichever is applicable, strike out whichever is not required.

## DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Schemes covered by this KIM)

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	Bar Code
ARN - 0018	ARN -				For Office use only

Upfront commission shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor.

I/We hereby confirm that the EUIN 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.

## TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer instructions for filling up the Application Form - VIII)

I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor across Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)

In case the subscription amount is ₹ 10,000/- or more and your distributor has opted to receive Transaction Charges, they are deductible, as applicable, from the purchase / subscription amount and payable to the distributor. Units will be issued against the balance amount.

## ■ New Registration with BPFM ■ Change in Bank Account for existing Registration with BPFM ■ SIP Cancellation

First SIP cheque and subsequent via Auto Debit / ECS if the Bank is not participating in ACH Platform. (Please attach copy of cheque / cancelled cheque)

## PAN DETAILS (Mandatory) \*If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof. \*(Refer Instruction IV)

First/Sole Applicant*	Second Applicant	Third Applicant
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## MICRO SIP (Only for Micro SIP - for aggregate investment not exceeding ₹ 50,000 in a financial year)

															Signature
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## INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name																
Folio / Application No.	(Existing Investors : please mention Folio Number)															
Scheme											Option and Sub Option					

## SIP AND PAYMENT DETAILS

Each SIP Amount (₹)						Frequency	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Calendar Quarter	Status:	<input type="checkbox"/> RI	<input type="checkbox"/> NRI
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Amount in words															
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1 <sup>st</sup> SIP Cheque Details	Cheque No.						Date	D	D	M	M	Y	Y	Y	Y
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SIP Auto Debit Dates	<input type="checkbox"/> 1st	<input type="checkbox"/> 10th	<input type="checkbox"/> 15th	<input type="checkbox"/> 25th of the month	SIP Period	Start Form	D	D	M	M	Y	Y	Y	Y	End On	D	D	M	M	Y	Y	Y	Y
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SIP date should be either 1<sup>st</sup> / 10<sup>th</sup> / 15<sup>th</sup> / 25<sup>th</sup> (Note: Cheque should be drawn on bank details provided below) (Note: Please allow minimum one month for auto debit to register and start). I/We hereby authorize Baroda Pioneer Mutual Fund (BPFM) and their authorised service providers to debit my following bank account by ECS (Debit Clearing)/auto debit to account for collection of SIP payments.  OR Perpetual Until Cancelled (99 years) (Default)

I/We have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. I/We agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of mutual funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through direct debit/participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Baroda Pioneer Mutual Fund, Baroda Pioneer Asset Management Company Ltd., its investment manager, or any of their appointed service providers or representatives responsible. I/We will also inform Baroda Pioneer Asset Management Company Ltd. about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

1st A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian	2nd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian	3rd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian
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## DEBIT MANDATE FOR NACH

BARODA PIONEER MUTUAL FUND	UMRN	For Office Use Only					Date	D	D	M	M	Y	Y	Y	Y
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		Sponsor Bank Code	For Office Use Only					Utility Code	For Office Use Only				
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Tick (✓)  
 Create  
 Modify  
 Cancel

I/We hereby authorize **BARODA PIONEER MUTUAL FUND** To debit (tick ✓) **SB / CA / CC / SB NRE / SB NRO / Other**

Bank A/c. Number															
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With Bank	Investor Bank Name and Branch	IFSC						or MICR					
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An Amount of Rupees ₹

FREQUENCY  Mthly  Qtrly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Folio No. / Application No.  Phone No.

Scheme Name  Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD	From	D	D	M	M	Y	Y	Y	Y	Signature Primary Account holder	Signature Account holder	Signature Account holder
	To	D	D	M	M	Y	Y	Y	Y	1. Name as in Bank Records	2. Name as in Bank Records	3. Name as in Bank Records
	Or	Until cancelled										

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instruction as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate of the bank where I have authorized the debit.

