

# Application Form (For Lumpsum and SIP)

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.

All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

Distributor ARN / RIA Code	Sub Distributor ARN	Sub Distributor / RM Internal Code	EUIN*	LG Code	For Office use only (Time Stamp)

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 of the distributor / sub broker.

First / Sole Applicant  
/ Guardian / POA Holder  
/ Authorised Signatory

Second Applicant / POA  
Holder

Third Applicant / POA  
Holder

TRANSACTION CHARGES for  
Rs. 10,000 and above (✓ any one)

- ☐ I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)  
☐ I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

## 1. EXISTING INVESTOR'S FOLIO NUMBER

Folio No.

The details in our records under the Folio number mentioned alongside will apply for this application.

## 2. FIRST APPLICANT'S DETAILS

Name of First Applicant (In CAPITAL and as per PAN) (Refer Instructions)

Date of Birth (Mandatory - If Minor, attach proof)

D D M M Y Y Y Y

Name of Guardian (if minor)/POA/Contact Person (As per PAN) (Refer Instructions)

Guardian is: ☐ Father ☐ Mother ☐ Court Appointed

Date of Birth (Guardian)

D D M M Y Y Y Y

PAN (1st Applicant / Guardian)

CKYC - KIN

PAN of POA

CKYC - KIN (POA)

## 3. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (AS PER KYC RECORDS) NRI Investors should mention their Overseas address (Refer instructions)

Email ID\* (in capital)

\*(default mode of communication)

Mobile

+91

Tel.

STD Code

Wherever email ID is registered an electronic Statement of Account will be shared with the investor. In case you want to receive a physical statement, please request for the same separately.

Contact details belong to family due to investor being, ☐ Self ☐ Spouse ☐ Dependent Child ☐ Dependent Parent ☐ Dependent Sibling ☐ Guardian In case of Minor

Address Type (Mandatory) ☐ Residential & Business ☐ Residential ☐ Business ☐ Registered Office

Mailing Address

Landmark

City

State

Country

Pin Code (Mandatory)

Overseas Address (Mandatory for NRI Investors)

Mailing Address

Landmark

City

State

Country

Pin Code (Mandatory)

## 4. KYC DETAILS (MANDATORY)

A. Tax Status (Please tick ✓) :

Individual : ☐ Resident ☐ NRI-Repatriation ☐ NRI-Non Repatriation ☐ Sole-Proprietorship ☐ Minor ☐ NRI-Minor ☐ PIO / OCI ☐ Others

Non-Individual :

☐ Company ☐ HUF ☐ Trust<sup>^</sup> ☐ Society<sup>^</sup> / Club ☐ Partnership / LLP ☐ AOP / BOI ☐ FPI ☐ Non Profit Organisation<sup>^</sup> ☐ Bank ☐ Government Body ☐ Others

<sup>^</sup> Trust/Societies/Section 8 companies to give below declaration :

We are a "Non-Profit Organization" (NPO) which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the Section 8 of the Companies Act, 2013 (18 of 2013). ☐ YES ☐ NO  
If yes, please quote Registration No. of Darpan portal of Niti Aayog (If not registered already, please register immediately and confirm with the above information)

B. Occupation Details (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired  
☐ Proprietorship ☐ Housewife ☐ Student ☐ Defence ☐ Forex Dealer ☐ Others (Please specify)

C. Gross Annual Income (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

Net-worth in (Mandatory for Non-Individuals) Rs. as on D D M M Y Y Y Y (Not older than 1 year)

D. Politically Exposed Person (PEP) Status : (Please tick ✓) ☐ Not Applicable ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person

## 5. JOINT APPLICANTS (IF ANY) DETAILS

Mode of Holding (Please tick ✓) ☒ Joint ☐ Anyone or Survivor (Default)

Name of 2nd Applicant (As per PAN) (Refer Instructions)

Date of Birth (Mandatory)

D D M M Y Y Y Y

PAN (2nd Applicant)

CKYC - KIN

a. Occupation Details (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired  
☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

b. Gross Annual Income (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

c. Politically Exposed Person (PEP) Status : (Please tick ✓) ☐ Not Applicable ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person

Name of 3rd Applicant (As per PAN) (Refer Instructions)

Date of Birth (Mandatory)

D D M M Y Y Y Y

PAN (3rd Applicant)

CKYC - KIN

a. Occupation Details (Please tick ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired  
☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

b. Gross Annual Income (Please tick ✓) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore

c. Politically Exposed Person (PEP) Status : (Please tick ✓) ☐ Not Applicable ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person

## ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Application form received for purchase of units, subject to realization, verification and conditions

Mr. / Ms. / M/s.

Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option	ISC Stamp, Date & Signature

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

First Applicant/Guardian			2nd Applicant			<input type="radio"/> 3rd Applicant <input type="radio"/> 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' &amp; 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 <input type="radio"/> 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 &amp; 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
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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 &amp; 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 &amp; 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 &amp; 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
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Email Id : service@barodabnp-paribasmf.in	www.barodabnp-paribasmf.in	Board Line No.: 022 69209600 • Toll Free No.: 1800 2670 189
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<b>Quick Checklist</b> 	<input type="radio"/> Name/s mentioned are as per PAN only <input type="radio"/> Address, Email ID/Mobile are correctly mentioned <input type="radio"/> KYC information provided for each applicant <input type="radio"/> FATCA/CRS details provided for each applicant	<input type="radio"/> Full scheme name, plan, option is mentioned <input type="radio"/> Pay-In bank details and supportings are attached <input type="radio"/> Nomination facility opted <input type="radio"/> Form is signed by all applicants	<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"/> Non Individual investors should attach <input type="radio"/> FATCA Details and Declaration Form <input type="radio"/> UBO Declaration Form
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