# Common Application Form (For Lumpsum)



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.

stributor / Brol	or ADM	Ç	b-Bro	oko	r Ca	d۵		c	ub-B	role	ar Al	DNI			EU	N			C (	Code							RIA	Ca	10			
	-				CO	ue		3	ub-b	roke	er Al	KIN				N		L	.6 (	,oue	;						KIA	CO	је			
ARN-1830	038	AR	RN -	•										Ε																		
We hereby con person of the ab																																
Applicant Signature / C															ture / Thu								olicant	_	ature /	POA	Signa	ture /	Thun	nb Imp	ressio	n
TRANSACT									THE	OU	GH	DIS	TRI	BU										′								
confirm that I a ₹ 150 deductible a															I conf (₹ 100														S.			
ase the subscrip ount and payable															ransac g Folio			es, th	ney a	are d	educ	tible	, as a	appl	icab	le, fr	om t	he p	urch	ase	/ sub	scrip
us of the First Ap															oreign											□ NI	RI-Re	epatri	ation	□В	ody C	orpo
ciety / Club B					FPIs	С	ompan	ny 🗆	QFI [																							
MODE OF H					OR		Joint					ne or				Defau				`												
SOLE / FIR	ST APPL	ICANT	r'S P	PER	102	NAL	.DE	TAIL	<b>.S</b> (PI	ease f	ill in A	LPHA	BETS	and	use one	box fo	one a	Ilphab	et, lea	ving o	ne bo	x bla	nk bet	weer	two '	words	s, as i	t app	ears i	n your	PAN	Card)
e Mr Ms M/	S												NA	IE A	S PER	PAN C	ARD															
ess [P. O. Box A	ddress is no	sufficient	t] (India	an ad	ldress	, in ca	ase of I	NRIs/	FPI's)																							
					T	T	Ť														Cit	y										
ode	(Mandator	/)	Sta	ate	T	寸	寸	Ť	Ť							Со	untry						T									
e (Off.)					寸	T	丁		Fax	No.											Mot	ile N	lo.									
e (Res)			П	T	T	T	一	Ť	Er	nail I	D1*																					
I ID2*						_									S	atus (	pleas	se √)	П	Self	Sı	oous	e 🗌	Der	end	ent (	Child	ren	D	eper	dent	Par
ever email ID is regis rs are advised to giv roviding third party e	e their email I																									nt any	unint	ended	cons	equen	ces th	at car
OND APPLICA		ne																														
Ms					П																											
	IO N																															
D APPLICANT	'S Name			$\overline{}$																												
	'S Name																															
	'S Name				<u> </u>																											
//s		First / S	Sole A	\pplic	cant i	s mi	nor) /	Cont	act Pe	erson	- De	esign	ation	/ Pc	oA Holo	ler (In	case	e of N	lon-l	ndivi	dual	Inve	stors	s)								
Ms		First / S	Sole A	Applic	cant i	is mi	nor) /	Cont	act Pe	erson	- De	esign	ation	/ Pc	oA Hold	ler (In	case	e of N	lon-l	ndivi	dual	Inve	stors	s)								
Ms		First / S	Sole A	\pplic	cant i	is mi	nor) /	Cont	act Pe	erson	- De	esign	ation	/ Pc	oA Hold	ler (In	case	e of N	lon-l	ndivi	dual	Inve	stors	s)								
Ms ene of the Guardi	an (in case								act Pe	erson	- De	esign	ation	/ Po	oA Hold	ler (In	case	e of N	lon-l	ndivi	dual	Inve	stors	s)					>-			
Ms ne of the Guardi	an (in case								act Pe	erson	- De	esign	ation	/ Pd	oA Hold	ler (In	case	e of N	lon-l	ndivi	dual	Inve	stors	) 					>-			
ne of the Guardi	an (in case					by the	invest	tor)				esign	ation	/ Pd	DA Hold	ler (In	case	e of N	lon-l	ndivi	dual	Inve	stors	\$)					>4			
ne of the Guard	an (in case	T SLIP	(To b	be fille		by the	Applic	tor)	n for s	chem	ne		ation								ddual	Inve	stors	)								
Ms ene of the Guardi	GEMEN Ms. / M/s.		(To b	be fille		by the	Applic	tor)		chem	ne		ation		Reinve		at [	Pa	lon-l		dual	Inve	stors	5)					>4			

Overseas Address (Mandator	ry in ca	se of N	RI/ F	Pls ap	pplica	ant, ir	n addit	tion to	o mail	ling ac	ldress)																									
State								C	Coun	try																		Zip	Co	de						
Information (*Mandatory)				Firs	t Ap	plic	ant*	*							S	eco	nd	Apı	plic	ant									Thi	rd A	pp	licar	nt			
Date of Birth	D D	M	ИΥ	Υ	Υ	Υ						) [	) M	М	Υ	Υ	Υ,	Υ							D	D N	VI N	1 Y	Υ	Υ	Y					
PAN/PEKRN#																																				
Aadhaar																																				
Mobile No.*																																				
KIN No (CKYC)																																				
**Incase Minor / POA																																				
				G	Guai	rdia	n (In	cas	e of	f Min	or)														P	OA	Hol	lder								
Name																4																				
Relationship			_													_																				
Date of Birth of Minor	D D	MI	/ Y	Υ	Y	Y											_	_	_					_												
PAN/PEKRN			+			_											4	_																		
Aadhaar			+			_											4	_																		
Mobile No.*			-		_	_											+	+	+	L			_	_												
KIN Nos. (CKYC)																																				
Information to Investor's	said inves Post	purpos data is stors ha obtain shall re	mar as be ing th	ndato een de he Aa	ry as eferr idha	s per ed til ar nu	appli Il furth Imber	cable ner no , we s	e law otice shall	s/rule authe	s/reg	ulat te th	ions. ne sa	The mei	e ma	nda ccord	tory danc	requ ce wi	uirer th th	nen e Aa	t to s adha	ubn arA	nit th	e Aa 016.	dha	ar d	etail	s/ do								
Consent	valid I/We	herek ating/a herek panies	authe by p	entica rovid	ating e m	and y/ou	l (ii) u r cor	pdati iseni	ing m t for	ny/ou shar	r Aadl ing/di	naa scl	r nun osin(	nber g m	r(s)i y Aa	in ac adha	cord	dano num	ce w	ith th (s) i	ne A nclu	adh idin	aar <i>A</i> g de	ict, 2 mog	201 Jrap	6 (ar ohic	nd re info	egula orma	ition tion	s ma with	de t	here	unde set r	er) an mana	d PN	ILÀ.
Signature																																				
Politically Exposed Person (PEP)		Self		Re	elate	ed		lot A	pplic	able			Se	lf		Re	elate	d		Not	App	olica	ble			S	elf		R	elate	d		Not	Appl	cabl	le
Occupation of the Applicant		udent		Busine			rofes			Retir			uder			ısine			rofe				Retire			Stude				ess [		rofe				etired
		ousew				er _							louse				ıilde	r _												uildei	r L					
		ıblic C	`	,		D			,	Unlist	1		ublic		`	,		D				,	nliste	1				.(Lis	,		L D				•	isted)
		gricultı ıblic Se								Servi			gricu ublic										ervic					ctor		orex		aler □ P				
		ibile Si itertain					FV	i. 3e	ClOi	Servi	Le _		nterta							VI. C	seci	01 3	ervic	e L						nce Other			vi. S	ecio	361	vice
						_								411 11 11				_														_				
Gross Annual Income		<1L 10-25 l		1- 25		Cr				d so			<1L 10-2	5 L		1- 25		Cr			10 L 1 Cr		SO (	1 "		<1L				5 L 5 L-1	Cr		5-1 > 1		nd s	o on
														OR																						
Net-worth* in ₹ (Lacs) *Should not be older than one year (Mandatory for Non- Individual)																																				
Networth as of date	D	M	M	/ Y	Υ	Υ							D N	1 M	Υ	Υ	Υ	Υ							D	D	M	MY	Υ	Υ	Υ					
Non-Individuals		entity i			-			•			• Gan	ning	/ Gar	nblin	g/ Lc	ottery	(cas	sinos	s, bet	ting	synd	icate	s)	Y	⁄es		No '	• Mon	iey L	endin	g/ P	awnir	ng [	Y	es	No
Refer Instruction IV) <sup>#</sup> Please attach PAN proof																																	,			
····																																>∉				

# Add convenience to your life with our value added service



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



In	vestor can avail below facilities
1.	NAV
2.	Account Balance
3.	Account Statement
1	Loot F Transportions

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.barodamf.com

FATCA & CRS IN	NFORMATI	ION [Pleas	e tick (√)	] For l	ndividu	als &	HUF (	Manda	tory)	Non	Indiv	/idual	invest	ors sh	ould	man	dato	rily f	ill se	eper	ate F/	ATC/	A deta	il for	m
Refer Instruction XI for			he below i			-					-					_									
Address Type: Resides the applicant(s) Coun			Residentia		usiness		•	red Off	ice (fo	or ad	ldress	s ment	tioned i	n form	/exist	ing a	addre	ess a	ppea	aring	j in Fo	oilo)			
	cant (includ		y / Tax Res	sidericy	ouner u	IIaII II		ond Ap	nnlica	nt								Thir	d An	polic	ant				_
		No						Yes	N									_	es.	_	No				_
f "Yes", please provide th	e following ir	nformation (	Mandatory)																						
Please indicate all countri		•				the a	ssociat												<b>T</b> L:						
Category	FI	irst Applic	ant (inciu	laing	Minor)			Se	econo	І Ар	риса	int/ G	uardia	1					Inii	ra A	pplic	ant			
Name of Applicant																									_
Place/ City of Birth																									
Country of Birth																									
Country of Tax Residence	.y <sup>#</sup>																								
Tax Payer Ref. ID No^																									
Identification Type [TIN or other, please spec	ify]																								
Country of Tax Residency	2																								
Tax Payer Ref. ID No. 2																									
Identification Type [TIN or other, please spec	ify]																								
Country of Tax Residency	/ 3																								
Tax Payer Ref. ID No.3																									_
Identification Type [TIN or other, please specify]																									
To also include USA, where	the individua	l is a citizen/	areen card h	older of	USA ^In	case.	Tax Iden	tification	n Numb	er is	not av	ailable	kindly n	ovide it	s funct	tional	eauiv	alent							_
FIRST HOLDEI																									
Name of the Bank											Bra	anch										T			_
Account No. (in figures)	+ + + +								Accoun	nt Typ	е	Saving	gs 🗌 C	urrent	ΠN	RO [	NF	RE [	Ot	thers		_			=
Account no. (in words)																									_
Bank Address	$\overline{}$																				$\overline{}$	T	$\overline{}$		Γ
															Ť							Ť	+		Г
Pincode		State									С	City										Ť	$\frac{1}{1}$		
MICR Code (9 digits)							Fyan	nple for	filling		Ac. N	lo.	1	3		5	1	7	*This	s is a	n 11 Di	git Nu	umber, our Ban	k Bra	ncł
*IFSC Code for NEFT /	RTGS							ccount			In wor	rds	One	Three	e F	ive	Se	ven		•		,	cancelle		
Virtual Payment Address	s (VPA) (of t	he Sole / Fir	st Holder /	Guardi	an) (for F	avme	ent thro	uah UF	PI) (Re	fer lı	nstruc	tion XI	II for mo	re deta	ails)										_
						Ť									<u> </u>							T			
										+	+										+	$\pm$	+		$\overline{}$
CURCCRIPTION	IC TO DAI		LIID ELINI	<u> </u>		Cubaarir	tions to De	orodo Liqui	id Fund	by NE	T / DTC	C and are	dit to the or	llostion of	accust o	f the m	utual fi	und ofte	or 0 nm	un to	2 pm * /	nlagge	√ opy or	20)	
SUBSCRIPTION  Units to be allotted based on the													dit to the co									piease	✓ any on	ie)	
REDEMPTION				_		•		.p.uon am	ount to E	0.0.0	antou to	arorogia	ntorou dora	ant barne	aoooan			01 011 11	no day	01010					
			•						_						•	_					,	eu.	a ·		
SCHEME DETA	AILO (Piease	e cnoose the	Option and	i Sub-o	ption for	inves	tment, p	olease re	ead pro	oauc	t label	ling ae	talis ava	liable o	on Cov	er Pa					_				
Scheme Name	Drawth -	IDOM	Cub On	tion 🗆	Monthl		Ouarta	ul.									-	Plan			#		ular [		eci
		IDCW			Monthl													Pay	out		Ш	Keir	nvestm	ient	
INVESTMENT		<u> </u>	whichever	is not					m			NET		ı= (CH	EQUE							_			
GROSS AMOUNT (A)		A A	IEEE / DEG	\ <u>\</u>			ES (IF AI	NY) (B)		В		NEI	AMOUI	VI AMO	OUNT)	₹				/	A minus	3 B			_
MODE OF PAYMENT		eque N	IEFT / RTG	3 <u></u>	UPI _	OT	IVI				Λ/ο T·	/ne							T	T		$\overline{}$			
Cheque Details =	Vc No. Cheque No.				Date	D	D N	1 M	YY	/ \	A/c Ty	1	vn on Ba	ank							+	+	+		
In case of NEFT / RTGS		UTR No			Date	n	n IN	ı IVI	1   Y	Y	1	ואום	VII OII B	alik		1					+	+	+		
	. ,			ouritie	o Dona-	itom	Limita	4 P	Cont	al D	nnas!	tor. C	ondess	/ pd:-\	111001	40 A									_
DEMAT ACCO			lational Se	curitie	o nebos	погу	∟ımıte	u 🔟	centra	ai De	sposit	tory S	ervices	(iiiula)	, Limi	ıed						_		_	_
Depository Participant	iname   Mr /	Ms / M/s				<u> </u>				<u> </u>											Щ	<u></u>	<u></u>		Ļ
DP ID No			Client ID	Nο															1						

# 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)	PAN	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 Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Baroda 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 /		
1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression	2nd Applicant Signature / POA Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression
. or organization international		

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.barodamf.com

Email: info@barodamf.com

# **Multiple SIP Application Forms**



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

	DI	ST	RIE	BUT	OR	IN	FO	R۱	ΙAΤ	10	<b>N</b> (C	nly e	mpa	nelle	d Dis	tribu	tors / I	Broke	ers wi	ll be	perm	itted	to distr	ibute	Unit	s of I	Baroo	da Mı	ıtual	Fund	)											
Dis	trib	uto	r/I	Brol	(er /	٩R	N		Suk	o-Bi	roke	r Co	ode			S	ub-B	rok	er A	RN			Е	UIN				LG	Cod	le						RIA	Co	de				
	ΑF	RN	-18	330	38			4	٩R	N-												E	Ξ																			
1s															ΓΙΟΙ	NS							nature / T				Plea	ise r	efer	Instr				nature	/ POA	Sign	ature /	Thur	mb Im	npress	ion	
																r)							l co (₹1												Mutu e Disi			ls.				
																							Trans			Ŭ	es, 1	they	are	dedu	ıctib	le, a	s app	olicat	ole, f	rom	the p	ourcl	hase	∍/su	ıbsc	ription
					•	•			***										_	-			Foreig												□ N	RI-R	epatri	ation	ı 🗆 E	Body	Corp	orate
															oint					ne o						Ė			ì			fer Ir										
	S	OLI	Ξ/Ι	FIR	ST /	٩P	PLI	CA	NT	'S I	PEF	RSO	NA	L C	ET	٩IL	<b>S</b> (PI	ease	fill in <i>i</i>	ALPH.	ABET	S an	nd use o	ne bo	ox for	one a	Ilphat	et, le	aving	one l	oox b	lank b	etwee	en two	word	s, as	it app	ears i	in yo	ur PAI	N Car	rd)
Nar	ne	Mr	Ms	s M/s	S																N/	ME	AS PE	R PA	N CA	RD																
Add	res	s [P.	O. B	Box A	ddres	s is	not s	suffic	cient]	(Ind	lian a	ddres	s, in	case	of NI	RIs/ F	Pl's)																									
																																									T	
	ARN-183038  ARN-  I/We hereby confirm that the EUIN box has bee son of the above distributor/sub broker or notwithen at Applicant Signature / Guardian Signature / POA Signature / Thurn TRANSACTION CHARGES FOR A I confirm that I am a first time investor across (₹ 150 deductible as Transaction Charge and payaticase the subscription amount is ₹ 10,000/- or nount and payable to the distributor. Units will be study of the First Applicant (Mandatory, please ✓)  Society / Club											Ì					T								C	ity	T				T	Ī		Ī	T	Ť						
I/We hereby confirm that the EUIN box has been intenperson of the above distributor/sub broker or notwithstanding person of the above distributor/sub broker or notwithstanding the above distributor/sub broker or notwithstanding the above distributor/sub broker or notwithstanding the above distributor or notwithstanding the above distributor or notwithstanding the above distributor. Value of the Irona and payable to the In case the subscription amount is ₹ 10,000/- or more a amount and payable to the distributor. Units will be issued to samount and payable to the distributor. Units will be issued to society / Club   BOI   LLP   HUF   Trust   FPIs    MODE OF HOLDING  Single   OR   SOLE / FIRST APPLICANT'S PERSON/Name   Mr   Ms   M/s    Address [P. O. Box Address is not sufficient] (Indian address, in the sufficient of the infamily member out of providing third party email ids.  SECOND APPLICANT'S Name   Mr   Ms   Mr   Ms    Name of the Guardian (in case First / Sole Applicant is    Name of the Guardian (in case First / Sole Applicant is    ACKNOWLEDGEMENT SLIP (To be filled in by    Received from Mr. / Ms. / M/s.    PAN   Option (please ✓)   Growth   IDCW    along with Cheque / UTR No.									Ì	T	Ť					Ì			Cou	intry						T			T	T	T	T	Ť	Ť	Ť							
Pho	ne (	Off.			T	Ť	Ť										Fax	No.												Mo	bile	No.			T	T	T	T	T	Ť	T	
Pho	ne (	Res	)	Ť	Ť	Ť	Ť	T							T	T	Er	nail	D1*																				_	_	_	
Ema	il IC	)2*	Ť																					Stat	us (ı	oleas	se ✓	)	Self	f 🖂 :	Spoi	use	De	pend	dent	Chile	dren		Эере	ender	nt Pa	arents
*Wher	ever	ema	vised	to giv	e thei	rem																														/ unin	tende	d cons	seque	ences	that o	an arise
SE	CO	ND	APP	LIC	ANT	'S N	lame	е																																		
				T	Т	Ť	T																																		T	
			T	Ť	Ť	Ť	Ť	Ì							T	T	Ť		T	T	T	Ť								T	T	T			T	T	T	T	T	Ť	Ť	
I	-IIR	DΔ	PPL	ICA	NT'S	N.	me																																			
					T .											T	T					T										Т			Т	_	T	_	$\top$	_	Т	
IVII	IVIS		+	+	+	+	$\pm$								_	_	+			_	_	+								_		_			H	H	<u></u>	H	+	+	+	
																																							_			
Nar	ne c	TRANSACTION CHARGES  Onfirm that I am a first time investo 150 deductible as Transaction Charge as the subscription amount is ₹ 10, int and payable to the distributor. Unit and payable to the distributor. Unit and payable to the DILP HUF TO THE TRANSACTION TO				ole	Appl	icant	is r	nino	r) / C	onta	act Pe	ersor	1 - D	esigr	natio	n / F	PoA Ho	olde	r (In	case	e of I	Von-	Indiv	/idua	al Inv	esto	rs)													
																																									T	
8	<																																					>∉	ζ			
								SI	LIP	(To	be fill	ed in	by t	he in	vesto	r)																										
		ed f	rom	Mr. /	Ms.	/ M	l/s.			I		_	_	- ^		т.	r.	_1.																								
		<u></u>			+	1			<u>_</u>				a	ın Ap	_		for s				_	_																				
H					///-			th	[[	DCM	<i>I</i>	T		$\overline{}$		ub-	optior	ı (ple	ase v	/ ) 	<u> </u>	<u> </u>	Rein	vest			_	ay-o	_	T	T -	T -	$\parallel$									
					/ UT	ΚN	10.				<u> </u>	_	+	+	+			_	+	+	+	+	ated	_	D	D	M	M	Υ	Y	Y	Y						04		Б.		
Dra	wn	on	(Ban	IK)																		A	mount	₹				1											пр &	Dat		

Overseas Address (Mandato	ry in case of NRI/ FPIs applicant, in addition to mailing addr	ss)	
211			7.01
State	Country		Zip Code
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*			
Aadhaar			
Mobile No.*			
KIN No (CKYC)			
**Incase Minor / POA			
	Guardian (In case of Minor		POA Holder
Name			
Relationship			
Date of Birth of Minor	D D M M Y Y Y Y		
PAN/PEKRN			
Aadhaar			
Mobile No.*			
KIN Nos. (CKYC)			
Information to Investor's	said data is mandatory as per applicable laws/rules/investors has been deferred till further notice.  Post obtaining the Aadhaar number, we shall authent	including demographic information is to comply with ap- egulations. The mandatory requirement to submit the Aa- cate the same in accordance with the Aadhaar Act, 2016. shall be used only to comply with applicable laws / rules.	idhaar details/ documents by existing as well as new
Consent	validating/authenticating and (ii) updating my/our A I/We hereby provide my/our consent for sharing	nce with Aadhaar Act, 2016 and regulations made the adhaar number(s) in accordance with the Aadhaar Act, in disclosing my Aadhaar number(s) including demogair Registrar and Transfer Agents (RTA) for the purpo	2016 (and regulations made thereunder) and PMLA.  graphic information with the asset management
Signature			
Politically Exposed Person (PEP)	Self Related Not Applicable	Self Related Not Applicable	Self Related Not Applicable
Occupation of the Applicant	Student Business Professional Retired Housewife Builder Sports Defence Public Co.(Listed) Public Co.(Unlisted Agriculture Forex Dealer Gov. Service Public Sector Service Pvt. Sector Service Entertainment Other	Student Business Professional Retired Housewife Builder Sports Defence Public Co.(Listed) Public Co.(Unlisted) Agriculture Forex Dealer Gov. Service Public Sector Service Pvt. Sector Service Entertainment Other	Student Business Professional Retired Housewife Builder Sports Defence Public Co.(Listed) Public Co.(Unlisted) Agriculture Forex Dealer Gov. Service Public Sector Service Pvt. Sector Service Entertainment Other
Gross Annual Income	□ <1L	☐ <1L ☐ 1-5L ☐ 5-10 L ☐ 10-25 L ☐ 25 L-1 Cr ☐ > 1 Cr and so on	□ <1L
		OR	
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
Non-Individuals	Is the entity involved in any of the following services:  • Foreign Exchange/ Money Changer  Yes No	saming/ Gambling/ Lottery (casinos, betting syndicates)	Yes No • Money Lending/ Pawning Yes No
Refer Instruction IV)**Please attach PAN proof			>

# Add convenience to your life with our value added service



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



	ln۱	vestor can avail below facilities
l	1.	NAV
3	2.	Account Balance
5	3.	Account Statement
	1	Loot E Transactions

1800-2670-189 (Toll Free)

9 am to 6 pm - Monday to
Saturday on all Business Days
9 am to 2 pm on 2\*\* & 4\*\*
Saturdays of the Month
www.barodamf.com

FATCA & CRS INFO	ORMAT	ΓΙΟΝ	[Pleas	se ticl	(√)	] For	Indi	vidua	ls &	HUF	(Ma	anda	atory)	) No	n Inc	divid	ual ii	nves	tors	sho	uld m	nand	lator	ily f	ill se	pera	ate F	ATC	A de	tail f	orm
Refer Instruction XI for mo				The be					-			-	-		-																
Address Type: Residen s the applicant(s) Country				Resid						-		d Of	fice (f	for a	ddre	ess m	entic	oned	l in fo	orm/e	xistii	ng a	ddre	ss a	ppea	ring	in F	·olio)	)		
s trie applicant(s) Country First Applican					x res	siden	cy ou	iei ti	iaii ii			nd A	pplica	ant										Thir	d Ap	nlica	ant				
Ye	·-	No									_	'es		No											es.		No				
f "Yes", please provide the fo	llowing	inforr	nation (	(Mand	atory)	)																									
Please indicate all countries									he a	ssoci	ated														<b>T</b> L:						
Category	'	FIFST	Applic	cant (	incit	Jaing	g wiir	ior)				5	econ	a A	ppiid	cant	Gua	ardi	an						ınır	a A	ppii	cant			
Name of Applicant																															
Place/ City of Birth																															
Country of Birth																															
Country of Tax Residency#																															
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																															
FIRST HOLDER'S	BAN	K A	ccou	INT [	ET#	AILS	(Mar	idato	ry) R	Refer	Inst	ruct	ion III	. All Ba	comm nk acc	unicati ount d	on / pa etails c	aymen of first	ts will t applica	oe mad ant are	te to the require	e first ed, witl	applic hout w	ant, o hich t	r to the	Karta licatio	a in ca on is li	ise of l	HUF. b be rej	ected.	
Name of the Bank															Е	Branc	h										T	T	T		
Account No. (in figures)		П	Ť										Accou	ınt Ty	ре	Sa	vings	; [	Curre	ent [	NR	0	NR	E	Otl	ners	T				
Account no. (in words)																															
Bank Address																											$\overline{}$	$\overline{}$	$\overline{}$		
						Ì								Ť		Ì											T		Ť		
Pincode		П	State											Ť	Ť	City	Ť	Ť									T	T	T		
MICR Code (9 digits)		$\Box$	$\top$	$\overline{\Box}$	T			T		Ex	amp	le fo	r filling	a	Ac	. No.	Ť	1	T	3	5	5	7		*This	is an	111 E	Digit N	lumber	, ank B	ranch.
*IFSC Code for NEFT / RT	GS		T										t No.		In w	vords		One	TI	nree	Fiv	/e	Sev	en					f cance		
Virtual Payment Address (\	/PA) (of	the S	ole / Fi	rst Ho	lder /	Guar	dian)	(for P	aym	ent th	ırouç	gh U	PI) (R	efer	Instr	uctior	ı XIII	for n	nore	detail	ls)										
			$\overline{}$																								T	$\overline{}$	$\top$		
		П				i								Ť	Ť		Ť	Ť	Ť	Ì						T	T	寸	寸		Ť
REDEMPTION / R	REFUN	ID P	AYOU	TS (	Refer	Instr	uctio	n X f	or de	etails	)																				
DEMAT ACCOUN				lation									Centr	ral D	epos	sitory	Ser	vices	s (Inc	lia) L	imite	d									
Depository Participant Na		r / Ms /	_				T		T			Τ			T	T	T				T								T		T
DP ID No.		$\overline{\Box}$	$\overline{\Box}$	Clie	nt ID	No.									$\exists$														$\mp$		
NOMINATION DE	TAILS	(То	be fille	d in b	v indi	ividu	als si	ngly	or io	intly.	Mai	ndat	ory o	nly f	or In	vest	ors v	vho c	opt to	hole	d uni	s in	Non	-Der	nat F	orm	) Re	fer l	nstru	ction	VII.
Name and Address of the Nominee(s)		R	Relatior ween N & Inve	nship Iomin		Date Bir	of		Nam (to	e & A o be f	\ddr furn	ess ishe	of Gu d in c s min	ıardi ase				AN		S	ignat Guar Nom	ture dian	of /	Pi	ropoi vill b	tion e sh	(%) ared	by w	vhich each r e to 10	the u	ınits nee
Nominee 1					DI	DMM	YYYY	,																							
Nominee 2					DI	DMM	YYYY	,																							

ils: (Please issue cheque ption and Sub-option for	favouring "Baroda Mutu Investment, please read	ıal Fund") I product labeling details available on Cover Page	and Instruction before filling this section)
Plan/Option	Amount Invested (₹)	Cheque No./ UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number (for Cheque)
	option and Sub-option for	Plan/Ontion Amount	Plan/Untion

Sr. No.	Scheme/Plan/Option	Frequency	Date	Date SIP Date Start SIP Date End OR Perper (Default			
4		☐ Monthly (default)	1st 10th 15th 25th	DD/MM/YYYY	DD/MM/YYYY		
1.	Plan/Option	☐ Calendar Quarter	1st 10th 15th 25th	DD/MM/YYYY	DD/MM/YYYY		
2.		☐ Monthly (default)	1 <sup>st</sup> 10 <sup>th</sup> 15 <sup>th</sup> 25 <sup>th</sup>	DD/MM/YYYY	DD/MM/YYYY		
۷.	Plan/Option	☐ Calendar Quarter	1 <sup>st</sup> 10 <sup>th</sup> 15 <sup>th</sup> 25 <sup>th</sup>	DD/MM/YYYY	DD/MM/YYYY		
3.		☐ Monthly (default)	□ 1 <sup>st</sup> □ 10 <sup>th</sup> □ 15 <sup>th</sup> □ 25 <sup>th</sup>	DD/MM/YYYY	DD/MM/YYYY		
ა.	Plan/Option	☐ Calendar Quarter	1st 10th 15th 25th	DD/MM/YYYY	DD/MM/YYYY		
4		☐ Monthly (default)	1 <sup>st</sup> 10 <sup>th</sup> 15 <sup>th</sup> 25 <sup>th</sup>	DD/MM/YYYY	DD/MM/YYYY		
4.	Plan/Option	☐ Calendar Quarter	□ 1 <sup>st</sup> □10 <sup>th</sup> □ 15 <sup>th</sup> □ 25 <sup>th</sup>	DD/MM/YYYY	DD/MM/YYYY		
1 <sup>st</sup> S	IP Cheque Details Cheque No.	Date D	D M M Y Y	YY	*Perpetual U	ntil Cancelled (99	years) (Default)

SIP date should be either 1"/10"/15"/25" (Note: Cheque should be drawn on bank details provided below) (Note: Please allow minimum one month for auto debit to register and start).

I hereby authorise Baroda Mutual Fund (BMF) and their authorised service providers to debit my following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

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 Mutual Fund, Baroda Asset Management India Limited, its investment manager, or any of their appointed service providers or representatives responsible. I/We will also inform Baroda Asset Management India Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

## **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 Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Baroda 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:

1/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 /	2nd Applicant Signature / POA Signature /	3rd Applicant Signature / POA Signature /
POA Signature / Thumb Impression	Thumb Impression	Thumb Impression

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.barodamf.com

Email: info@barodamf.com

<b>Baroda</b>	UMRN			For C	office Use C	nly			Da	te D D	M	M	/ Y	YY		
Tick (✓)		nsor Bank Code For Office Use Only e hereby authorize BARODA MUTUAL FUND			se Only		Utility Code	е	For Office Use Only							
							Γo debi	t (tick √)	SB	SB CA SB NRE SB NRC						
Modify □ Cancel □	Bank A/c. Numbe	r														
With Bank	Investor Bank Name an	nd Branch	IFSC					or N	1ICR							
An Amount of Rupees								₹								
FREQUENCY Mth	nly 🔀 Qtrly	H-Yrly		✓ As &	when pres	ented	DEBIT TYPE	⊠ Fi	xed An	nount	$\checkmark$	Maxir	num A	mount		
Folio No.					Pho	ne No.										
PAN No.					Ema	il ID										
Agree for the debit of mandate	processing charges by the b	ank whom I am aut	horizing to debit m	y accounts as	per latest sch	edule of ch	arges for the bank.									
From D D M M	1	Signature F	ure Primary Account holder			Signature of 1 <sup>st</sup> Joint holder			Signature of 2 <sup>rd</sup> Joint holder							
Or Until cance	elled	Name a	as in Bank Record	S		Name as in Bank Records			Name as in Bank Records							