CKYC & KRA KYC Form BARODA PIONEER MUTUAL FUND Systematix ARN: 64917 EUIN: E-029678 PIONEER **Know Your Client** Application New Application Form (For Individuals only) Type\* ☐ Update KYC Number\* (Please fill the form in English and in BLOCK Letters) Fields marked with ' $\square$ ' are mandatory fields KYC Type\* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K) 1. Identity Details (Please refer instruction A at the end) PAN Please enclose a duly attested copy of your PAN Card Prefix First Name Middle Name Last Name Name\* (same as ID proof) Maiden Name (If any\*) Father / Spouse Name\* Mother Name\* Date of Birth\* **Photo** ☐ M- Male ☐ F- Female ☐ T-Transgender Gender\* Marital Status\* Married Unmarried ☐ Others □ IN- Indian Country Code Citizenship\* ☐ Others – Country Residential Status\* Resident Individual Non Resident Indian Foreign National Person of Indian Origin Occupation Type\* S-Service Private Sector ☐ Public Sector Government Sector Retired O-Others Professional Self Employed ☐ Housewife ☐ Student **B-Business** X-Not Categorised 2. Proof of Identity (PoI)\* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end) (Certified copy of any one of the following Proof of Identity [Pol] needs to be submitted) ☐ A- Passport Number Passport Expiry Date ☐ B- Voter ID Card ☐ D- Driving Licence Driving Licence Expiry Date ☐ E- Aadhaar Card ☐ F- NREGA Job Card Identification Number ☐ Z- Others (any document notified by the central government) 3. Proof of Address (PoA)\* ☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end) **Address** Line 1\* Line 2 Line 3 City / Town / Village\* District\* Zip / Post Code\* State/UT Code as per Indian Motor Vehicle Act, 1988 State/UT\* Country\* Country Code as per ISO 3166 ☐ Residential / Business Residential Business Registered Office Unspecified Address Type\* (Certified copy of any one of the following Proof of Address [PoA] needs to be submitted) Proof of Address\* ☐ Passport Number Passport Expiry Date ☐ Voter ID Card ☐ Driving Licence Driving Licence Expiry Date

4. Contact Details (All communications will be sent on provided Mobile no. / B	mail-ID) (Please refer instruction <b>F</b> at the end)										
Email ID											
Mobile Tel. (Off)	Tel. (Res)										
5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end)											
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Additional Details Required* (Mandatory only if above option (5) is tick Country of Jurisdiction of Residence*											
	Country Code of Jurisdiction of Residence as per ISO 3166										
Tax Identification Number or equivalent (If issued by jurisdiction)*											
Place / City of Birth* Country of I	irth* Country Code as per ISO 3166										
Line 1*											
Line 2											
Line 3	City / Town / Village*										
District* Zip / Post Code*	State/UT Code as per Indian Motor Vehicle Act, 1988										
State/UT* Count	y* Country Code as per ISO 3166										
6. Details of Related Person (Optional) (please refer instruction G at the end	(in case of additional related persons, please fill 'Annexure B1')										
_	ber of Related Person (if available*)										
Related Person Type* Guardian of Minor Assignee	Authorized Representative										
Prefix First Name	Middle Name Last Name										
Name*	Section Converting D										
(If KYC number and name are provided, below details on Proof of Identity [Pol] of Related Person* (Please see instruction (H) at the	· · ·										
(Certified copy of any one of the following Proof of Identity[Pol] needs to be submit											
A- Passport Number	Passport Expiry Date										
B- Voter ID Card											
C- PAN Card											
☐ D- Driving Licence	Driving Licence Expiry Date DD - MM - YYYYY										
□ E- Aadhaar Card	g										
F- NREGA Job Card											
Z- Others (any document notified by the central government)	Identification Number										
7. Remarks (If any)											
8. Applicant Declaration											
<ul> <li>I hereby declare that the details furnished above are true and correct to the best of my knowledge and therein, immediately. In case any of the above information is found to be false or untrue or misleadin liable for it. I hereby declare that I am not making this application for the purpose of contraventic legislation or any notifications/directions issued by any governmental or statutory authority from time to</li> </ul>	g or misrepresenting, I am aware that I may be held n of any Act, Rules, Regulations or any statute of										
I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above	registered number/email address.										
Date: DD - M M - Y Y Y Y Place:	Signature / Thumb Impression of Applicant										
9. Attestation / For Office Use Only											
Documents Received Certified Copies											
KYC Verification Carried Out by (Refer Instruction I)	Institution Details										
Date DD - MM - Y Y Y	Name										
Emp. Name	Code										
Emp. Code	Emp. Branch										
Emp. Designation											
In-Person Verification (IPV) Carried Out by (Refer Instruction J)  Date	Institution Details										
	Name										
Emp. Name	Code										
Emp. Code	Emp. Branch										
Emp. Designation											

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Systematix ARN: 64917 EUIN: E-029678

## **Supplementary CKYC Form**

(To be additionally filled by customers using old KYC form)

BARODA PIONEER MUTUAL FUND

**Know Your Client (KYC) Application Form** For Individuals Only (Please fill the form in English and in BLOCK Letters)

KYC Type: Normal (PAN is mandatory)

PAN Exempt Investors





Fields marked with * are mand	datory fields PAN Exemp	t investors												
1. Identity Details (Please refer instruction A at the end)														
PAN Please enclose a duly attested copy of your PAN Card														
	Prefix First Name Middle Name Last Name													
Name* (same as ID proof)														
Maiden Name (If any*)														
Mother Name*														
Residential Status*	esidential Status*													
Occupation Type <sup>*</sup>	on Type*													
	☐ B-Business ☐ X-Not Categorised	Retired   Housewife   Student												
2. FATCA/CRS Information	n (Tick if Applicable) Residence for Tax Purposes in Jur	risdiction(s) Outside India (Please refer instruction <b>B</b> at the end)												
Additional Details Requir	red* (Mandatory only if above option is ticked)													
Country of Jurisdicti on of	f Residence* Country Cod	de of Jurisdicti on of Resi dence as per ISO 3166												
Tax I dentificati on Numbe	er or equivalent (If issued by jurisdicti on)*													
Place / City o f Birth*	Country of Birth*	Country Code as per ISO 3166												
Address Line 1*														
Line 2														
Line 3		City / Town / V illage*												
District*	Zip / Post C ode*	State/UT C ode as per Indian Motor V ehicle Act, 1988												
State/UT*	Country*	Country C ode as per ISO 3166												
3. Details of Related Person	on (Optional) (please refer instruction G at the end) (in case of addition	onal related persons, please II 'A nnexure B1')												
Related Person	☐ Deletion of Related Person KYC Number of Related Pe	erson (if available*)												
Related Person Type*	_	Authorized Representative												
Name*		iddle Name Last Name												
☐ Proof of Identity [Pol] o	(If KYC number and name are provided, below details of section 6 are option of Related Person* (Please see instruction (H) at the end)	nai)												
_ ,, ,	the following Proof of I dentity[Pol] needs to be s ubmitted)													
A- Pass port Num ber		Passport Expiry Date												
☐ B- Voter ID Card														
C- PAN Card														
D- Drivi ng Licence		Drivi ng Licence Expiry Date												
E- Aadhaar Card														
☐ F- NREGA Job Card														
Z- Others (any docume	ent notified by the central government)	Identificati on Number												
4. Remarks (If any)														
5. Applicant Declaration														
I hereby declare that the details fu	urnished above are true and correct to the best of my knowledge and belief and I undertake													
liable for it. I hereby declare that legislation or any notifications/dire	of the above information is found to be false or untrue or misleading or misrepresenting, I t I am not making this application for the purpose of c ontravention of any Act, Rules, Rections issued by any governmental or statutory authority from time to time.  Trination from Central KYC Registry through SMS/Email on the above registered number/em	egulati ons or any statute of [Signature / Thumb Impression]												
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# **FATCA & CRS Annexure for Individual Accounts**

BARODA PIONEER MUTUAL FUND

(Including Sole Proprietor) (Refer to instructions)

Systematix ARN: 64917 EUIN: E-029678 (Please consult your professional tax advisor for further guidance on your tax residency, if required)

बैंक ऑफ बड़ीटा
Rank of Raroda



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Folio No.			Ť		Ť													-		-											
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Systematix ARN: 64917 EUIN: E-029678

# Information to Investor & Consent

## BARODA PIONEER MUTUAL FUND





#### Information

The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations.

Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.

### **Consent Form**

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 (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

	First / Sole Holder	Joint Holder 1	Joint Holder 2
Signature			
Investor name			
Aadhaar No			
PAN/PEKRN/CKIN (manadatory)			