$\begin{tabular}{ll} \textbf{Common Application Form (For Lumpsum and SIP)} \\ \textbf{Please read product labelling details available on cover page and the instructions before filling up the Application form. Tick (\checkmark) whichever is applicable, strike out whichever is not required. \\ \end{tabular}$



All sections should be completed in E	inglish and in BLOCK LETTERS with blue or l	black ink only.			
Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code++
	y by the investor to the AMFI registered Distribute			cluding the service rendered by the di	stributor.
eraction or advice by the employee / rela eadvice ofin-appropriateness, if any, pro I/We, have invested in the Scheme(s are/provide the transactions data fee	has been intentionally left blank by me / us as this tionship manager / sales person of the above distri videdby the employee / relationship manager / sales s) of your Mutual Fund under Direct Plan. I/We I dr portfolo holdings/ NAV etc., in respect of my/ above mentioned Mutual Fund Distributor / SEBI	butor/subbrokerornotwithst spersonofthedistributor/sub hereby give you my/our con our investments under Dire	tanding broker, isent to oct Plan tanding First / Sole Applie Guardian / POA F	Holder	folder Third Applicant / POA Holde
RANSACTION CHARGES for	I confirm that I am a first time investor a			Charge and payable to the Distrib	ıtor)
s. 10,000 and above (✓ any one)	I confirm that I am an existing investor				
1. EXISTING INVESTOR'S	S FOLIO NUMBER Folio No.			The details in our records und will apply for this application.	er the Folio number mentioned alongsi
SOLE / FIRST APPLICANT'S pears in your PAN Card		n ALPHABETS and ι	• •	abet, leaving one box blan	
ame: Please mention Name as per PAN Car	FIRST	MIDDLE			
Date of Birth* / Incorporation	PAN / PEKRN	KYC Identification Nu	mber (KIN)	GSTIN	
Required for 1st holder/Minor					
	Ms. (in case of First / Sole Applicant	,	Contact Person (incase	,	
ame: Please mention Name as per PAN Card)					
ate of Birth	PAN / PEKRN	KYC Identification Nu	mber (KIN)	Mobile No.	
DDMMYYYY					
or Investment "on behalf of Mino	r" O Birth Certificate O School Certificate	Passport Other	Relationship with Minor (Ma	andatory) O Father O Mother O	Court Appointed Legal Guardian
ailing Address					
City	Sta			Pin Code (Mandat	ory)
ountry	STD	Code		Tel. Off.	
verseas Address (Mandatory for NRI)	FII Applicant)		Country	Zip C	odo
COEEN (Default made of Comm	unication) Mahila	E-Mail	Country	Ζίρ Ο	
O GREEN (Default mode of Comm	Opendent Children Opendent Parents				
vestors are advised to give their emonsequences that can arise out of pro				nd reaches them directly and in SMS	
ax Status:	Individual	Mines Oo	Trust Onsist 10	Non-Individual	OOL OFFI ON A Profit On an insti
NRI-Minor OPIO/OCI OHUF	NRI-Non Repatriation Sole-Proprietorship		ank O Government Body O O	Club O Partnership / LLP O AOP / E thers (Please Specify)	
	vice O Public Sector Service O Governr		·		○ Agriculturist ○ Proprietors
	1 Lac	acs O > 25 Lacs - 1 Crore	> 1 Crore OR Net wo	rth ₹	
olitically Exposed Person (PEP) Sta	atus: O I am PEP O I am Related to PEP	O Not Applicable			
econd Applicant's Details	Mode of Holding (please ✓)	int# Anyone or Survivor	r (# Default, in case of more tha	n one applicant and not ticked)	
ame: OMr. OMs.	FIRST	MIDDL	•	LAST	
Please mention Name as per PAN Card)					
ate of Birth	PAN / PEKRN	KYC Identification Nun	nber (KIN)	Mobile No.	
ccupation Pvt. Sector Service	Pub. Sector Service O Gov. Service O Hous	ewife O Student O Profe	essional O Housewife O Busin	ess Retired Defence Agric	ulturist O Forex Dealer O Others
ross Annual Income (₹) ○ Below	1 Lac	5 Lacs > 25 Lacs - 1	1 Crore OR 1	let worth ₹	
	atus: O I am PEP O I am Related to PEP	O Not Applicable			
hird Applicant's Details ame: Mr. Ms.	FIRST	MIDDL	E	LAST	
lease mention Name as per PAN Card) ate of Birth	PAN / PEKRN	KYC Identification Num	nber (KIN)	Mobile No.	
DDMMYYYY					
	Pub. Sector Service Gov. Service Hous	_	_		ulturist O Forex Dealer Others
oss Annual Income (₹) ☐ Below		_	1 Crore OR N	let worth ₹	
	atus: O I am PEP O I am Related to PEP				(.1. CB A 17 17)
	Y (PoA) HOLDER DETAILS (If the		made by a Constituted A	πorney, please turnish the d	etails of PoA Holder)
First / Sole Applicant Mr. Ms. Ms.	☐ Second Applicant ☐ Third ☐ Others ☐ Use of the second Applicant ☐ Third ☐ Second Applicant ☐ Second Applicant ☐ Third ☐ Second Applicant ☐ Secon	Applicant	lame of PoA Holder		
			The off off load		
AN DAN oord proof VVC	KYC Identification Number (KIN)			Signature of DoA Halden
inclosed PAN card proof KYC	Communication proof)				Signature of PoA Holder
	ID (T.) (III)				
	.IP (To be filled in by the Applicant) of units, subject to realization, verification and cor				
plication form received for purchase of . / Ms. / M/s.	rumo, subject to realization, verification and cor	IUIUUII5			
r. / Ms. / M/s Instrument No. Dated	Drawn on Bank Account N	o. Amount (Rs.)	Scheme / Plan /	Option ISC	Stamp, Date & Signature

	NT & PAYMENT D CE FOL I O & LUMPSUI			_		_	_		_		
	Lumpsum (please fill o										
Scheme Name: Baroo	da BNP Paribas						Amount (₹)				
Cheque No./UMRN:	F CID : Diagon fill datai	Bank	fill CID form		Account No.			Payn	nent Mode: (Cheque NEFT RTGS OTM	
FOR SIP / MULTIPLE SIP : Please fill details below and also fill SIP form For Multiple SIP - investment can be made upto four Schemes with a single instrument, Multiple SIP Schemes to be mentioned in the below table and single instrument for the total consolidated amount favouring Baroda BNP											
	vided. Mention First SIP C										
Scheme Name				Pla		Option		-	Amount		
1, Baroda BNP Paribas					Direct / F	•			₹		
2, Baroda BNP Paribas					Direct / F		₹				
3, Baroda BNP Paribas					Direct / F	•	₹				
4. Baroda BNP Paribas					Direct / F	Regular	T. 14		. ₹		
Total Amount (In Words)					A (M .		Total Amount (In Figures)				
Cheque No./UMRN: Bank:					Account No. Payment Mode: Cheque NEFT RTGS OTM						
Payment Type: O Non-Third Party Payment O Third Party Payment (Please attach "Third Party Declaration Form")											
5. DEMAT ACC	COUNT DETAILS										
National Securities	Depository Ltd.	Deposit	ory Participant Name								
Central Depository	Services (India) Ltd.	DP ID N	lo.		Beneficiary	Account No.					
Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the Application Form. In case the form is not filled, the default option will be physical mode.											
6. FIRST HOL	DER'S BANK ACC	COUNT DETA	ILS (Mandatory)								
Bank Name											
Ac. no. (In Figures)				A/c. Typ	e O Saving	s Currer	nt ONRE	○ NRO	○ FCNR		
Ac. no. (In Words)											
Branch Address				1 011							
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Example for filling the A	Account No. 1 3 5	7 in words	One Three Five Seven (Please attacl	h copy of cance	lled cheque)					
7 EATCA DET	TAILS For Individua	(Mandatanı)	Non Individual investors	inaludina	UIIE abaule	d Mandata	vilv fill conc	uata EAT	CA datail	form.	
Details under Foreign		1	/ Sole Applicant / Guardian	including		cond Applica	-	rate FAT	CA detail	Third Applicant PoA	
Place & Country of Birth										y manaphount of tort	
Nationality		O Indian O	US Others (Please Specify)	Olr	ndian OUS C	Others	(Please Specify	/)(O Indian	US Others (Please Specify)	
Address Type		Residential	Registered Office Business	s OR	tesidential O F	Registered Off	fice O Busine	ss (Residentia	al O Registered Office O Business	
Are you a tax resident	t (i.e. are you assessed f		er country outside India? Yes			•	information b				
Country of Tax Residen				Ī	, ,,						
Tax Identification Numb	er or Functional Equivaler	nt									
	or Other, please specify)										
If TIN is not available, p		Reason O A			ion \bigcirc A \bigcirc B		Please Specify			A O B O C (Please Specify)	
Reason A: The country require the TIN to be coll			es not issue TIN to its residents rs, please specify the reason above		Reason B: No 1	IN Required	(Select this only	if the aut	thorities of the	e respective country of tax residents do no	
•	•		tention to nominate. Minor &		der cannot i	nominate a	and should	not fill t	his sectio	n	
		, even ii no iii			aci caimoti	iioiiiiiate t	ana snoula	1101 1111 1	1113 300010	,,,	
1. I/We do not wish to	o nominate SI	GNATURE(S)	First / Sole Applica	ant			Applicant			Third Applicant	
Having read and unclass	derstood the instruction fo	r Nomination, I / W	le hereby nominate the person(s) mo	ore particular	tv described he	reunder in res	spect of the Uni	ts under th	ne Folio held	by me/us in the event of my death.	
		Nominee Na			te l ationship	Date of B		ation %#		Guardian Signature [^]	
Nominee 1											
THOMASO T											
Nominee 2											
Nominee 3											
	# Disease in disease the					M	dan e la casadda a ca	4-4-1-64	00		
			cation / share for each of the nomine	es in whole r	numbers only w	itnout any dec	imais making a	total of 1	uu per cent.		
	ION & SIGNATUR			alaa fadhaa fiir			aludia a OFFILMA		:- :t	as with a clicable ladies and faciles laws 1700	
have neither received nor be	een induced by any rebate or	gifts, directly or indire	ctly in making this investment, I am / we :	are not a US p	erson, within the r	meaning of the I	United States Sec	curities Act,	1933, as amer	ce with applicable Indian and foreign laws. I / We nded from time to time; and that I am / we are no	
applying on behalf of or as p	proxyholders of a person who	is a US person. I am/	We are competent under the applicable I	laws and duly a	authorised where	required,to mak	e this investment	in the abov	e mentioned s	cheme. I / We have read, understood and hereby as Mutual Fund ('Fund'). I/We hereby confirm that	
the proposed investment is I	being made from known, iden	tifiable and legitimate	sources of funds /income of mine only ar	nd I am / we ar	e the rightful bene	eficial owner(s) o	of the funds and t	he resulting	investments th	herefrom. The above mentioned investment does	
not involve and is not design Act 2002. The Prevention of	ned for the purpose of any cor	itravention or evasion	of any Act, Rules, Regulations, Notifications	ons or Direction applicable law	ns or of the provis s enacted by the I	ions of any law	in India including India / any other i	but not limi regulatory b	ted to The Inco	ome Tax Act, the Prevention of Money Laundering to time. I / we hereby understand and agree that	
if any of the aforesaid disclo	osures made / information pro	vided by me / us is fo	ound to be contradictory or non-reliable to	the above sta	atements or if I / w	e fail to provide	adequate and or	omplete info	ormation, the A	MC / Mutual Fund / Trustees reserve the right to	
	reject the application / withno Trustees may deem proper a		age by me / us and / or make disclosures	and report the	relevant details t	o tne competen	t authority and tai	e such oth	er actions as m	nay be required to comply with the applicable law	
I / We hereby authorise the	Fund, AMC and its Agents to	disclose my / our de	tails including investment details to my / o	our bank(s) / F	und's bank(s) and	d / or Distributor	/ Broker / Invest	ment Advis	or and to verify	my / our bank details provided by me / us, or to	
disclose to such service providers as deemed necessary for conduct of business. I / We confirm that I / We do not have any existing Micro SIP / Investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year or a rolling period of one year, I / We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my / our transactions.											
The ARN holder (AMFI registered Distributor) has disclosed to me i us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I / WE HEREBY CONFIRM THAT I / WE HAVE NOT BEEN OFFERED / COMMUNICATED ANY INDICATIVE PORTFOLIO AND / OR ANY INDICATIVE YIELD BY THE FUND / AMC / ITS DISTRIBUTOR FOR THIS INVESTMENT											
1 / We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete and further agree to furnish such other further/additional information as may be required by the Baroda BNP Paribas Asset Managemen											
India Pvt Ltd (AMC) / Fund. I further undertake to advise the AMC / Mutual Fund/ Trustees promptly of any change in circumstance which causes the information contained herein to become incorrect and to provide the AMC / Mutual Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances.											
I hereby declare that the AMC / Fund can provide my information to any institution / tax authorities / governmental body for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. To receive physical annual statements and scheme wise abridged report please tick here ()											
Additional declaration for	NRIs only: I / We confirm that	at I am / We are Non-		d / We hereby	confirm that the f	unds for subscri	iption have been	remitted fro	m abroad throu	ugh normal banking channels or from funds in my	
/ our Non-Resident External Additional declaration for	/ Ordinary Account / FCNR A	ccount. t in India only: I/Wo	will redeem my / our entire investment/s l	before I / We o	change my / nur Ir	ndian residency	status. I / We sh	all be fully I	iable for all con	nsequences (including taxation) arising out of the	
failure to redeem on accoun	nt of change in residential stat	JS.	·					•			
Additional declaration for and foreign laws. ple	NRIs / PIO / OCIs only: I / W ease (✓) ☐ Yes ☐ No			any order / ruli patriation basi:		, or any regulat	ıvıı, ırıc ı uaing SEL	oi. I / We co	minim that my a	application is in compliance with applicable Indian	
Dated											
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Simply s
Balance Simply send **SMS to 9212 132763 to avail the below facilities Balance | SMS BAL sepace last 6 digits of Folio No.
NAV | SMS NAV space> last 6 digits of Folio No.
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.

SIP REGISTRATION CUM NACH MANDATE FORM

Please read product labelling details available on cover page and the instructions before filling up the Application Form.



Tick (✓) whichever is applicable, strike out whichever is not required Please (✓) SIP Registration SIP Cancellation SIP - Change in Scheme SIP - Change in Bank Details Distributor / Broker ARN Sub-Broker Code Sub-Broker ARN EUIN* LG Code RIA 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. *I/We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser. TRANSACTION CHARGES for I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) Rs. 10,000 and above (✓ any one) I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor) 1. APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected) Folio No. Name of Sole / First Unit Holder PAN/PEKRN DETAILS (mandatory) *If the First Applicant is a Minor, please state the details of Guardian. Please attach PAN proof. First/Sole Applicant Second Applicant Third Applicant 2. SYSTEMATIC INVESTMENT PLAN DETAILS MULTI SIP SIP Frequency (Please ✓) Daily SIP Monthly SIP Quarterly SIF Weekly SIP Scheme Name SIP Amount SIP Date / Day (For Start Date Perpetual* End Date Top Up Top Up Frequency Weekly Amount Half Yearly Yearly Baroda BNP Paribas Total Amount (in Words) Total Amount (in Figures) Date D D M M Y Y Y Amount: 1st SIP Cheque Details Cheque No. * Default For Multi SIP - SIP can be registered in maximum four Schemes with a single instrument. 1st SIP Cheque should be the total consolidated amount across all SIPs and should be favouring Baroda BNP Paribas Mutual Fund *SIP tenure can be registered upto a maximum of 30 years. Perpetual SIP would be registered for a period of 30 years **DECLARATION** This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit /Standing Instruction and that my payment towards my investment in Baroda BNP Paribas Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit /Standing Instruction. 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 BNP Paribas Mutual Fund / Baroda BNP Paribas Asset Management India Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny,revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond Bank's reasonable control and which has the effect of preventing the performance of the contract by the Bank. I/We acknowledge that no separate intimation will be received from Bank in case of non-execution of the instructions for any reasons whatsoever. SIGNATURE(S) BAROda
BNP PARIBAS UMRN OTM Debit Mandate for **Utility Code** Sponsor Bank Code NACH/Direct Debit Tick (✓) I/We hereby authorize SBICAISB-NREISB-NROICCI Other BARODA BNP PARIBAS MUTUAL FUND CREATE ✓ MODIFY Bank a/c number CANCEL or MICR with Bank Name of customers bank **IFSC** ₹ an amount of Rupees FREQUENCY Mthly- □ Qtly □ H-Yrly □ Yrly □ As & when presented **DEBIT TYPE ⊠** Fixed Amount Maximum Amount PAN Phone No. Folio **Email ID** I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. **PERIOD** From Signature Primary Account holder Signature of 1st Joint holder Signature of 2nd Joint holder To 1 2 3.