

6. FATCA AND CRS DETAILS (Non-Individual investors please fill separate UBO & FATCA/CRS Form)

| First Applicant/Guardian | | | 2nd Applicant | | | 3rd Applicant POA | | |
|---|-------|---------|---|-------|---------|---|-------|---------|
| Place & Country of Birth | PLACE | COUNTRY | Place & Country of Birth | PLACE | COUNTRY | Place & Country of Birth | PLACE | COUNTRY |
| Nationality <input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Other | | | Nationality <input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Other | | | Nationality <input type="radio"/> Indian <input type="radio"/> U.S. <input type="radio"/> Other | | |

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? ☐ Yes ☐ NO (If yes please provide information below.)

| Country# | Tax Identification Number | Identification Type/Reason* | Country# | Tax Identification Number | Identification Type/Reason* | Country# | Tax Identification Number | Identification Type/Reason* |
|----------|---------------------------|-----------------------------|----------|---------------------------|-----------------------------|----------|---------------------------|-----------------------------|
| 1 | | | 1 | | | 1 | | |
| 2 | | | 2 | | | 2 | | |
| 3 | | | 3 | | | 3 | | |

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

• 11 TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

7. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

| | | | |
|-----------|--|--|--|
| Bank Name | | Bank A/c No. | |
| LEI | | A/C Type <input type="radio"/> Savings <input type="radio"/> Current <input type="radio"/> NRE <input type="radio"/> NRO <input type="radio"/> FCNR <input type="radio"/> Others | |
| Branch | | IFSC code: (11 digit) | |

8. INVESTMENT & PAYMENT DETAILS ☐ Zero Balance ☐ Lumpsum (Please fill details below) ☐ SIP (Fill separate SIP form)

| | | | |
|---|--------------------|--|---|
| Scheme Name | Baroda BNP Paribas | Plan : <input type="radio"/> Regular <input type="radio"/> Direct | Option: <input type="radio"/> Growth <input type="radio"/> IDCW |
| Amount (₹) | | IDCW Frequency | |
| Bank | | Cheque No./UMRN: | |
| Account No. | | Payment Mode: <input type="radio"/> Cheque <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> OTM | |
| Payment Type : <input type="radio"/> Non-Third Party Payment <input type="radio"/> Third Party Payment (Please attach "Third Party Declaration Form") | | | |

9. DEMAT ACCOUNT DETAILS

| | | |
|--|-----------------------------|-------------------------|
| <input type="radio"/> National Securities Depository Ltd. | Depository Participant Name | |
| <input type="radio"/> Central Depository Services (India) Ltd. | DP ID No. | 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.

10. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section

☐ I/We wish to nominate as under OR ☐ I/We hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my/our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

| SIGNATURE(S) | First / Sole Applicant | Second Applicant | Third Applicant |
|--------------|------------------------|------------------|-----------------|
|--------------|------------------------|------------------|-----------------|

Having read and understood the instruction for Nomination, I / We hereby nominate the person(s) more particularly described hereunder in respect of the Units under the Folio held by me/us in the event of my death.

| | Nominee Name | Relationship | Date of Birth^ | Allocation %^ | Guardian Signature^ |
|-----------|--------------|--------------|----------------|---------------|---------------------|
| Nominee 1 | | | | | |
| Nominee 2 | | | | | |
| Nominee 3 | | | | | |

^ In case Nominee is minor. # Please indicate the percentage of allocation / share for each of the nominees in whole numbers only without any decimals making a total of 100 per cent.

11. DECLARATION & SIGNATURES

I/We confirm that the information provided in this form is true & accurate. I/we hereby apply for units of the scheme having read and understood the content of the SID / KIM of the scheme and SAI of the Baroda BNP Paribas Mutual Fund (the "Fund"). I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve / is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/we hereby authorize the Mutual Fund, to refund/redeem the funds invested in the Scheme, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. 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. I / we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same.

I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding INR 50,000 in a year (Applicable for Micro investment only.) with your fund house.

For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct.

I/ We give my consent to Baroda BNP Paribas Asset Management India Pvt Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/ our Aadhaar number(s) (if provided) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I / We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

I / 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 AMC / Fund. I further undertake to advise the AMC / Fund/ Trustees promptly of any change in circumstance which causes the information contained herein to become incorrect and to provide the AMC / Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances. 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.

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supersede all previous nominations made by me/us in respect of the folio(s) mentioned above.

☐ To receive physical annual statements and scheme wise abridged report please tick here (✓)

| | | | |
|-----------------------------------|------------------|-----------------|--------------------|
| Sole / First Applicant / Guardian | Second Applicant | Third Applicant | POA holder, if any |
|-----------------------------------|------------------|-----------------|--------------------|

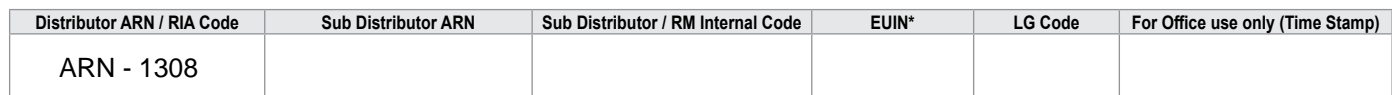
Email Id : service@barodabnp-paribasmf.in

www.barodabnp-paribasmf.in

Board Line No.: 022 69209600 • Toll Free No.: 1800 2670 189

| | | | |
|-----------------|--|--|---|
| Quick Checklist | <input type="radio"/> Name/s mentioned are as per PAN only | <input type="radio"/> Full scheme name, plan, option is mentioned | <input type="radio"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used. |
| | <input type="radio"/> Address, Email ID/Mobile are correctly mentioned | <input type="radio"/> Pay-In bank details and supportings are attached | <input type="radio"/> Non Individual investors should attach |
| | <input type="radio"/> KYC information provided for each applicant | <input type="radio"/> Nomination facility opted | <input type="radio"/> FATCA Details and Declaration Form <input type="radio"/> UBO Declaration Form |
| | <input type="radio"/> FATCA/CRS details provided for each applicant | <input type="radio"/> Form is signed by all applicants | |

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



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 of the distributor / sub broker.

| | |
|---|--|
| TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one) | <input type="radio"/> I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) |
| | <input type="radio"/> I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor) |

| Folio No. | | | | | | | | | | Name of Sole / First Unit Holder | First Name | Middle Name | Last Name |
|-----------|--|--|--|--|--|--|--|--|--|----------------------------------|------------|-------------|-----------|
| | | | | | | | | | | | | | |

Frequency (Please ✓) ☐ Daily SIP ☐ Weekly SIP ☐ Monthly SIP ☐ Quarterly SIP

| Scheme Name | Plan | Option | SIP Amount | SIP Date / Day (For Weekly) | Start Date | End Date** | Top Up Amount | Top Up Frequency |
|-----------------------------------|---|--|------------|--------------------------------|------------|------------|---------------|---|
| Baroda BNP Paribas _____ _____ | <input type="checkbox"/> Direct <input type="checkbox"/> Regular | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment | | DD or DAY | MM/YYYY | MM/YYYY | | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly |
| Baroda BNP Paribas _____ _____ | <input type="checkbox"/> Direct <input type="checkbox"/> Regular | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment | | DD or DAY | MM/YYYY | MM/YYYY | | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly |
| Baroda BNP Paribas _____ _____ | <input type="checkbox"/> Direct <input type="checkbox"/> Regular | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment | | DD or DAY | MM/YYYY | MM/YYYY | | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly |
| Baroda BNP Paribas _____ _____ | <input type="checkbox"/> Direct <input type="checkbox"/> Regular | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment | | DD or DAY | MM/YYYY | MM/YYYY | | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly |

1st SIP Cheque Details Cheque No. _____ Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

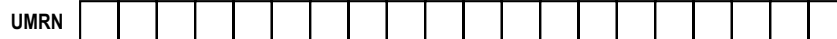
 Amount: _____ * Default

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 40 years.

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, lightning, 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.



Date

D

D

M

M

Y

Y

Y

Y

| | |
|--------------------------|--|
| Sponsor Bank Code | |
|--------------------------|--|

Utility Code

Tick (✓)

I/We hereby authorize

BARODA BNP PARIBAS MUTUAL FUND

to debit (tick✓)

| | | | | | |
|----|----|--------|--------|----|-------|
| SB | CA | SB-NRE | SB-NRO | CC | Other |
|----|----|--------|--------|----|-------|

| | |
|--------|---|
| CREATE | ✓ |
| MODIFY | |
| CANCEL | |

Bank a/c number

[illegible][illegible]

| | | |
|---------------------|--|---|
| an amount of Rupees | | ₹ |
|---------------------|--|---|

FREQUENCY ☒ Mthly ☒ Qtrly ☒ 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.

Maximum period of validity of this mandate is 40 years only

| PERIOD | |
|--------|--|
| From | <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> |
| To | <div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> |

Signature Primary Account holder

Signature of 1st Joint holder

Signature of 2nd Joint holder

**Maximum period of validity of this mandate
is 40 years only**

1 Name as in bank records

2 Name as in bank records

3 Name as in bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit.