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.

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Add convenience to your life with our value added service



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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>
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In	vestor can avail below facilities
1.	NAV
2.	Account Balance
3.	Account Statement
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1800-2670-189 (Toll Free)

9 am to 6 pm - Monday to saturday on all Business Days
9 am to 2 pm on 2nd & 4th
Saturdays of the Month
www.barodamf.com

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Depository Participant Name Mr / Ms / M/s	SCHEME DETAIL Scheme Name Option (please ✓)	wth ETAIL No. que No ayment	S (St	trike off A UTR No	Sul which	b Option	not	Month applica C UPI Date	able) HARG	Qua	arterly Lum (IF ANY) (B)	Y	Y	A/c ·	Туре)rawn	on E	Bank	AMOUN	NT)		+	- "			F	Reinve	estme	
Depository Participant Name Mr / Ms / M/s Client ID No. Client ID No.	SCHEME DETAIL Scheme Name Option (please ✓)	wth ETAIL No. que No ayment	S (St	trike off A UTR No	Sul which	ever is RTGS	on on on one of the state of th	Month applica C UPI Date	able) HARG	Qua	arterly Lum (IF ANY) (B)	Y	Y	A/c ·	Туре)rawn	on E	Bank	AMOUN	NT)		+	- "			F	Reinve	estme	ent

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 2nd & 4th 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.

DISTRIBUTOR INF	ORMATION (Only empa	nelled Distributors / Brokers will be	permitted to distribute Units of	of Baroda Mutual Fund)	
Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	I EUIN	LG Code	RIA Code
					or advice by the employee/relationship manager/ sale anager/sales person of the distributor/ sub broker.
1st Applicant Signature / Guardian Signa		ion 2nd Applicant Signatu		on 3rd	rd Applicant Signature / POA Signature / Thumb Impression
TRANSACTION CH	HARGES FOR APPLI	CATIONS THROUGH DI	ISTRIBUTORS ONLY	(Please refer Instruc	ctions VIII)
	ime investor across Mutual tion Charge and payable to the				vestor across Mutual Funds. and payable to the Distributor)
In case the subscription amo amount and payable to the dis			o receive Transaction Cha Existing Folio Numbe	• •	tible, as applicable, from the purchase / subscriptio
Status of the First Applicant (Ma			=		- Non Repatriation □ NRI-Repatriation □ Body Corporate
		Company QFI PIO OCI			1
MODE OF HOLDIN		Joint OR Anyone		option: Joint (Please	,
SOLE / FIRST APP	LICANT'S PERSONA	L DETAILS (Please fill in ALP)			x blank between two words, as it appears in your PAN Card)
Name Mr Ms M/s			NAME AS PER PAN CAR	D	
Address [P. O. Box Address is no	ot sufficient] (Indian address, in	case of NRIs/ FPI's)			
Discords (Manufacture)	-12 20 1		0.000	City	4
Pincode (Mandato Phone (Off.)	ry) State	Fax No.	Count	1	pile No.
Phone (Res)		Email ID1*		IVIODI	ile IVO.
Email ID2*			Status (ple	ease ✓) ☐ Self ☐ Sp	pouse Dependent Children Dependent Parent
		DA) will be shared with the investor. In case and not third party so that the important of			the same separately. e. This will also prevent any unintended consequences that can arise
SECOND APPLICANT'S Na	nme				
Mr Ms					
THIRD APPLICANT'S Nan	ne				
Mr Ms					
Name of the Guardian (in cas	se First / Sole Applicant is r	ninor) / Contact Person - Desig	gnation / PoA Holder (In ca	se of Non-Individual I	Investors)
\$<					>
ACKNOWLEDGEMEN		he investor)			
Received from Mr. / Ms. / M/s	 	an Application for scheme			
	owth IDCW	Sub-option (please ✓)	Reinvestment	☐ Pay-out	
along with Cheque / UTR No		(place)		D M M Y Y	<u> </u>
Drawn on (Bank)			Amount ₹		Signature, Stamp & Date

Overseas Address (Mandato	ry in case of NRI/ FPIs applicant, in addition to mailing addr	iss)	
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 all egulations. The mandatory requirement to submit the Accate the same in accordance with the Aadhaar Act, 2016 shall be used only to comply with applicable laws / rules	dhaar 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, disclosing my Aadhaar number(s) including demoeir 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	DDMMYYYY	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 proo			>∜

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>



	Inv	vestor can avail below facilities
l	1.	NAV
3	2.	Account Balance
5	3.	Account Statement
	Ι.	Loot & 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** & 4**
Saturdays of the Month
www.barodamf.com

FATCA & CRS INFO	ORMAT	ION	[Pleas	se tick	(√)]	For	Indiv	/idua	ls &	HUF	(Ma	anda	atory)	No	n Inc	divid	ual ir	ivest	tors	shou	ıld m	anda	toril	y fill	sep	erat	e FA	TCA	deta	il form
Refer Instruction XI for mo				he be					-			-	-		-															
Address Type: Residen s the applicant(s) Country				Resid						•		d Of	fice (f	or a	ddre	ss m	entic	oned	in fo	rm/e	xistin	g add	iress	s ap	pear	ing i	n Fo	lio)		
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Please indicate all countries Category									he a	ssoci	ated													-	'la !a	I A	plica	4		
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Name of Applicant																														
Place/ City of Birth																														
Country of Birth																														
Country of Tax Residency*																														
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Country of Tax Residency 3																														
Tax Payer Ref. ID No.3																														
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To also include USA, where the																														
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Name of the Bank															E	3ranc	h													
Account No. (in figures)													Accou	ınt Ty	ре	Sa	/ings		Curre	nt [NR) [NRE		Oth	ers				
Account no. (in words)																														
Bank Address																														
Pincode			State													City														
MICR Code (9 digits)													r filling	9	Ac.	No.		1		3	5		7	k	This i indly	s an 1 obtair	11 Dig n it fro	it Num m you	nber, ır Ban'	k Brancl
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REDEMPTION / R	REFUN	D PA	AYOU	TS (F	Refer	Instr	uctio	n X fo	or de	tails)																				
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NOMINATION DE	TAILS	(To b	e fille	d in b	/ indi	vidua	ls si	naly o	or io	intly	Mar	ndat	ory o	nly f	or In	vest	ors.w	ho o	pt to	holo	unite	s in A	on-)em	at E	orm)	Refe	r Ins	tructi	on VII
Name and Address of the Nominee(s)		Robetw	elation veen N & Inves	nship omine		Date Birt	of		Vam	e & A o be f	ddr	ess ishe	of Gu d in c s min	ardi ase				AN		S	ignatı Suard Nomi	ure o		Pro	port	ion (sha	%) by	y whi	ch th	e units minee
Nominee 1					DE	OMM	YYYY																							
Nominee 2					DE	MM	YYYY																							

Option I	Amount Invested (₹)	Cheque No./ UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number (for Cheque)
			(1 - 7

Sr. No.	Scheme/Plan/Option	Frequency	Date	SIP Date Start	SIP Date End	OR Perpetual (Default)*	SIP Amount
1		Monthly (default)	1 st 10 th 15 th 25 th	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 st 10 th 15 th 25 th	DD/MM/YYYY	DD/MM/YYYY		
۷.	Plan/Option	☐ Calendar Quarter	1 st 10 th 15 th 25 th	DD/MM/YYYY	DD/MM/YYYY		
3.		Monthly (default)	1 st 10 th 15 th 25 th	DD/MM/YYYY	DD/MM/YYYY		
٥.	Plan/Option	☐ Calendar Quarter	1st 10th 15th 25th	DD/MM/YYYY	DD/MM/YYYY		
4		☐ Monthly (default)	1 st 10 th 15 th 25 th	DD/MM/YYYY	DD/MM/YYYY		
4.	Plan/Option	☐ Calendar Quarter	□ 1 st □10 th □ 15 th □ 25 th	DD/MM/YYYY	DD/MM/YYYY		
1 st 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.

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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 2nd & 4th Saturdays of the Month

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Baroda				For C	office Use C	nly			Da	te D D	M	M	/ Y	YY		
MUTUAL FUND	Sponsor	Sponsor Bank Code For Office Use C			se Only		Utility Code	е	For Office Use Only							
Tick (✓) Create ✓ I/We h		reby authorize BARODA MUTUAL F			UAL FUND	FUND			To debit (tick ✓)				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	rimary Account he	older		Signature of 1 st Joint holder			Signature of 2 rd Joint holder							
Or Until cance	elled	Name a	as in Bank Record	S		Name as in Bank Records			Name as in Bank Records							