

Common Application Form (For Lumpsum / Systematic Investments)



Sr. No.:

Please refer the instructions while filling the Application Form. Tick (✓) Whichever is applicable. (Strike out which is not required)

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Baroda Pioneer Mutual Fund)

Distributor / Broker ARN	13308	Sub-Broker Code		Employee Code	
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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.

Existing Folio Number: _____

☐ SIP Form Attached

PAN AND KYC COMPLIANT STATUS DETAILS (Mandatory)

	PAN # (Refer Instruction IV)	KYC Compliant Status** (attach proof) (Refer Instruction IV)
First Sole / Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No
Guardian*		<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No

*If the First Applicant is Minor, then please state the details of Parent / Guardian. # Please attach PAN proof. **Refer Instruction IV

Occupation of the applicant (Mandatory, please ✓)	<input type="checkbox"/> Agriculture <input type="checkbox"/> Sportsperson <input type="checkbox"/> Partnership <input type="checkbox"/> Fil	<input type="checkbox"/> Business <input type="checkbox"/> Politics <input type="checkbox"/> HNI <input type="checkbox"/> Builder	<input type="checkbox"/> Service <input type="checkbox"/> NGO <input type="checkbox"/> Public Co. - Listed <input type="checkbox"/> Consultant	<input type="checkbox"/> Professional <input type="checkbox"/> PIO <input type="checkbox"/> Public Co. - Unlisted <input type="checkbox"/> Others	<input type="checkbox"/> Housewife <input type="checkbox"/> Entertainment <input type="checkbox"/> Societies	<input type="checkbox"/> Retired <input type="checkbox"/> Proprietorship <input type="checkbox"/> Charity
Tax status of the Applicant (Mandatory, please ✓)	<input type="checkbox"/> Individual RI <input type="checkbox"/> Association of Persons	<input type="checkbox"/> Individual NRI <input type="checkbox"/> Local Authority	<input type="checkbox"/> Hindu Undivided Family (HUF) <input type="checkbox"/> Association of Persons (Trusts)	<input type="checkbox"/> Company <input type="checkbox"/> Body of Individual	<input type="checkbox"/> Firm <input type="checkbox"/> Artificial Juridical Person	
Income Status of the applicant	<input type="checkbox"/> up to ₹ 5 lakh	<input type="checkbox"/> ₹ 5 lakh to ₹ 25 lakh	<input type="checkbox"/> ₹ 25 lakh to ₹ 1 crore	<input type="checkbox"/> ₹ 1 crore to ₹ 5 crore	<input type="checkbox"/> ₹ 5 crore & above	

SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in LETTERS use one box for one alphabet leaving one box blank between two words, as it appears in your Bank Account)

Name Mr Ms

Name of the contact Person in case of Non-Individual

Date of Birth

Guardian Name (if Sole/ First applicant is a Minor) Mr Ms M/s

☐ Natural Guardian (Father & Mother) ☐ Legal Guardian (Court appointed Guardian)

Address [P. O. Box Address is not sufficient] (Indian address in case of NRIs/ Fills)

City Pincode (Mandatory)

State Country

Contact Details : Phone O Extn. Fax

R Mobile

E-mail 1

E-mail 2

I/We wish to receive the following via e-mail in lieu of physical document(s) (Please ✓) ☐ Account Statement ☐ Annual Report ☐ Other Communication

Overseas Address (Mandatory in case of NRI/ Fill applicant in addition to mailing address)

State Country Zip code

I/We confirm that I am/we are non-residents of Indian nationality/oringin & that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/ FCNR Account.

JOINT APPLICANT'S DETAILS

Name Mr Ms

SECOND APPLICANT

Date of Birth Status: (✓) ☐ RI ☐ NRI

THIRD APPLICANT

Name Mr Ms

Date of Birth Status: (✓) ☐ RI ☐ NRI

Mode of Holding (please ✓) ☐ Single OR ☐ Joint OR ☐ Anyone or Survivor Default Option: Joint

NAME OF POWER OF ATTORNEY HOLDER (POA) (If investment is being made by a Constituted Attorney)

Name Mr Ms M/s

PAN ☐ KYC Compliance proof

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Received from Mr. / Ms. / M/s.

an application for Scheme

Plan Option Sub-option

alongwith Cheque / DD No. Dated Drawn on (Bank)

Amount (Rs.)

Sr. No.:

Signature, Stamp & Date

All communication / payments will be made to first applicant or to Karta in case of HUF. Bank account details of First Unitholder required without which the application would be rejected.

(Please attach copy of cancelled cheque)

Baroda Pioneer Mutual Fund shall credit the redemption/Dividend/Refund payout/ Broker / Clearing Member into investor's account electronically in case the IFSC Code /MICR code has been provided by the investor. An investor who purchases units through a broker / clearing member will receive units in his/her/its account through his/her/its broker / clearing member's pool account. The AMC will credit the units to the broker / clearing member's pool account, and they in turn will credit the units to the investor's account. Credit of units to the broker / clearing member's pool account by the AMC shall discharge the AMC of its obligation of allotment of units to the investor. In case of Bank / Broker / Clearing Member not crediting my/our bank account with/without assigning any reason therefor or if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Baroda Pioneer Mutual Fund responsible. I / We understand that in case account number furnished by me /us, if found incorrect, I/We would not hold Baroda Pioneer Mutual Fund responsible for the credit going to the wrong account. Further, the Mutual Fund reserves the right to issue a demand draft /payable at par cheque in case it is not possible to make payment by NEFT/ECS. If however you wish to receive payouts by cheque, please tick here ☐

Options | Dividend Frequency | ☐ Zero Balance folio

[B] SIP DETAILS (Separate cheque required for each investment)

Micro SIF Photo identification document enclosed (please refer instruction 3)

* (Only for Micro SIP - for aggregate Investment not exceeding ₹ 50,000 in a financial year)

I / We declare hereby that we do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a financial year.

Signature

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)	Signature of Guardian / Nominee	Proportion (%) by which the units shared by will be shared by each nominee (% to aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

a) I/We have read & understood the contents in the SID of the Scheme and SAI. I/We hereby apply for units of the Scheme & agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that the amount invested in the Scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulation, Notifications or Directions of the provisions of the Income Tax Act, Money Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt. of India from time to time. I/We have understood the details of the Scheme and in the event "Know Your Customer" process not completed by me/us to the satisfaction of the AMC, I/We hereby authorise the AMC to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertake such other action with such funds that may be required by the Law. b) For NRIs : I/We confirm that I am/We are Non Residents of Indian Nationality / Origin & that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary Account. I/We confirm that details provided by me / us are true and correct. I/ We confirm that I / We holding valid PAN card. c) The ARN holder has disclosed to me / us all the commission (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.

3rd Unitholder Signature / Thumb Impression

Agra • Ahmedabad • Ajmer • Aligarh • Allahabad • Anand • Bangalore • Bareilly • Baroda • Bharuch • Bhilai • Bhopal • Bhubaneswar • Bikaner • Bilaspur • Chandigarh • Chennai • Cochin • Coimbatore • Dehradun • Erode • Gorakhpur • Guwahati • Gwalior • Haldwani • Hyderabad • Indore • Jabalpur • Jaipur • Jalandhar • Jamnagar • Jamshedpur • Jhansi • Jodhpur • Kanpur • Kolkata • Lucknow • Ludhiana • Madurai • Meerut • Mehsana • Moradabad • Mumbai • Nagpur • Nasik • New Delhi • Panjim • Patna • Pune • Raipur • Rajkot • Ranchi • Siliguri • Surat • Tirupur • Trichy • Udaipur • Valsad • Vapi • Varanasi • Vijayawada • Visakhapatnam

Micro SIP / SIP Auto Debit Facility

New Investors are also requested to fill-in scheme application form



ARN-13308

REGISTRATION CUM MANDATE FORM FOR ECS (DEBIT CLEARING / AUTO DEBIT)

First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)

☐ New Registration with BPF ☐ Change in Bank Account for existing Registration with BPF

Broker Code Sub Broker Code Employee Code

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.

PAN AND KYC COMPLIANT STATUS DETAILS (Mandatory)

	PAN# (Refer Instruction IV)	KYC Compliant Status** (attach proof) Refer Instruction	
First Applicants/ Guardian*	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second Applicant	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third Applicant	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If the First Applicant is a Minor, then please state the details of Parent / Guardian. #Please attach PAN proof. **Refer Instruction IV

MICRO SIP (Only for Micro SIP - for aggregate investment not exceeding ₹ 50,000 in a financial year)

Photo Identification document enclosed (please refer SIP Auto Debit Terms and Conditions on MICRO SIP instruction 3)

I/We declare hereby that we do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a financial year.

Signature

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name
Folio / Application No. Existing Investors please mention Folio Number
Scheme Plan Option and Sub Option
Date of Birth First Applicant Second Applicant Third Applicant

SIP AND BANK DETAILS

Each SIP Amount (₹) Frequency: ☐ Monthly (Default) ☐ Quarterly Status: ☐ RI ☐ NRI

Amount in words

1st SIP Cheque Details: Cheque No.: Cheque Amount in ₹: Cheque Date:

SIP Auto Debit Dates: ☐ 1st ☐ 10th ☐ 15th ☐ 25th of the month. SIP Period: Start Form End On

SIP date should be either 1st / 10th / 15th / 25th (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 Pioneer Mutual Fund (BPF) and their authorised service providers, to debit my following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

PARTICULARS OF BANK ACCOUNT

Account holder Name as in Bank Account

Bank Name

Branch Name City

Account Type ☐ Savings ☐ Current ☐ Cash ☐ Credit ☐ NRO ☐ NRNR ☐ NRE

Account No. (in figures)

Account No. (in words)

9 Digit MICR Code (Mandatory)

In Words

I/We hereby declare that the particulars given above are correct & express my willingness to make payments referred above through participation in ECS / Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Baroda Pioneer Asset Management Company Limited, about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf.

To - The Trustee, Baroda Pioneer Mutual Fund, Mumbai. Having read & understood the contents of Offering Circular of Baroda Pioneer Mutual Fund Scheme/s. I/We hereby apply for the respective Units of Baroda Pioneer Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s.

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.

1st A/c Holder's Signature (As in Bank Records)	2nd A/c Holder's Signature (As in Bank Records)	3rd A/c Holder's Signature (As in Bank Records)
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FOR OFFICE USE ONLY (Not to be filled in by investor)

Recorded on Scheme Code
Recorded by Credit A/c Number
Bank use Mandate Ref. No. Customer Ref. No.

AUTHORISATION OF THE BANK ACCOUNT HOLDER (To be signed by the account holder)

This is to inform I/We have registered for the RBI's Electronics Clearing Service (Debit Clearing) / Auto Debit Facility and that my payments towards my investments in Baroda Pioneer Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit to account mandate Form to get it verified & executed.

Bank Account Number

First Account Holder's Signature (As in Bank Records)	
Second Account Holder's Signature (As in Bank Records)	
Third Account Holder's Signature (As in Bank Records)	

(To be signed by all holders if mode of operation is Joint)