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.

DISTRIBUTOR INF	ORMATION (Only empanelle	ed Distributors / Brokers will be permi	tted to distribute Units of Baroda Mut	ual Fund)								
Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN LG C	ode RIA Code								
ARN- 154960	ARN		E									
				y interaction or advice by the employee/relationship manag oyee/relationship manager/sales person of the distributor/ s								
	ture / POA Signature / Thumb Impression		Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression	_							
		TIONS THROUGH DISTR	-									
	me investor across Mutual Fun ion Charge and payable to the Dist			xisting investor across Mutual Funds. ion Charge and payable to the Distributor)								
•		e and your distributor has opted to receive Transaction Charges, they are deductible, as applicable, from the purchase / subscription and against the balance amount.										
Status of the First Applicant (Ma		Individual 🗆 Minor through guardiar		ia □ NRI - Non Repatriation □ NRI-Repatriation □ Body Corpora	ate							
MODE OF HOLDIN		oint OR Anyone or Sur		(Please refer Instructions II)								
		,	•	ving one box blank between two words, as it appears in your PAN Card)								
Name Mr Ms M/s			S and use one box for one alphabet, leav	ing one box blank between two words, as it appears in your PAN Card)								
	ot sufficient] (Indian address, in case											
Address [F. O. box Address is in	Suncientj (indian address, in case											
Dineede (Mondate)			Country	City								
Pincode (Mandato	State		Country									
Phone (Off.)		Fax No.		Mobile No.								
Phone (Res)		Email ID1*	Otatus (slassa ()									
		ill be shared with the investor. In case you w ot third party so that the important commur	ant to receive a physical statement, please	Self Spouse Dependent Children Dependent Paren request for the same separately. Iy and in time. This will also prevent any unintended consequences that can a								
SECOND APPLICANT'S Na	me											
Mr Ms												
THIRD APPLICANT'S Name												
Mr Ms												
Name of the Guardian (in cas	e First / Sole Applicant is mino	or) / Contact Person - Designation	n / PoA Holder (In case of Non-Ir	idividual Investors)								
ACKNOWLEDGEMEN	IT SLIP (To be filled in by the in	ivestor)		~ ∿								
Received from Mr. / Ms. / M/s												
PAN	an Ap	pplication for scheme										
	wth DCW	Sub-option (please ✓)	Reinvestment Pay-ou									
along with Cheque / UTR No	·		Dated D D M M	Y Y Y Y Signature Stamp & Date								
Drawn on (Bank)			Amount₹	Signature, Stamp & Date								

Overseas Address (Mandato	ory in ca	se of	NRI/	FPIs	appl	licant,	in ad	ditio	n to m	nailin	g ado	dress)										_																
State									Co	untry	y																		Zi	ip Co	ode							
Information (*Mandatory)				Fir	st A	Appl	icar	nt**								S	ecol	nd	Apr	olic	ant									Th	nirc	l An	ilad	ican	t			
Date of Birth	DD	М	M	YY	Y	Y						D	D	М	М	Y										D	D	M	MY	(Y	Y	(Y	P	•••••	•			
PAN/PEKRN [#]					+		T							_				+												+	+	+	T	T				
Aadhaar					+		+	T						_				+		+	Г	Г								+	+	+	+	+				
Mobile No.*			-											_				+															+	+				
KIN No (CKYC)					1			Т												1	Г	Г								1	1	1	t	-		Т	Т	
**Incase Minor / POA	1 1								_																									_				
					Gu	ardi	an (ln c	ase	of N	linc	or)														F	POA	Но	lde	r								
Name																																						
Relationship																																						
Date of Birth of Minor	DD	Μ	M	ΥY	Y	Y																																
PAN/PEKRN																																						
Aadhaar																																						
Mobile No.*																																						
KIN Nos. (CKYC)																																						
Information to Investor's	Post We s	stors obtai hall r	has t ining eceiv	been g the A ve yo	defe adh ur de	erred naar r emoo	till fu numt grapi	irthe ber, v hic ir	r notio we sh nform	ce. all a atior	uther n whi	nticat ch sh	e the all be	sar	me in ed or	n ac nly 1	cord to co	anc mp	e wit ly wit	th th th ap	e Aa oplica	idha able	arA alaw	ct, 2 s/r	2016 ules	i. /re	gula	tion	S.									
Consent	valid I/We	ating here	i/auti eby	provio hentio provi f SEB	catii de	ng ar my/c	nd (ii) our c) upo cons	dating ent f	g my or s	/our/ harir	Aadh ng/dis	aarn sclos	um ing	iber(⊨my	s)i Aa	in acc adha	coro ar i	danc numl	e w ber	ith th (s) ii	ne A nclu	adha Iding	aar <i>i</i> g de	Act, emo	201 gra	l6 (a phic	nd r inf	egul orm	latio atio	nsr nw	nad ith f	e th the	nereu ass	nder et m	r) and nana	dPN	/ILA.
Signature																																						
Politically Exposed Person (PEP)		Sel	f	F	Rela	ated		No	t App	lical	ble			Sel	f		Rel	ate	d		Not	App	olica	ble		[Self		F	Rela	ated	[<u> </u>	Not A	vppli	cabl	le
Occupation of the Applicant	He He Pu A Pu Pu Pu	ouse Iblic (gricul blic {	wife Co.(L Iture Secto	Busin	Buile 1) Fore rvice	der ex De	ealer	Spor Pub	ts	De De.(Ur	efenc nliste ervic	;e 🗌 :d) 🗌 :e 🗌	Hou Pub Agr Publ	lic (lic (licul	wife Co.(L Iture Secto	List	Isines Bui ed) For Servio	ilde rex	r Dea	SI F	ports Public	s c Co Go	De D.(Ui ov. S	efen hlist ervi	ce ed) ce		Hou Publ Agri Publ	isev ic C icult ic S	/ife o.(Li	isted	Buil J) Fore rvic	der ex D e		Spo Pu ler	orts ublic	Co.(Gov.	Defe (Unli Ser	etired ence isted) rvice rvice
Gross Annual Income		1L 0-25		2 1		L -1 Cr	•		10 L 1 Cr a	and	SO 0	n					1- 5 25		Cr					SO	on		<1 10		L	2		L 1 C)r		5-10 > 1 (nd s	so on
														(OR																							
Net-worth* in ₹ (Lacs) *Should not be older than one year (Mandatory for Non- Individual)																																						
Networth as of date	DD) M	M	ΥY	/ Y	Y]) D	M	M	Y	Y	Y	Y							D	D	\mathbb{M}	Μ	Y	Y	YY	(
Non-Individuals	Is the	entity	invol	lved ir	n any	y of th	ie foll	owin	g serv	vices:																												
	• Fore	ign E	xchar	nge/ N	lone	ey Cha	angei	r	Yes		No	• Gam	ing/ G	Sam	bling	/ Lo	ottery	(cas	sinos,	, bet	ting s	synd	icate	s)		Yes		No	• Mo	oney	Len	ding	/ Pa	wning]	Ye	S	No
(Refer Instruction IV) [#] Please attach PAN proc 																																		••• > «•				

Add convenience to your life with our value added service

~	Simply send **S	MS 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.
کم کر	Last 3 Transactions	SMS Transaction <space> last 6 digits of Folio No.</space>
~		



n	vestor can avail below facilities	
	NAV	
2	Account Balance	S
3.	Account Statement	
	Last 5 Transactions	

For more details call : 800-2670-189 (Toll Free) am to 6 pm - Monday to irday on all Business Days am to 2 pm on 2rd & 4th

**SMS charges as per service provider applicable.

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

Refer Instruction XI for more details 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
Yes No	Yes No	Yes 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	F	Firs	t App	icant (ii	ncludi	ing N	lino	r)			Se	econ	nd Ap	oplic	ant/ C	Guar	rdia	an						Thi	rd A	ppli	cant		
Name of Applicant																													
Place/ City of Birth																													
Country of Birth																													
Country of Tax Residency#																													
Tax Payer Ref. ID No^																													
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	individu	al is	a citizer	n/ green ca	rd hold	er of I	JSA.	^In case	Тах	Identif	icatior	n Nun	nber is	s not a	vailabl	e, kin	ndly	provio	de its	funct	ional	equiv	/alent						
FIRST HOLDER'S	BAN	ΚA	000	UNT DI	etail	.S (N	land	atory)	Refe	er Inst	ructi	on II	I.																
Name of the Bank														В	ranch														
Account No. (in figures)												Acco	unt Ty	pe	Savir	ngs		Curre	ent	N	RO	N	RE [Ot	hers				
Account no. (in words)																													٦

Bank Address											
Pincode State		City									
MICR Code (9 digits)	Example for filling	Ac. No.	1 3	5	7	*This is an 11 Digit Number, kindly obtain it from your Bank Branch.					
*IFSC Code for NEFT / RTGS	the Account No.	In words	One Thre	e Five	Seven	(Please attach copy of cancelled cheque)					
Virtual Payment Address (VPA) (of the Sole / First Holder / Guardian) (for Payment through UPI) (Refer Instruction XIII for more details)											

REDEMPTION / REFUND PAYOUTS	(Refer Instruction X for details)
------------------------------------	-----------------------------------

SCHEME DE	IAILS (Please choose the O	ption and Sub-option	on for Investme	ent, please re	ad product labe	ling details available on Cover Page	and Instruction before filling this section)					
Scheme Name							Plan (please ✓) □ Regular □ Direct					
Option (please ✓)	Growth DCW	Sub Option 🗌 N	Monthly 🗌 Qu	arterly			Pay out 🗌 🗌 Reinvestment					
INVESTMENT DETAILS (Strike off whichever is not applicable) 🔳 Lumpsum												
GROSS AMOUNT (A)) ₹ A		CHARGES	(IF ANY) (B)	В	NET AMOUNT (CHEQUE AMOUNT) ₹	A minus B					
MODE OF PAYMEN	T Cheque NE	FT/RTGS 🗌 U	IPI 🗌 OTM									
Cheque Details	A/c No.				A/c Ty	/pe						
Oneque Details	Cheque No.		Date D D	MM	Y Y Y Y	Drawn on Bank						
In case of NEFT / RT	rGS payment UTR No.											
DEMAT ACCOUNT DETAILS National Securities Depository Limited												
Depository Participa	ant Name Mr / Ms / M/s											
DP ID No.		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)	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 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

2nd Applicant Signature / POA Signature

d Applicant Signature / POA Signature /

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 nd & 4 th 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 empanelle	d Distributors / Brokers will be permi	itted to distribute Units of Baroda Mute	ual Fund)
Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN LG C	ode RIA Code
				eraction or advice by the employee/relationship manager/ sales onship manager/sales person of the distributor/ sub broker.
1st Applicant Signature / Guardian Signa	ature / POA Signature / Thumb Impression	2nd Applicant Signature / PO	A Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression
TRANSACTION CH	HARGES FOR APPLICAT	IONS THROUGH DISTR	RIBUTORS ONLY (Please ref	er Instructions VIII)
	ime investor across Mutual Fun- tion Charge and payable to the Distr			tisting investor across Mutual Funds. ion Charge and payable to the Distributor)
•	unt is ₹ 10,000/- or more and yo tributor. Units will be issued agai		eive Transaction Charges, they a xisting Folio Number	re deductible, as applicable, from the purchase / subscription
Status of the First Applicant (Ma			•	a 🗆 NRI - Non Repatriation 🗆 NRI-Repatriation 🗆 Body Corporate
			OP □ Partnership □ NGO □ So	
MODE OF HOLDIN	G Single OR Jo	int OR 🔲 Anyone or Sui	vivor Default Option: Joint	(Please refer Instructions II)
SOLE / FIRST APP	LICANT'S PERSONAL D	ETAILS (Please fill in ALPHABET	S and use one box for one alphabet, leav	ving one box blank between two words, as it appears in your PAN Card)
Name Mr Ms M/s		NA	ME AS PER PAN CARD	
Address [P. O. Box Address is n	ot sufficient] (Indian address, in case	of NRIs/ FPI's)		
Pincode (Mandato			Country	City
Phone (Off.)	ry) State	Fax No.		Mobile No.
Phone (Res)		Email ID1*		
Email ID2*			Status (please ✓) □ S	Self 🗌 Spouse 🗌 Dependent Children 📄 Dependent Parents
			vant to receive a physical statement, please	request for the same separately. Iy and in time. This will also prevent any unintended consequences that can arise
out of providing third party email ids.	nos of that of their ranning member and no	and party so that the important commu		
SECOND APPLICANT'S Na	ime			
Mr Ms				
THIRD APPLICANT'S Nan	ne			
Mr Ms				
Name of the Guardian (in cas	se First / Sole Applicant is minor) / Contact Person - Designatio	n / PoA Holder (In case of Non-Ir	idividual Investors)
	IT SLIP (To be filled in by the inv	estor)		>€
Received from Mr. / Ms. / M/s				
PAN		plication for scheme		
Option (please ✓) □ Gro	owth DCW	Sub-option (please ✓)	Reinvestment Pay-ou	t
along with Cheque / UTR No			Dated D D M M	Y Y Y Y
Drawn on (Bank)			Amount₹	Signature, Stamp & Date

Overseas Address (Mandato	ory in case of NRI/ FPIs app	plicant, in addition to mailing add	Iress)		
State		Country			Zip Code
Information (*Mandatory)	First	Applicant**	Se	cond Applicant	Third Applicant
Date of Birth					
PAN/PEKRN [#]					
Aadhaar					
Mobile No.*					
KIN No (CKYC)					
**Incase Minor / POA					
	Gi	uardian (In case of Mind	pr)		POA Holder
Name					
Relationship					
Date of Birth of Minor	D D M M Y Y Y	YY			
PAN/PEKRN					
Aadhaar					
Mobile No.*					
KIN Nos. (CKYC)					
Information to Investor's	said data is mandatory investors has been def Post obtaining the Aad	y as per applicable laws/rules sferred till further notice. dhaar number, we shall auther	regulations. The man		
Consent	validating/authenticat I/We hereby provide	ating and (ii) updating my/our e my/our consent for sharii	Aadhaar number(s) in ng/disclosing my Aad	accordance with the Aadhaar A haar number(s) including de	e thereunder, for (i) collecting, storing and usage (ii) cct, 2016 (and regulations made thereunder) and PMLA. mographic information with the asset management rpose of updating the same in my/our folios.
Signature					
Politically Exposed Person (PEP)	Self	elated Not Applicable	Self	Related Not Applicable	Self Related Not Applicable
Occupation of the Applicant	 Housewife Bublic Co.(Listed) 		e Housewife d) Public Co.(Listed	Forex Dealer Gov. Servic	ce Housewife Builder Sports Defence cd) Public Co.(Listed) Public Co.(Unlisted) ce Agriculture Forex Dealer Gov. Service
Gross Annual Income	□ <1L □ 1-5 □ 10-25 L □ 25 L	5 L 📄 5-10 L L-1 Cr 📄 > 1 Cr and so o		1-5 L □ 5-10 L 25 L-1 Cr □ > 1 Cr and so c	□ <1L
			OR		
Net-worth* in ₹ (Lacs) *Should not be older than one					
year (Mandatory for Non- Individual)					
year (Mandatory for Non-		YY		YYY	
year (Mandatory for Non- Individual)	D D M Y Y Is the entity involved in an	iny of the following services:			D D M M Y Y Y Yes No • Money Lending/ Pawning Yes No

Add convenience to your life with our value added service

Investor can avail below facilities
1. NAV

2. Account Balance
 3. Account Statement
 4. Last 5 Transactions

\sim	Simply send **S	MS 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.
~	Last 3 Transactions	SMS Transaction < space> last 6 digits of Folio No.
~~~		

**SMS charges as per service provider applicable.

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

Refer Instruction XI for more details 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
Yes No	Yes No	Yes 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#			
Tax Payer Ref. ID No^			
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 BAN	K ACCOUNT DE	TAILS (Mandatory)	Refer Instruction III. $B^{A}$	Il communication / payme ank account details of firs	nts will be made to t applicant are requ	the first applicant, ired, without which	or to the Karta in case of HUF. h the application is liable to be rejected.
Name of the Bank				Branch			
Account No. (in figures)			Account	Type 🗌 Savings 🗌	Current 🗌 N		Others
Account no. (in words)							
Bank Address							
Pincode	State			City			
MICR Code (9 digits)			Example for filling	Ac. No. 1	3	5 7	*This is an 11 Digit Number, kindly obtain it from your Bank Branch
*IFSC Code for NEFT / RTGS			the Account No.	In words One	e Three I	Five Seven	(Please attach copy of cancelled cheque
Virtual Payment Address (VPA) (of	the Sole / First Holder	/ Guardian) (for Payn	nent through UPI) (Refe	r Instruction XIII for	more details)		

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

Client ID No.

DEMAT ACCOUNT DETAILS Ational Securities Depository Limited Central Depository Services (India) Limited

Depository Participant Name Mr / Ms / M/s

DP 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)	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				

	s: (Please issue cheque otion and Sub-option for		ual Fund") d product labeling details available on Cover Page	and Instruction before filling this section)
*Cheque Favouring Scheme Name	Plan/Option	Amount Invested (₹)	Cheque No./ UTR No. (in case of NEFT/RTGS)	Bank and Branch and Account Number (for Cheque)
				-

## SIP AND PAYMENT DETAILS (Please refer instruction)

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	1 st 10 th 15 th 25 th		DD/MM/YYYY		
2	Scheme	Monthly (default)	1 st 10 th 15 th 25 th	DD/MM/YYYY	DD/MM/YYYY		
Ζ.	Plan/Option	Calendar Quarter	1 st 10 th 15 th 25 th	DD/MM/YYYY	DD/MM/YYYY		
_		Monthly (default)	1 st 10 th 15 th 25 th	DD/MM/YYYY			
3.	Plan/Option	Calendar Quarter	1 st 10 th 15 th 25 th	DD/MM/YYYY	DD/MM/YYYY		
		Monthly (default)	1 st 10 th 15 th 25 th	DD/MM/YYYY			
4.	Plan/Option	Calendar Quarter	1 st 10 th 15 th 25 th				
1 st S	SIP Cheque Details Cheque No.	*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 oirrection 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 IAW prevailing on the date of such redemption and to undertake such other action with such funds as may be required by IAW. 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 / POA Signature / Thumb Impression

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

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 2nd & 4th Saturdays of the Month

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