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

---

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.