

Common Application Form (For Lumpsum and SIP)



Please read product labeling details available on cover page and the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

DISTRIBUTOR INFORMATION

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

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	RIA Code
ARN - 64917			E434563		

☐ 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.

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

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression

MODE OF HOLDING

☐ Single OR ☐ Joint OR ☐ Anyone or Survivor Default Option: Joint (Please refer Instructions II)

Existing Folio No.

PAN 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

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

Name Mr Ms M/s NAME AS PER PAN CARD

Name of the Guardian (in case First / Sole Applicant is minor) / Contact Person - Designation / PoA Holder (In case of Non-Individual Investors)

Address [P. O. Box Address is not sufficient] (Indian address, in case of NRIs/ FPI's)

City

Pincode (Mandatory) State Country

Mobile No. Email ID*

Status (please ✓) ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parents *Wherever email ID is registered, an electronic Statement of Account (e-SOA) will be shared with the investor. In case you want to receive a physical statement, please request for the same separately.

Investors are advised to give their email IDs or that of their family member and not third party so that the important communication from the Fund reaches them directly and in time. This will also prevent any unintended consequences that can arise out of providing third party email ids.

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

Zip Code

KYC Details (Mandatory)

FIRST APPLICANT** / GUARDIAN

3a. Status of Sole /1st Applicant (Please ✓) ☐ Indian Resident Individual ☐ Minor (Resident) ☐ Minor (Repatriable) ☐ Minor (Non Repatriable) ☐ NRI (Repatriable) ☐ NRI (Non-Repatriable) ☐ Body Corporate ☐ Sole Proprietorship ☐ HUF - Indian ☐ HUF - NR ☐ Partnership Firm ☐ Limited Partnership (LLP) ☐ Public Ltd. Co. ☐ PIO ☐ Private Ltd. Co. ☐ Bank ☐ FIs ☐ Insurance Companies ☐ Government Body ☐ AOP/BOI ☐ Trust ☐ Society ☐ Provident Fund ☐ Superannuation / Pension Fund ☐ Gratuity Fund ☐ Mutual Fund ☐ FII ☐ FPI - Category I/II/III ☐ FCRA ☐ GDN ☐ Defence Establishment ☐ NPS Trust ☐ Others (Please specify)

☐ Are you a Non-Profit Organization [NPO] or Company u/s 25 (Companies Act 1956) or u/s 8 of Companies, Act 2013 : ☐ Yes ☐ No.

3b. Occupation Details (Please ✓) ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

3c. Gross Annual Income (Please ✓) ☐ 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) ₹ as on DD / MM / YYYY (Not older than 1 year)

3d. For Individual (Please ✓) ☐ Not Applicable ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person

SECOND APPLICANT'S Name

Mr Ms

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

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

c. Others (Please ✓) ☐ Not Applicable ☐ I am Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

THIRD APPLICANT'S Name

Mr Ms

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

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

c. Others (Please ✓) ☐ Not Applicable ☐ I am Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

(Refer Instruction IV)** Please attach PAN proof.

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

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

PAN

Option (please ✓) ☐ Growth ☐ IDCW Sub-option (please ✓) ☐ Reinvestment ☐ Pay-out

along with Cheque / Referral No.

Dated DD / MM / YYYY

Drawn on (Bank)

Amount ₹

Signature, Stamp & Date

FATCA & CRS INFORMATION [Please tick (✓)], for Individuals (Mandatory), Non Individual investors & HUF should mandatorily fill separate FATCA detail form

Refer Instruction XI for more details

The below information is required for all applicant(s)/ guardian

Address Type: ☐ Residential or Business ☐ Residential ☐ Business ☐ Registered Office (for address mentioned in form/existing address appearing in Folio)Is the applicant(s) Country of Birth/Nationality/Tax Residency other than India? ☐ First Applicant (including Minor) ☐ Yes ☐ No ☐ Second Applicant ☐ Yes ☐ No ☐ Third Applicant ☐ Yes ☐ No

If "Yes", please provide the following information (Mandatory)

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others _____	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others _____	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others _____
Country of Tax Residency ^f			
Tax Payer Ref. ID No ^a			
Identification Type [TIN or other, please specify]			

#To also include USA, where the individual is a citizen/ green card holder of USA. ^aIn case Tax Identification Number is not available, kindly provide its functional equivalent.**FIRST HOLDER'S BANK ACCOUNT DETAILS (Mandatory) Refer Instruction III.**

Name of the Bank											Branch										
Account No. (in figures)											Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others									
Account no. (in words)																					
Bank Address																					
Pincode						State						City									
MICR Code (9 digits)											Example for filling the Account No.	Ac. No.	1	3	5	7	*This is an 11 Digit Number, kindly obtain it from your Bank Branch. (Please attach copy of cancelled cheque)				
*IFSC Code for NEFT / RTGS											In words	One	Three	Five	Seven						

SCHEME DETAILS (Please choose the Option and Sub-option for Investment, please read product labeling details available on Cover Page and Instruction before filling this section)

Scheme Name											Plan (please ✓) <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option (please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> IDCW	Sub Option <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly										Pay out <input type="checkbox"/> <input type="checkbox"/> Reinvestment

INVESTMENT DETAILS (Strike off whichever is not applicable) ☒ Lumpsum ☒ SIP / Multiple SIP (For SIP, please also fill - in SIP Debit Mandate Form)For Multiple SIP - investment can be made up to four Schemes with a single instrument. Multiple SIP Schemes to be mentioned in the below table and the total consolidated amount should be the single instrument amount favouring **Baroda Mutual Fund**. ^aAttach OTM form, if not already registered. Mention First SIP Cheque Details below and in SIP Form.

Full Scheme / Plan / Option / Sub Option				Amount (₹)				Payment Mode : <input type="checkbox"/> Cheque <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund transfer			
1. Baroda	Scheme	Plan	<input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan <input type="checkbox"/> Growth <input type="checkbox"/> IDCW								
2. Baroda	Scheme	Plan	<input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan <input type="checkbox"/> Growth <input type="checkbox"/> IDCW								
3. Baroda	Scheme	Plan	<input type="checkbox"/> Direct Plan <input type="checkbox"/> Regular Plan <input type="checkbox"/> Growth <input type="checkbox"/> IDCW								
Total				Amounts in Words				Amount in Figures			
Payment from Bank A/c. No.				Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others							
Bank Name & Branch											
Documents Attached to avoid Third Part Payment Rejection, where applicable : <input type="checkbox"/> Bank Certificate <input type="checkbox"/> Third Party Declarations											

DEMAT ACCOUNT DETAILS☐ National Securities Depository Limited ☐ Central Depository Services (India) Limited

Depository Participant Name	Mr / Ms / M/s										
DP ID No.	Beneficiary ID No.										

NOMINATION DETAILS (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat Form) Refer Instruction VII.

Name of Nominee	Relationship	Address	Date of Birth	% Share	Signature of Nominee

DETAILS OF GUARDIAN (to be furnished in case Nominee is a minor)

Name of Guardian	Address	Tel. No.	Signature Of Guardian
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DECLARATION AND SIGNATURES

I/We have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. I/We agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rule, regulation, notification or direction or any other applicable laws issued by the Government of India or any regulatory or statutory authority. I/We have understood the details of the Scheme and in the event "Know Your Customer" process is not completed by me/us to the satisfaction of the AMC, I/We hereby authorize the AMC to redeem the funds invested in the Scheme, in favour of the first applicant at the applicable NAV prevailing on the date of such redemption and to undertake such other action with such funds as may be required by law. I/We hereby authorize Baroda Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Baroda Mutual Fund bank(s) and/or Distributor/Broker/Investment Adviser. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him/it for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated. If I/We have not ticked for not appointing a nominee, then the Application Form shall be processed as without nomination. **Applicable for "Execution Only" transaction :** I/We, the undersigned, hereby acknowledge and confirm that the above transaction is "Execution Only" as explained vide SEBI circular no. CIR/IMD/DF/13/2011 dated 22 August 2011. This investment is being made notwithstanding the advice of the appropriateness/inappropriateness of the same and the distributor has not charged any advisory fees on this transaction. **Applicable for NRIs :** I/We confirm that I am/we are Non-Residents of Indian nationality/origin but not residents of the United States and Canada and I/We hereby confirm that I/we have remitted funds from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines. **Applicable for FATCA & CRS :** 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.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression

2nd Applicant Signature / POA Signature / Thumb Impression

3rd Applicant Signature / POA Signature / Thumb Impression

Add convenience to your life with our value added service

Simply send **SMS to 9212 132763 to avail the below facilities	
Balance	SMS BAL <space> 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.



Investor can avail below facilities	
1. NAV	
2. Account Balance	
3. Account Statement	
4. Last 5 Transactions	

For more details call :
1800-2670-189 (Toll Free)
 9 am to 6 pm - Monday to Saturday on all Business Days
 9 am to 2 pm on 2nd & 4th Saturdays of the Month
www.barodamf.com
info@barodamf.com