Application Form (For Lumpsum and SIP)

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

Baroda BNP PARIBAS MUTUAL FUND

All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

Distributor ARN / RIA Code	Sub Distributor ARN	Sub Distributor / RM Internal Code	EUIN*	LG Code	For Office use only (Time Stamp)
ARN-95070			E-101834		

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/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

*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.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder

1. EXISTING INVESTOR'S FOLIO NUMBER

Folio No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

The details in our records under the Folio number mentioned alongside will apply for this application.

2. FIRST APPLICANT'S DETAILS

Name of First Applicant (In CAPITAL and as per PAN) (Refer Instructions)

Date of Birth (Mandatory - If Minor, attach proof) D D M M Y Y Y Y

Name of Guardian (if minor)/**POA/Contact Person** (As per PAN) (Refer Instructions) Guardian is: ◯ Father ◯ Mother ◯ Court Appointed

Date of Birth (Guardian) D D M M Y Y Y Y

PAN (1st Applicant / Guardian) ☐☐☐☐☐☐☐☐☐☐

CKYC - KIN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PAN of POA* ☐☐☐☐☐☐☐☐☐☐

Date of POA D D M M Y Y Y Y

* Notarized copy of POA

CKYC - KIN (POA) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (AS PER KYC RECORDS) NRI Investors should mention their Overseas address (Refer instructions)

Email ID* (in capital) *(default mode of communication)

Mobile ☐☐☐☐☐☐☐☐☐☐ Tel. STD Code ☐☐☐☐☐☐☐☐☐☐☐

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

Email ID belongs to (Please tick ✓) ◯ Self ◯ Spouse ◯ Dependent Children ◯ Dependent Siblings ◯ Dependent Parents ◯ Guardian in case of minor ◯ Others

Mobile No. belongs to (Please tick ✓) ◯ Self ◯ Spouse ◯ Dependent Children ◯ Dependent Siblings ◯ Dependent Parents ◯ Guardian in case of minor ◯ Others

Address Type (Mandatory) (Please tick ✓) ◯ Residential & Business ◯ Residential ◯ Business ◯ Registered Office

Mailing Address			
Landmark		City	
State	Country	**Pin Code (Mandatory)**	

Overseas Address (Mandatory for NRI Investors)

Mailing Address			
Landmark		City	
State	Country	**Pin Code (Mandatory)**	

4. KYC DETAILS (MANDATORY)

A. Tax Status (Please tick ✓) **:**

Individual : ◯ Resident ◯ NRI-Repatriation ◯ NRI-Non Repatriation ◯ Sole-Proprietorship ◯ Minor ◯ NRI-Minor ◯ PIO / OCI ◯ Others

Non-Individual (Please tick ✓) **:**

◯ Company ◯ HUF ◯ Trust^ ◯ Society^ / Club ◯ Partnership / LLP ◯ AOP / BOI ◯ FPI ◯ Non Profit Organisation^ ◯ Bank ◯ Government Body ◯ Others

^ Trust/Societies/Section 8 companies to give below declaration :

We are a "Non-Profit Orgnization" (NPO) which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the Section 8 of the Companies Act, 2013 (18 of 2013). ◯ YES ◯ NO

If yes, please quote Registration No. of Darpan portal of Niti Aayog (If not registered already, please register immediately and confirm with the above information)

B. Occupation Details (Please tick ✓) ◯ Private Sector Service ◯ Public Sector Service ◯ Government Service ◯ Business ◯ Professional ◯ Agriculturist ◯ Retired ◯ Proprietorship ◯ Housewife ◯ Student ◯ Defence ◯ Forex Dealer ◯ Others (Please specify)

C. 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) Rs. as on D D M M Y Y Y Y (Not older than 1 year)

D. Politically Exposed Person (PEP) Status : (Please tick ✓) ◯ Not Applicable ◯ I am Politically Exposed Person ◯ I am Related to Politically Exposed Person

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ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Application form received for purchase of units, subject to realization, verification and conditions

Mr. / Ms. / M/s. _____

Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option

ISC Stamp, Date & Signature

5. JOINT APPLICANTS (IF ANY) DETAILS

Mode of Holding (Please tick ✓) ◯ Joint ◯ Anyone or Survivor (Default)

Name of 2nd Applicant (As per PAN) (Refer Instructions)

Date of Birth (Mandatory) D D M M Y Y Y Y

PAN (2nd Applicant)

CKYC - KIN

a. Relationship with 1st Holder (Please tick ✓) ◯ Spouse ◯ Father ◯ Mother ◯ Daughter ◯ Son ◯ Others (Please specify)

b. Mobile Tel. STD Code

c. Email ID (CAPITAL Letters Only)

d. Email ID belongs to (Please tick ✓) ◯ Self ◯ Spouse ◯ Dependent Children ◯ Dependent Siblings ◯ Dependent Parents ◯ Guardian in case of minor ◯ Others

e. Mobile No. belongs to (Please tick ✓) ◯ Self ◯ Spouse ◯ Dependent Children ◯ Dependent Siblings ◯ Dependent Parents ◯ Guardian in case of minor ◯ Others

f. Occupation Details (Please tick ✓) ◯ Private Sector Service ◯ Public Sector Service ◯ Government Service ◯ Business ◯ Professional ◯ Agriculturist ◯ Retired ◯ Housewife ◯ Student ◯ Forex Dealer ◯ Others (Please specify)

g. Status (Please tick ✓) ◯ Resident Individual ◯ NRI

h. Gross Annual Income (Please tick ✓) ◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ >25 Lacs-1 crore ◯ >1 crore

i. Politically Exposed Person (PEP) Status : (Please tick ✓) ◯ Not Applicable ◯ I am Politically Exposed Person ◯ I am Related to Politically Exposed Person

Name of 3rd Applicant (As per PAN) (Refer Instructions)

Date of Birth (Mandatory) D D M M Y Y Y Y

PAN (3rd Applicant)

CKYC - KIN

a. Relationship with 1st Holder (Please tick ✓) ◯ Spouse ◯ Father ◯ Mother ◯ Daughter ◯ Son ◯ Others (Please specify)

b. Mobile Tel. STD Code

c. Email ID (CAPITAL Letters Only)

d. Email ID belongs to (Please tick ✓) ◯ Self ◯ Spouse ◯ Dependent Children ◯ Dependent Siblings ◯ Dependent Parents ◯ Guardian in case of minor ◯ Others

e. Mobile No. belongs to (Please tick ✓) ◯ Self ◯ Spouse ◯ Dependent Children ◯ Dependent Siblings ◯ Dependent Parents ◯ Guardian in case of minor ◯ Others

f. Occupation Details (Please tick ✓) ◯ Private Sector Service ◯ Public Sector Service ◯ Government Service ◯ Business ◯ Professional ◯ Agriculturist ◯ Retired ◯ Housewife ◯ Student ◯ Forex Dealer ◯ Others (Please specify)

g. Status (Please tick ✓) ◯ Resident Individual ◯ NRI

h. Gross Annual Income (Please tick ✓) ◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ >25 Lacs-1 crore ◯ >1 crore

i. Politically Exposed Person (PEP) Status : (Please tick ✓) ◯ Not Applicable ◯ I am Politically Exposed Person ◯ I am Related to Politically Exposed Person

6. FATCA AND CRS DETAILS (Non-Individual investors please fill separate UBO & FATCA/CRS Form)

First Applicant/Guardian	2nd Applicant	◯ 3rd Applicant ◯ POA
Place & Country of Birth PLACE COUNTRY	**Place & Country of Birth** PLACE COUNTRY	**Place & Country of Birth** PLACE COUNTRY
Nationality ◯ Indian ◯ U.S. ◯ Other	Nationality ◯ Indian ◯ U.S. ◯ Other	Nationality ◯ Indian ◯ U.S. ◯ Other

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? ◯ Yes ◯ NO (If yes please provide information below.)

Country#	Tax Identification Number	Identification Type/Reason•	Country#	Tax Identification Number	Identification Type/Reason•	Country#	Tax Identification Number	Identification Type/Reason•
1			1			1		
2			2			2		
3			3			3		

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.
• 11 TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

7. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

Bank Name

Bank A/c No.

LEI

A/C Type ◯ Savings ◯ Current ◯ NRE ◯ NRO ◯ FCNR ◯ Others

Branch Pin

IFSC code: (11 digit)

8. PAYMENT & INVESTMENT DETAILS (In Case Of Multiple Schemes, Cheque Should Be Drawn In Favor Of "Baroda BNP Paribas Mutual Fund Collection Account")

◯ **Zero Balance** ◯ **Lumpsum (Please fill details below)** ◯ **SIP (Fill separate SIP form)**

Payment Mode (Please tick ✓) ◯ Cheque ◯ NEFT ◯ RTGS ◯ OTM

Investment Amount (₹)	Instrument No/TR No.	Date	Drawn on Bank	Bank Branch	City
		D D M M Y Y Y Y			

Scheme	Plan	Option	Frequency	Purchase Amount
1. BBNPP	◯ Direct ◯ Regular	◯ Growth ◯ IDCW Payout ◯ IDCW Reinvestment		
2. BBNPP	◯ Direct ◯ Regular	◯ Growth ◯ IDCW Payout ◯ IDCW Reinvestment		
3. BBNPP	◯ Direct ◯ Regular	◯ Growth ◯ IDCW Payout ◯ IDCW Reinvestment		
4. BBNPP	◯ Direct ◯ Regular	◯ Growth ◯ IDCW Payout ◯ IDCW Reinvestment		
5. BBNPP	◯ Direct ◯ Regular	◯ Growth ◯ IDCW Payout ◯ IDCW Reinvestment		
The cheque amount should match with the Total Investment Amount mentioned here.			**Total Amount**	

Please use the details below for initiating RTGS/NEFT: Bank Name: HDFC BANK, Bank Account Number: 00600350106284, IFSC Code: HDFC0000060, Account Name: Baroda BNP Paribas Mutual Fund Collection Account

Quick Checklist ☞

- ◯ Name/s mentioned are as per PAN only
- ◯ Address, Email ID/Mobile are correctly mentioned
- ◯ KYC information provided for each applicant
- ◯ FATCA/CRS details provided for each applicant
- ◯ Full scheme name, plan, option is mentioned
- ◯ Pay-In bank details and supportings are attached
- ◯ Nomination facility opted
- ◯ Form is signed by all applicants
- ◯ Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
- ◯ Non Individual investors should attach ◯ FATCA Details and Declaration Form ◯ UBO Declaration Form

9. DEMAT ACCOUNT DETAILS

◯ National Securities Depository Ltd.
◯ Central Depository Services (India) Ltd.

Depository Participant Name | DP ID No. | Beneficiary Account No.

Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the Application Form. In case the form is not filled, the default option will be physical mode.

10. NOMINATION - MANDATORY, Minor & PoA holder cannot nominate and should not fill this section

◯ **A. I/We wish to nominate:** I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s).

I/ We want the details of my/ our nominee to be printed in the statement of account, provided to me/us by the AMC as follows: **(Mandatory in case Nomination is provided)**

◯ Name of Nominee(s) ◯ Nomination Status^ (Yes/No)

Mandatory				Optional		
S. no.	**Nominee Name**	**Relationship with Applicant**	**Date of Birth** (Mandatory if Nominee is minor)	**% Share of nominee**** (equal share if % is not specified)	**Mobile & Email of nominee***** (AMC will be able to reach out to your nominee if you provide the contact details)	**Specify Personal identifier document Aadhaar (last four digit), PAN, Driving Licence, Passport *****
1					Mobile: Email:	
2					Mobile: Email:	
3					Mobile: Email:	

**Any odd lot after division shall be transferred to the first nominee mentioned in the form.

*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.

◯ **B. I/We do not wish to nominate :** I hereby confirm that I do not wish to appoint any nominee(s) to my demat account/ mutual fund folio at this point of time. I understand that (i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise. (ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s). (iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and Protection Fund Authority (IEPF) in accordance with the applicable regulatory framework. I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary. My / Our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

***Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature**		
Name of the Holder	**Signature of two witness(es) along with name & address are required are required, if the account holder affixes thumb impression instead of signature**	
	Name & Address of Witness	**Witness Signatue**
Sole / 1st Holder (Mr./Ms.)	Witness 1 - name Address	Witness 1
	Witness 2 - name Address	Witness 2
2nd Holder (Mr./Ms.)	Witness 1 - name Address	Witness 1
	Witness 2 - name Address	Witness 2
3rd Holder (Mr./Ms.)	Witness 1 - name Address	Witness 1
	Witness 2 - name Address	Witness 2

11. DECLARATION & SIGNATURES

Having read and understood the contents of the Scheme Information Document (SID) and Statement of Additional Information (SAI), Key Information Memorandum (KIM), Instructions and addenda issued by Baroda BNP Paribas Mutual Fund (MF) , I / We, hereby apply to the Trustee of MF 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.

◯ To receive physical annual statements and scheme wise abridged report please tick here (✓)

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any

×

COMMON CHECKLIST

Please ensure that :

I. Please ensure that your Application Form is complete in all respect and signed by all applicants:
• Name, Address and Contact Details are mentioned in full. • Status of First/Sole Applicant is correctly indicated. • Bank Account Details are entered completely and correctly. • Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment. • Please attach proof of KYC Compliance status if not already validated. • Appropriate Plan / Option is selected. • If units are applied by more than one applicant, Mode of Operation of account is indicated. • Mention contact details with relationship flag for all the holders.

II. Your investment Cheque is drawn in favour of **'the Specific Scheme A/c. PAN' or 'the Specific Scheme A/c Investor Name'** dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.

III. Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

	Documents	Companies / Trusts / Societies/ Partnership Firms / LLP / FIIs*	FPI	NRI / OCI / PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution / Authority Letter	✓				
2.	List of Authorised Signatories with Specimen Signature(s) @	✓	✓			✓
3.	Notarised Power of Attorney					✓
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable			✓		
5.	PAN Proof	✓	✓	✓	✓#	✓
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvlindia.com)	✓	✓	✓	✓#	✓
7.	Proof of Date of Birth				✓	
8.	Proof of Relationship with Guardian				✓	
9.	PIO / OCI Card (as applicable)			✓		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI		✓		✓	

@ Should be original or true copy by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.
* For FIIs, copy of SEBI registration certificate should be provided. # If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.

MICRO INVESTMENT - CHECKLIST

Documents required for Micro SIP applications (any one of the following):

Ref. No.	Documents
I.	Voter Identity Card
II.	Driving License
III.	Government / Defence identification card
IV.	Passport
V.	Photo Ration Card
VI.	Photo Debit Card
VII.	Employee ID cards issued by companies registered with Registrar of Companies
VIII.	Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament
IX.	ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks.
X.	Senior Citizen / Freedom Fighter ID card issued by Government.
XI.	Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI.
XII.	Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL).
XIII.	Any other photo ID card issued by Central Government / State Governments /Municipal authorities / Government organizations like ESIC / EPFO.

In addition to the photo identification documents prescribed above, a copy of the proof of address which is self attested and also attested by the ARN Holder will be required.

CHECKLIST FOR "APPLICATIONS ON BEHALF OF MINOR"

I.	Birth certificate of the minor, or School leaving certificate / Mark sheet issued by Higher Secondary Board of respective states, ICSE, CBSE etc., or Passport of the minor, or Any other suitable proof evidencing the date of birth of the minor / relationship.
II.	Copy of PAN of Guardian.
III.	KYC acknowledgement of Guardian.

SIP REGISTRATION CUM NACH MANDATE FORM

Please read product labelling details available on cover page and the instructions before filling up the Application Form.

◯ **Existing OTM** (Please mention UMRN no of existing OTM) ◯ **New Mandate** (Please fill OTM form below)

Baroda BNP PARIBAS MUTUAL FUND

Distributor ARN / RIA Code	Sub Distributor ARN	Sub Distributor / RM Internal Code	EUIN*	LG Code	For Office use only (Time Stamp)
ARN-95070			E-101834		

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/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

*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.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder

1. EXISTING INVESTOR'S FOLIO NUMBER

Folio No. ☐☐☐☐☐☐☐☐☐☐ **Name of Sole / First Unit Holder** First Name Middle Name Last Name

◯ **Registration via Existing OTM** (Please mention **UMRN** if multiple **OTMs** exist in folio) [Tick to avail (✓)] ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

2. SYSTEMATIC INVESTMENT PLAN DETAILS ☐ SIP ☐ MULTI SIP

Frequency (Please ✓) ☐ **Daily SIP** ☐ **Weekly SIP** ☐ **Fortnightly SIP^** ☐ **Monthly SIP*** ☐ **Quarterly SIP**

Scheme Name	Plan	Option	SIP Amount	SIP Date / Day#	Start Date	End Date**	Top Up Amount	Top Up Frequency
BBNPP _____	☐ Direct ☐ Regular	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly
BBNPP _____	☐ Direct ☐ Regular	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly
BBNPP _____	☐ Direct ☐ Regular	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly
BBNPP _____	☐ Direct ☐ Regular	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly
BBNPP _____	☐ Direct ☐ Regular	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly

1st SIP Cheque Details Cheque No. _____ Date D D M M Y Y Y Y Amount: _____ * Default

For Multi SIP - SIP can be registered in maximum five Schemes with a single instrument. 1st SIP Cheque should be the total consolidated amount across all SIPs and should be favouring **Baroda BNP Paribas Mutual Fund**

^ Please refer point no. 2 for schemes eligible for fortnightly frequency ** SIP tenure can be registerd upto a maximum of 40 years and it should be less than or equal to the mandate tenure.

Select any date between 1-31 for monthly and quarterly frequency. Either 5 or 20 for fortnightly frequency and any day Monday-Friday for Weekly frequency.

3. DECLARATION

I / We declare that the particulars furnished here are correct. I / We authorize Baroda BNP Paribas Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH as per my request from time to time. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I/ We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Baroda BNP Pasribas Mutual Fund using this facility. I/ We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Baroda BNP Paribas Mutual Fund.

SIGNATURE(S)

✕ First Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder

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Baroda BNP PARIBAS MUTUAL FUND

ONE TIME BANK MANDATE

(NACH / Direct Debit Mandate Form)(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date D D M M Y Y Y Y

Utility Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☑ Create ☒ Modify ☒ Cancel

Sponsor Bank Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ I/We hereby authorize **BARODA BNP PARIBAS MUTUAL FUND**

to debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / Other Bank A/c Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

With Bank ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ IFSC / MICR ☐☐☐☐☐☐☐☐☐☐☐

an amount of Rupees ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ₹ ☐☐☐☐☐☐☐☐☐☐☐

DEBT TYPE ~~☒ Fixed Amount~~ ☑ Maximum Amount

FREQUENCY ~~☐ Daily~~ ~~☐ Weekly~~ ~~☐ e Monthly~~ ~~☐ Monthly~~ ~~☐ Quarterly~~ ~~☐ Half-Yearly~~ ~~☐ Annually~~ ☑ As & When presented

Filio/PAN no. ☐☐☐☐☐☐☐☐☐☐ Reference 1 ☐☐☐☐☐☐☐☐☐☐

1. I aggree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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 authorised the debit. 4. I/We understand and accept that in case transactions initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instrument Act).

From D D M M Y Y Y Y

To*** D D M M Y Y Y Y

Phone No. ☐☐☐☐☐☐☐☐☐☐

✕ Signature of Account Holder	Signature of Account Holder	Signature of Account Holder
1. _____	2. _____	2. _____

***As per NPCI Circular effective from 01st April 2024. Maximum period of validity of this mandate is 40 years only.