A. Identity Detail		OCK LETTERS	c	C	:VI		terme		-				0.40			
-									;	Syster	matix	ARN	: 649	17 E	UIN:	E-0
1 Name of Applicant	(Please write comp	•		cornorati	on / Registr	ration: I	leaving	one hov	hlank he	woon 2	words	Plassa c	la not :	hhrovia	ta tha l	Name
											worus.					
2. Date of Incorporat	ion d d /	m m / y	y y y	Place	of Incorp	oratio	n									
3. Registration No. (e	.g. CIN)					Date	of co	mmence	ment of	busines	s d	_ d _ /	m	m <b>/</b>	y y	y
<b>4. Status</b> Please tick (				Body Cor	porate ] Bank	Part		ent Body	ust / Cha			HUF		FI [	FII	
FPI Category I Defence Establish		y of Individuals	Society					ent Body specify)		von-Gov	ernmer	nt Organ	Isation			
5. Permanent Accoun	t Number (PAN)	(MANDATORY)					F	lease en	close a d	uly attes	ted cop	by of you	ur PAN	Card		
B. Address Detail	s (please see	guidelines o	overleaf)								_					
1. Address for Corres	-	5														
							4									
												-				_
City / Town / Village												Postal C	ode			-
State									Country							
2. Contact Details						T	L (D)	/(CD)	(CTD)							T
	(STD) (STD)					le	I. (Res.)	(ISD) (ISD)	(STD) (STD)							_
E-Mail Id.							Tux	(150)	(510)							-
4. Registered Add	ress (If differe	ent from abo	ove)			d /			<u>, , , , , , , , , , , , , , , , , , , </u>	<u>y y</u>						I
	ress (If differe	ent from abo	ove)						y y			Postal C	ode			
City / Town / Village State									Country			Postal C				
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# For Non Individuals Systematix ARN: 64917 EUIN: E-029678 FATCA, CRS & Ultimate Beneficial Owner (UBO)

BARODA PIONEER MUTUAL FUND

बैंक ऑफ़ बड़ौदा Bank of Baroda PIONEER

Name of the	e entity																													
Type of add	lress given at KRA		e <b>ntial or Bu</b> of tax resid			Resider Iken as		lable i		Busine A data			Regiant Regiated Regiant Regia				ase a	ipproa	ch KRA	& not	ify the	e cha	inges"							
Folio No.						/													/											
PAN					Date of	incor	porat	tion	D	D	M	M	Y	Y	Y	Y														
City of inc	orporation										Cou	ntry	of ind	corpo	oratio	n														
Entity Con	stitution Type (Please ti	ick as appro	priate) 🗌	Partnersh	nip Firm		HUF		Pri	vate L	.imited	l Cor	npany		Pu	blic Li	imite	d Con	ipany		Socie	ty		AOP/B	01	П Т	rust		Liquida	ator
				Limited L	iability	Partner	ship		Art	tificial	Juridi	cal P	Person		0t	hers							sp	ecify						
Please tick	Please tick the applicable tax resident declaration:																													
1. Is "En	tity" a tax resident of	f any cour	itry other	than Ir	ndia	Yes		No (I	f yes	, pleas	e prov	ide c	ountry	/ies in	which	n the e	entity	is a re	sident f	or tax	ourpos	es ar	nd the a	associa	ated T	ax ID ı	numbe	er belo	w.)	
	Coun	try						1	Tax	Ident	ifcatio	on N	lumbe	er %						Iden	tificat	ion <sup>·</sup>	Туре	(TIN or	Othe	er, ple	ase s'	pecify)		
																														_
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<sup>%</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent <sup>®</sup> .																														
	or its functional equivale									umber	or Glo	bal I	Entity	Identi	ficatio	on Nur	mbei	or Gll	N, etc.											
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here																														
FATCA 8	FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)																													
PART A	(to be filled by Finar	ncial Instit	tutions or	Direct	Report	ing NF	Es)																							
We are a,		GIIN																												
	institution <sup>6</sup>		: If you do			out you	are s	spons	ored	by an	other e	entity	y, plea	se pro	ovide	your s	spon	sor's G	illN abo	ve an	d indic	cate	your s	onsor	''s na	me be	low			
Direct rep	orting NFE <sup>7</sup> $\Box$ (as appropriate)	Name of	sponsori	ng entity	/																				<u> </u>	<u> </u>				
GIIN not a	vailable (please tick as	applicable)	Ap	plied for	r																	-			-		-			
If the entity	is a financial institution	, 🗌 N	ot required	l to apply	for - pl	ease sp	ecify	2 dig	its sı	ub-cat	egory	10			[	N	lot o	btaine	ed - No	on-pa	rticip	atin	g Fl							
If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category <sup>10</sup> Not obtained - Non-participating FI PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")																														
1	Is the Entity a public						se		Ye	s 🗌	(lf y	es, p	olease	speci	ify an	y one :	stoc	k exch	ange o	n whio	ch the	stoc	k is re	gularly	/ trad	ed)				
shares are regularly traded on an established securities market)				Na	me o	f stoc	k ex	kchan	ge																					
2 Is the Entity a related entity <sup>2</sup> of a publicly traded company (a company whose shares are regularly traded on an established securities market)				pany						· ·	y nam	e of th	ne list	ed cor	npany a	ind on	e stock	( exc	hange	on whi	ch the	e stocl	< is re	gularly	traded	)				
								ompai	וy	Su	heidia	arvo	of the	l ister	Co	mnan	v or	r [	 Co	ntroli	led hy	/ali	sted (	omnai	nv					
									Nature of relation:       Subsidiary of the Listed Company or       Controlled by a Listed Company         Name of stock exchange       Image: Company or Controlled by a Listed Company											IY										
3	Is the Entity an active	e <sup>3</sup> NFE							Ye	s 🗌	(lf y	es, p	olease	fill UE	BO de	clarati	tion i	n the r	ext see	tion.)										_
									Na	ture	of Bus	sines	SS																	
		4									·	-	e sub							`	Mentio	n co	de-ref	er 2c o	of Par	t D)				
4	Is the Entity a passiv	'e <sup>*</sup> NFE								s 🗆				fill UE	BO de	clarati	tion i	n the r	ext see	tion.)										$\neg$
									ING	ule	of Bus	sines	55																	

PART C

			ra	

Category (Please tick applicable category) 🗌 Unlisted Company 🛛 Partnership Firm 🗌 Limited	Liability Partnership Company	Unincorporated association	on / body of individuals	Private Trust
Public Charitable Trust Religious Trust Other	'S			
Please list below the details of controlling person(s), confirming ALL countries of tax residency / p	ermanent residency / citizens	ship and ALL Tax Identification	Numbers for EACH cont	rolling person(s).
Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Let	er with required details as r	mentioned in Form W8 BEN	E.	

https://www.irs.gov/uac/About-Form-W-8BEN-E

Details	UB01	UB02	UB03
Name			
PAN			
Address			
	Zip	Zip	Zip
	State	State	State
	Country	Country	Country
Address Type	Residence Registered office Busines	Residence 🗌 Registered office 🔤 Business	🗌 Residence 🗌 Registered office 🗌 Business
Date of Birth	D D M M Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Gender	Male     Female     Others		
Father's Name			
City of Birth			
Country of birth			
Occupation Type	Service Business Others	Service Business Others	Service Business Others
Nationality			
UBO Type Code <sup>11</sup>			
Country of Tax residency*			
Tax ID No. <sup>%</sup>			
Tax ID Type			
Percentage of Holding (%)^			
Political Exposed Person (PEP) Status <sup>12</sup>	PEP Related to PEP Not Applicable	PEP     Related to PEP     Not Applicable	PEP     Related to PEP     Not Applicable

# Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India: \* To include US, where controlling person is a US citizen or green card holder

% In case Tax Identification Number is not available, kindly provide functional equivalent

^ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

<sup>12</sup>PEP : PEP are defined as induvials who are or have been entrusted with prominent public functions in a foreign country e.g Heads of Sates or of Governments, senior politicians senior Government/Judicial/military officers, senior executives of state owned corporations , important political party officials, etc

<sup>11</sup> Refer 3(iv) (A) of Part D <sup>5</sup> Refer 3(vi) of Part D

#### FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as Investment Entities to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Baroda Pioneer Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

<sup>s</sup>It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

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.

Name				
Designation				
Signature		Signature	Signature	
	Place	Signature	Signature	

<b>Detai</b> Svsten	ils of Promoters/ Partners/ matix ARN: 64917 EUIN: E-02967.	Karta / Trustees and whole tim 8	ne directors form	Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals Systematix ARN: 64917 EUIN: E-029678	(KYC) Application F	orm for Non-Individuals
Name o	Name of Applicant				PAN of the Applicant	PAN of the Applicant
Sr. No.	PAN	Name	DIN (For Directors) / Aadhaar Number (For Others)	Residential / Registered Address	Relationship with Applicant (i.e. promoters, whole time directors etc.)	Photograph
Name {	Name & Signature of the Authorised Signatory(ies)	(ies) Date [d   d ] / [m   m ] / [y   y   y ]		Place for Intermediary Logo		

# 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)			