**Common 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 ( $\checkmark$ ) whichever is applicable, strike out whichever is not required.



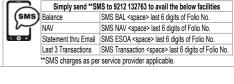
All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

Distributor / Broker ARN	Sub-Broker	Code	Sub-Broker	ARN	EUIN*	LG Code	RIA Code <sup>++</sup>
pfront commission shall be paid directly	by the investor to the AMEL rea	nistered Distributor	s based on the inve	estors' assess	nent of various factors incl	uding the service rendered by the	distributor
We hereby confirm that the EUIN box ha							
teraction or advice by the employee / relati							
neadviceofin-appropriateness, ifany, prov						ant	
+ I/We, have invested in the Scheme(s) hare/provide the transactions data feed	of your Mutual Fund under D	irect Plan. I/We he	reby give you my/	our consent to ler Direct Plan		older	
f all Schemes Managed by you, to the al	pove mentioned Mutual Fund I	Distributor / SEBI-R	legistered Investme	ent Adviser.	/ Authorised Signat	ory Second Applicant / POA	Holder Third Applicant / POA Holde
TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one) 67723	I confirm that I am a firs I confirm that I am an example.			•		Charge and payable to the Distri Charge and payable to the Distri	
1. EXISTING INVESTOR'S		olio No.					der the Folio number mentioned alongsid
						will apply for this application.	
2. APPLICANT'S INFORM							
SOLE / FIRST APPLICANT'S			ALPHABETS	and use o	ne box for on alpha	bet, leaving one box bla	nk between two words, as it
apears in your PAN Card	) Mr. () Ms. () M/s. () Mir	or					
Name:	FIRST						
(Please mention Name as per PAN Card Date of Birth* / Incorporation	) PAN / PEKRN		KYC Identificat	ion Numbor (I	<b>ZINI</b> )	GSTIN	
			KTC Identificat			GSTIN	
* Required for 1st holder/Minor							
	As. (in case of First / So	ole Applicant is	s a Minor) / Na	me of Conta	act Person (incase o	f non-individual Investors)	
Name:	FIRST			IDDLE		LAST	
(Please mention Name as per PAN Card)						-	
Date of Birth	PAN / PEKRN		KYC Identificat	ion Number (I	(IN)	Mobile No.	
DDMMYYYY							
For Investment "on behalf of Minor	" O Birth Certificate O Scl	nool Certificate	Passport O Oth	ner Rela	tionship with Minor (Mar	ndatory) O Father O Mother O	Court Appointed Legal Guardian
Mailing Address							oourtrippointoù Eogur ouuruiun
		State				Din Code (Mand	-tam)
City						Pin Code (Manda Tel. Off.	nory)
Country		STD Co	ode			lei. Oli.	
Overseas Address (Mandatory for NRI / I	FII Applicant)						
					Country	Zip	Code
GO GREEN (Default mode of Commu	nication) — Mobile		E-1	Mail			
Status (Please ✓) ○ Self ○ Spouse (		nandant Daranta					
Investors are advised to give their emai consequences that can arise out of provi <b>Tax Status:</b> Resident NRI-Repatriation N	ding third party email ids. Individua	1				Non-Individual	/ BOI    FPI    Non Profit Organisatio
○ NRI-Minor ○ PIO / OCI ○ HUF (					Government Body Oth		
Occupation: O Private Sector Servi	ice O Public Sector Serv	ice 🔾 Governme	ent Service 🔾	Student 〇	Professional O House	ewife 🔿 Business 🔿 Retire	d 🔿 Agriculturist 🔿 Proprietorsh
O Defence O Others (Please Specify)							
Gross Annual Income (₹) O Below 1			-	Crore ()>	1 Crore OR Net wort	h₹	
Politically Exposed Person (PEP) Stat	us: Olam PEP Olam F	Related to PEP	) Not Applicable				
Second Applicant's Details	Mode of Holding (ple	ase ✓) 🛛 Join	it# OAnyone or S	Survivor ( <sup>#</sup> De	fault, in case of more than	one applicant and not ticked)	
Name: Mr. Ms.	FIRST			MIDDLE		LAST	
(Please mention Name as per PAN Card)							
Date of Birth	PAN / PEKRN		KYC Identificati	on Number (K	IN)	Mobile No.	
DDMMYYYY							
Occupation O Pvt. Sector Service	Pub Sector Service O Gov	Service O Housev	wife O Student	Professional		ss O Retired O Defence O Agri	culturist O Forex Dealer O Others
Gross Annual Income (₹) O Below 1				Lacs - 1 Crore	> 1 Crore OR Ne		
() -		-					
Politically Exposed Person (PEP) Stat							
Third Applicant's Details							
Name: Mr. Ms.				MIDDLE			
(Please mention Name as per PAN Card)					•••	Mahila Na	
Date of Birth	PAN / PEKRN		KYC Identification	on Number (K	N)	Mobile No.	
Occupation O Pvt. Sector Service O	Pub. Sector Service O Gov.	Service O Housev	wife O Student	Professional	O Housewife O Busine	ss () Retired () Defence () Aari	culturist O Forex Dealer O Others
Gross Annual Income (₹) O Below 1		-	-	Lacs - 1 Crore			
Politically Exposed Person (PEP) Stat			_				
3. POWER OF ATTORNEY				haina mada	by a Constituted At	torney please furnish the	details of PoA Holder)
First / Sole Applicant	Second Applicant			being made	by a constituted At	torney, please furnish the	retails of FOA Holder)
			phican				
Mr. Ms. M/s.	Others			Name	of PoA Holder		
PAN	KYC Identificati	on Number (KIN)					
Enclosed PAN card proof KYC C							Signature of PoA Holder
							Signature of FOA Holder
ACKNOWLEDGEMENT SLI							
Application form received for purchase of	units, subject to realization, ve	rification and cond	litions				
Mr. / Ms. / M/s.							

Instrument No. Dated Drawn on Bank Account No. Amount (Rs.) Scheme / Plan / Option

4. INVESTMEN	NT & PAYMENT CE FOLIO & LUMPS				_	_	_	_	_		
	Lumpsum (please fi										
Scheme Name: Barod	la BNP Paribas					A second Ma		Amount (₹)			_
Cheque No./UMRN: FOR SIP / MULTIPL	F SIP · Please fill de		ank v and also fi	II SIP form		Account No.		P	ayment M	ode: 🔿 Cheque 🔿 NEFT 🔿 RTGS 🔾 OT	М
For Multiple SIP - inves	stment can be made up	to four Sch	emes with a	single instrument. Multiple SIP Se	chemes to be	mentioned in th	e below table	and single instrumer	nt for the to	tal consolidated amount favouring Baroda B	١P
Mutual Fund to be prov	vided. Mention First SIF			and in SIP Form.		DI-	-	Onting		Amount	
1. Baroda BNP Paribas		Scherr	ne Name			Pla Direct / R		Option		Amount ₹	—
2. Baroda BNP Paribas						Direct / R	•			₹	
3. Baroda BNP Paribas						Direct / R	•			₹	
4. Baroda BNP Paribas						Direct / R				₹	
Total Amount (In Words						Direct / N	•	Total Amount (In Fig		×	
Cheque No./UMRN:	5)		Bank:			Account No.			,		
•	n Third Darty Daymont		-	ent (Please attach "Third Party De	polaration For			Pa	yment wo	de: O Cheque O NEFT O RTGS O OTM	<u> </u>
			Faily Fayine	ant (Flease attach Third Faity De		n )					
5. DEMAT ACC		S									
National Securities				y Participant Name		7					=
Central Depository	Services (India) Ltd.		DP ID No.			Beneficiary	Account No.				
Investor willing to invest in	n Demat option, may pr	ovide a cop	y of the DP S	tatement enabling us to match the	e Demat detail	s as stated in the	e Application F	orm. In case the form	is not fille	d, the default option will be physical mode.	
6. FIRST HOL	DER'S BANK A	CCOUN	T DETAI	LS (Mandatory)							
Bank Name											
Ac. no. (In Figures)					A/c. Type	e O Savings	s O Current	t ONRE ONF	$0 \circ F$	NR	
Ac. no. (In Words)	I										_
Branch Address					City					Bin Codo	4
State				(0 Digit No. pout to your Chague N	City					Pin Code	
MICR Code				(9 Digit No. next to your Cheque N	NO.) IFSC Co	de				(11 Digit No. appearing on Cheque)	
Example for filling the A	Account No. 1 3	5 7 i	n words 0	ne Three Five Seven	(Please attach	n copy of cancel	led cheque)				
7. FATCA DET		ual (Man	datory)	Non Individual investors	including		Mandatori	ly fill sonarato l		atail form	
Details under Foreign			• •	Sole Applicant / Guardian	menualing		ond Applicar	•		Third Applicant OPoA	
Place & Country of Birth								-			_
Nationality		0	Indian 🔾 Us	S O Others (Please Specify	) () In	dian 🔿 US 📿	Others	Please Specify)	🗌 🔿 Indi	an OUS Others (Please Specify)	_
Address Type		0	Residential	Registered Office OBusines	ss OR	esidential OR	Registered Offi	ce O Business	ORes	idential ORegistered Office OBusiness	_
Are you a tax resident	t (i.e. are you assesse	d for Tax)	in any other	country outside India? Ye			-	information below)			
Country of Tax Residen	су										
Tax Identification Numb	er or Functional Equiva	alent									
Identification Type (TIN		fy)									
If TIN is not available, p			son OA C					Please Specify)		A O B O C (Please Specify)	_
require the TIN to be coll				not issue TIN to its residents please specify the reason above		eason B: NO I	IN Required (3	Select this only if the	authorities	s of the respective country of tax residents d	) 1101
8. NOMINATIO	ON - MANDATO	RY, even	if no inte	ntion to nominate. Minor	& PoA hole	der cannot r	nominate a	nd should not f	ill this s	ection	
							0				
1. I/We do not wish to	o nominate	SIGNAT	JRE(S)	First / Sole Applic			Second /			Third Applicant	
2. Having read and une	derstood the instruction	n for Nomin	ation, I / We	hereby nominate the person(s) m	nore particular	ly described her	eunder in resp	ect of the Units und	er the Folio	o held by me/us in the event of my death.	
		N	ominee Nam	e	R	elationship	Date of Bir	th^ Allocation %	6 <sup>#</sup>	Guardian Signature <sup>^</sup>	_
Nominee 1											
											—
Nominee 2											
Nominee 3											
^ In case Nominee is mir	nor #Please indicate t	he nercenta	age of allocat	ion / share for each of the nomine	ees in whole n	umbers only wit	thout any deci	mals making a total (	 nf 100 ner	cent	
9. DECLARAT			igo or anotat				anout any acon		01 100 por		
-			ohibited from a	accessing capital markets under any o	order / rulina / iu	dament etc of an	v regulation, inc	luding SEBI. My applica	ation is in co	mpliance with applicable Indian and foreign laws. I	/We
have neither received nor be	een induced by any rebate	or gifts, dire	ctly or indirectl	y in making this investment. I am / we	e are not a US pe	erson, within the m	heaning of the U	nited States Securities	Act, 1933, a	is amended from time to time; and that I am / we ar oned scheme. I / We have read, understood and he	e not
agree to comply with the terr	ms and conditions of the se	cheme relate	d documents ir	cluding the provisions of the section o	of 'Who cannot Ir	west' and apply fo	r allotment of Un	its of the Scheme(s) of	Baroda BNF	P Paribas Mutual Fund ('Fund'). I/We hereby confirm	1 that
the proposed investment is t	being made from known, i and for the purpose of any	dentifiable ar	id legitimate so	purces of funds /income of mine only a any Act Rules Regulations Notificat	and I am / we are tions or Direction	e the rightful benei	ficial owner(s) of ons of any law in	f the funds and the resu	Iting investr	nents therefrom. The above mentioned investment he Income Tax Act, the Prevention of Money Laund	does ering
Act, 2002, The Prevention o	of Corruption Act, 1988 and	d /or any othe	er relevant rule	s / guidelines notified in this regard or	r applicable laws	s enacted by the C	Government of Ir	ndia / any other regulate	ory body fro	m time to time. I / we hereby understand and agree	e that
not create a folio / account, i	reject the application / with	provided by hold the inv	me / us is four estments mad/	to be contradictory or non-reliable t by me / us and / or make disclosures	to the above sta s and report the	relevant details to	the competent	adequate and complete authority and take such	other action	n, the AMC / Mutual Fund / Trustees reserve the rig ns as may be required to comply with the applicabl	nt to e law
as the AMC / Mutual Fund /				s including investment details to my /	· / our bank/e) / E	und'e bank(e) and	/ or Distributor	/ Broker / Investment A	dvicor and t	o verify my / our bank details provided by me / us,	or to
disclose to such service prov	viders as deemed necessa	ary for condu	ct of business.	I / We confirm that I / We do not have a	any existing Mic	ro SIP / Investmer	nts which togethe	er with the current appli	cation will re	sult in aggregate investments exceeding Rs. 50,00	
a financial year or a rolling p The ARN holder (AMFI regis	stered Distributor) has disc	losed to me /	us all the com	C, Trustee, RTA and other intermediar missions (in the form of trail commission)	ries in case of ar on or any other r	ny dispute regardir node), payable to	ng the eligibility, him / them for th	e different competing S	chemes of v	ar transactions. arious Mutual Funds from amongst which the Sche	ne is
being recommended to me /	us. I / WE HERÉBY CON	FIRM THAT I	/ WE HAVE NO	OT BEEN OFFERED / COMMUNICAT	ED ANÝ INDIC/	ATIVÉ PORTFOLI	O AND / OR AN	Y INDICATIVE YIELD B	Y THE FUN	D / AMC / ITS DISTRIBUTOR FOR THIS INVESTM equired by the Baroda BNP Paribas Asset Manage	ENT.
India Pvt Ltd (AMC) / Fund. I		se the AMC /	Mutual Fund/ 1	Frustees promptly of any change in cire	cumstance whic	h causes the infor	mation containe	d herein to become inco	prrect and to	provide the AMC /Mutual Fund/ Trustees with a su	tably
	I further undertake to advi				v for the purpose	e of ensuring appro	opriate withholdi	ng from the account or	any procee	ds in relation thereto.	
updated self-declaration with I hereby declare that the AM	hin 30 days of such chang		o any institutio	n / tax authorities / <u>gove</u> rnmental body				•	• •		
updated self-declaration with I hereby declare that the AM To receive physical annua	hin 30 days of such chang IC / Fund can provide my Il statements and schem	information to e wise abrid	lged report ple	ease tick here (✓) □		confirm that the fi	undo for cubcorin	tion have been remitte	d from obror	ad through normal banking abannals or from funde	
updated self-declaration with I hereby declare that the AM To receive physical annua Additional declaration for / our Non-Resident External	hin 30 days of such chang IC / Fund can provide my Il statements and schem NRIs only : I / We confirm I / Ordinary Account / FCN	information to e wise abrid I that I am / V R Account.	lged report ple Ve are Non-Re	ease tick here (✓) sident of Indian Nationality / Origin an	nd I / We hereby					ad through normal banking channels or from funds	
updated self-declaration with I hereby declare that the AM To receive physical annua Additional declaration for / our Non-Resident External Additional declaration for	hin 30 days of such chang IC / Fund can provide my Il statements and schem NRIs only : I / We confirm I / Ordinary Account / FCN Foreign Nationals Resid	information to e wise abrid that I am / V R Account. lent in India	lged report ple Ve are Non-Re	ease tick here (✓) sident of Indian Nationality / Origin an	nd I / We hereby					ad through normal banking channels or from funds all consequences (including taxation) arising out o	
updated self-declaration with hereby declare that the AM To receive physical annua Additional declaration for / our Non-Resident External Additional declaration for failure to redeem on accoun Additional declaration for	hin 30 days of such chang IC / Fund can provide my I statements and schem NRIs only : I / We confirm I / Ordinary Account / FCN Foreign Nationals Resid to f change in residential : NRIs / PIO / OCIs only: I	information to e wise abrid h that I am / V R Account. lent in India status. / We am / are	Iged report ple Ve are Non-Re only: I/We wil e not prohibited	ease tick here (✓) □ sident of Indian Nationality / Origin an I redeem my / our entire investment/s I from accessing capital markets unde	nd I / We hereby s before I / We c er any order / ruli	hange my / our In ng / judgment etc.,	dian residency s	status. I / We shall be fu	ully liable for	• •	, of the
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Crescenzo, 7th Floor, G-Block, Bandra Kurla Complex, Mumbai – 400051, Maharashtra, India. Email Id- service@barodabnpparibasmf.in 🕑 Board line no.- 022 69209600 • Toll Free no.- 1800 2670 189 🖶 Fax no.- 022 69209 460/470 🌐 Website URL- www.barodabnpparibasmf.in CIN no.- U65991MH2003PTC142972



## 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 ( $\checkmark$ ) whichever is applicable, strike out whichever is not required.



ase (√)		9	ub-Broke	r Code	Sub-Brok	ker ARN	EUIN*		LG Code		RIA Code**
Distribu	utor / Broker ARN										THIN COUL
	nission shall be paid dire			-			ssessment of v	arious factors in	cluding the serv	vice rendered b	by the distributor.
	onfirm that the EUIN box h or advice by the employe										
withstanding	g the advice of in-appropri or / sub broker.					er / sales person					
I/We, have i	invested in the Scheme(s)					y/our consent to		lolder			
	the transactions data feed Managed by you, to the a						Authorised Sign	atory Secon		DA Holder Th	ird Applicant / POA Holder
	ON CHARGES for				•	unds. (Rs. 150 deductil	le as Transactio	on Charge and pa	vable to the Dis	stributor)	
Rs. 10,000 an	nd above (✓ any one)					unds. (Rs. 100 deducti					
I. APPI	LICANT'S INFO	RMATION	(Manda	tory, if left b	plank, the ap	oplication is lial	ole to be re	jected)			
olio No.			Name	of Sole / First Ur	nit Holder	First Name		Middle Name		La	ast Name
	ETAILS (mandatory) *If t	the First Applica					N proof.				
rst/Sole App				Second A				Third Applic	ant		
2. SYST	TEMATIC INVES		LAN DE	TAILS		MULTI SIP		-			
equency (Ple			kly SIP	Monthly SIP	Quarterly S						
		me Name			SIP Amount	SIP Date / Day (For	Start Date	Perpetual*	End Date	Top Up	Top Up Frequency
						Weekly				Amount	
Baroda BNF	P Paribas					DD or DAY	MM/YYYY		MM/YYYY		Half Yearly Yearly
Baroda BNP	P Paribas					DD or DAY	MM/YYYY		MM/YYYY		Half Yearly Yearly
Baroda BNP						DD or DAY	MM/YYYY		MM/YYYY		Half Yearly Yearly
						DD or DAY	MM/YYYY		MM/YYYY		
Baroda BNF	P Paribas					DD OF DAT	IVIIVI/ T T T T		IVIIVI/ T T T T		Half Yearly Yearly
tal Amount (ir	n Words)							_ Total Amount (ii	n Figures)		
iai Amount (ii											
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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.

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