$\begin{tabular}{ll} \textbf{Common Application Form (For Lumpsum and SIP)} \\ \textbf{Please read product labelling details available on cover page and the instructions before filling up the Application form. Tick (\checkmark) whichever is applicable, strike out whichever is not required. \\ \end{tabular}$



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

Distributor / Broker ARN	Sub-Broker Code		ub-Broker ARN	EUIN*	LG Code	RIA Code++
ARN-64917				E434563		
Upfront commission shall be paid directly	by the investor to the AMFI re	gistered Distributors base	d on the investors' as	sessment of various factors including	ng the service rendered by the di	stributor.
*I/We hereby confirm that the EUIN box ha interaction or advice by the employee / relat the advice ofin-appropriateness, if any, prov ++ I/We, have invested in the Scheme(s) share/provide the transactions data feed of all Schemes Managed by you, to the at	ionship manager / sales person ided by the employee / relationsl of your Mutual Fund under D portfolio holdings / NAV etc.	of the above distributor/su hipmanager/salesperson Direct Plan. I/We hereby g in respect of my/our inve	b broker or notwithstar of the distributor/sub brive you my/our consestments under Direct	nding roker. Ent to Plan Guardian / POA Holder		Holder Third Applicant / POA Holder
TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one)	O I confirm that I am a firs	st time investor across N	lutual Funds. (Rs. 1	50 deductible as Transaction Cha 00 deductible as Transaction Cha	rge and payable to the Distrib	utor)
1. EXISTING INVESTOR'S					<u> </u>	er the Folio number mentioned alongside
2. APPLICANT'S INFORM SOLE / FIRST APPLICANT'S apears in your PAN Card	PERSONAL DETAILS) Mr. O Ms. O M/s. O Mir FIRST	(Please fill in ALPI		e one box for on alphabe	and submit with Applicati	
(Please mention Name as per PAN Card Date of Birth* / Incorporation Required for 1st holder/Minor	PAN / PEKRN	KYC	Identification Numb	ber (KIN)	GSTIN	
	•	ole Applicant is a M	•	ontact Person (incase of no	•	
Name: (Please mention Name as per PAN Card)	FIRST		MIDDLE		LAST	
Date of Birth	PAN / PEKRN	KYC	Identification Numl	ber (KIN)	Mobile No.	
For Investment "on behalf of Minor	" ○ Birth Certificate ○ Sc	hool Certificate O Pass	port Other	Relationship with Minor (Mandat	tory)	Court Appointed Legal Guardian
Mailing Address City Country		State STD Code			Pin Code (Mandat	ory)
Overseas Address (Mandatory for NRI /	FII Annlicant)	0.2 0000			10	
Overseus riddiess (intaridatory for first)	птирисану			Country	Zip C	ode
GO GREEN (Default mode of Commu	nication) — Mobile		E-Mail			
Wherever email ID is registered an elect Investors are advised to give their emai consequences that can arise out of provi Tax Status:	I IDs or that of their family m	ember and not third party				
Resident NRI-Repatriation N	_ '			npany O Trust O Society / Club (k O Government Body O Others		BOI FPI Non Profit Organisation
Occupation: Private Sector Serv Defence Others (Please Specify	ice O Public Sector Serv				1 77	Agriculturist Proprietorship
Gross Annual Income (₹) ○ Below 1				> 1 Crore OR Net worth ₹		
Politically Exposed Person (PEP) State			••	#		
Second Applicant's Details		ease ✓) ○ Joint# ○				
Name: Mr. Ms. (Please mention Name as per PAN Card)	FIRST		MIDDLE		LAST	
Date of Birth	PAN / PEKRN	KYC	Identification Numb	er (KIN)	Mobile No.	
Occupation ○ Pvt. Sector Service ○ Gross Annual Income (₹) ○ Below 1	Lac	Lacs 010-25 Lacs	> 25 Lacs - 1 C			ulturist Forex Dealer Others
Politically Exposed Person (PEP) State Third Applicant's Details	us. OTAMIPER OTAMI	Not.	пррисавіе			
Name: Mr. Ms. (Please mention Name as per PAN Card)	FIRST		MIDDLE		LAST	
DDMMYYYY	PAN / PEKRN		Identification Number		Mobile No.	
Occupation ○ Pvt. Sector Service ○ Gross Annual Income (₹) ○ Below 1	Lac	Lacs 0 10-25 Lacs	> 25 Lacs - 1 C			ulturist O Forex Dealer O Others
Politically Exposed Person (PEP) State 3. POWER OF ATTORNEY			• •	nade by a Constituted Attorn	nev please furnish the d	etails of PoA Holder\
First / Sole Applicant	Second Applicant	Third Applica		iade by a constituted Attori	ney, picase iurilisii tile u	duna of For Holder)
Mr. Ms. M/s.	Others		Na	me of PoA Holder		
PAN PAN card proof KYC C	_	ion Number (KIN)				Signature of PoA Holder
ACKNOW! EDGEMENT OF	D /To be filled in by 11					
ACKNOWLEDGEMENT SLI Application form received for purchase of	•					
Mr. / Ms. / M/s. Instrument No. Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option	on ISC	Stamp, Date & Signature

4. INVEST				TAILS : (Ma · Please fill de								
Zero Balanc		Lumpsum (ple			allo bolow							
Scheme Name: I	Baroda			,					Amour			
Cheque No./UMF		OLD DI	CII 1 4 11	Bank	(II OID (Account No.			Pa	yment Mod	de: O Cheque NEFT RTGS OTM
FOR SIP / MUL For Multiple SIP -						IP Schemes to be	e mentioned in the	he below tab	ole and sir	nale instrument	for the tota	al consolidated amount favouring Baroda BNP
					w and in SIP Form.					.9.0		a. 00.100.144.04 a.1104.11 (a.104.11.19 24.1044 27.11
	Scheme Name						Pla		Option			Amount
1. Baroda BNP Paribas							Direct / F	Regular				₹
2. Baroda BNP Paribas							Direct / F	Regular				₹
3. Baroda BNP Paribas							Direct / F	Regular				₹
4. Baroda BNP Paribas							Direct / F	Regular			₹	₹
Total Amount (In	ı Words)								Total A	mount (In Figur	es)	
Cheque No./UMRN: Bank:							Account No. Payment Mode: Cheque NEFT RTGS OTM					
Payment Type : O Non-Third Party Payment O Third Party Payment (Please attach "Third Party Declaration Form")												
5 DEMAT	ACC	OUNT DE	TAILS									
National Secu			.,0	Denosit	ory Participant Name							
Central Depo			l td	DP ID N			Beneficiary	y Account No	,			
		. ,									. 611	, the default option will be physical mode.
6. FIRST H	HOLE		, ,		AILS (Mandatory)					NRE ONRO		
Ac. no. (In Figure Ac. no. (In Words	· .					A/c. Ty _l	De O Saving	js Ocum	ent O	INKE ONKO		VN
Branch Address	Ĺ					Cir.						Pin Codo
State	L					City _						Pin Code
MICR Code					(9 Digit No. next to your Chec	que No.) IFSC C	ode					(11 Digit No. appearing on Cheque)
Example for filling	g the A	count No. 1	3 5	7 in words	One Three Five Seve	en (Please attac	ch copy of cance	elled cheque)			
7	DET	NII O E	J J . J .	M	No. 1. P. M. H.			.1 .41 . 1			TO 4 -1-	1-117
7. FATCA Details under Fo	reign 1		uividuai (• /	Non Individual inves / Sole Applicant / Guardian	tors including		cond Applic		separate ra	ATCA de	Third Applicant PoA
Place & Country of	of Birth								(00)			
Nationality					US Others Please Sp		Indian OUS	Others _	(Please	Specify)	O India	n US Others (Please Specify)
Address Type				Residentia	Registered Office Bu	siness 0	Residential O	Registered C	Office	Business	Resid	dential Registered Office Business
			sessed for	Tax) in any oth	er country outside India?	Yes No	(If Yes, pl	lease provid	de inform	ation below)		
Country of Tax Re												
Tax Identification I												
Identification Type			e specify)	- 0:	0-0-0	10.)	0.0-		/DI	0 '')		(0)
If TIN is not availa	7.1		1-1-1	Reason O A	B C Please Spe es not issue TIN to its residents	1100	son OA OB		(Please			OAOBOC (Please Specify)
require the TIN to b					ers, please specify the reason a		Reason D. NO	riiv Required	u (Select	uns only ii uie a	lutrionites	of the respective country of tax residents do no
8. NOMINA	ATIO	N - MANDA	ATORY.	even if no in	tention to nominate. Min	nor & PoA ho	Ider cannot	nominate	and sh	ould not fill	this se	ction
1. I/We do not w	vish to	nominate	SIG	NATURE(S)	First / Sole Ap	oplicant			d Applic	ant		Third Applicant
0 Houses	nd ···	omtood the time !	truction for t	Jaminatian 1714	/o horoby naminate #	(a) mars no # - 1	urly docarib! !	rounder!-	000001-1	tha Haita ···- i	the Falls	hold by malus in the eyest of
2. Having read a	ana una	erstood the inst	truction for r									held by me/us in the event of my death.
				Nominee Na	ame		Relationship	Date of	BILLU.,	Allocation %#		Guardian Signature [^]
Nominee 1												
Nominee 2												
Nonimico Z												
Nominee 3												
^ In case Nominee	is min	or. # Please ind	licate the pe	rcentage of allog	cation / share for each of the no	ominees in whole	numbers only w	ithout any de	ecimals m	naking a total of	100 per ce	ent.
9. DECLA							,	, , , ,		J		
I / We hereby confirm have neither received applying on behalf of agree to comply with t the proposed investm not involve and is not	n and de d nor bee or as pr the term nent is be t designe	clare as under:- I en induced by any oxyholders of a pe s and conditions or eing made from ke ed for the purpose	/ We am / are y rebate or gif erson who is a of the scheme nown, identifia e of any contra	e not prohibited froits, directly or indire a US person. I am related document able and legitimate evention or evasion	ectly in making this investment. I am We are competent under the applies is including the provisions of the sec sources of funds /income of mine of any Act, Rules, Regulations, No	n / we are not a US cable laws and duly tion of "Who cannot only and I am / we a tifications or Directions."	person, within the authorised where Invest' and apply fo tre the rightful bene ons or of the provis	meaning of the required, to ma or allotment of eficial owner(s sions of any lar	e United St ake this inv f Units of th s) of the fun w in India i	rates Securities Actives the above setment in the above Scheme(s) of Boods and the resultincluding but not line	ct, 1933, as ove mentior aroda BNP I ng investme mited to The	npliance with applicable Indian and foreign laws. I / We amended from time to time; and that I am / we are not ned scheme. I / We have read, understood and hereby Paribas Mutual Fund ("Fund"). I/We hereby confirm that ents therefrom. The above mentioned investment does to locome Tax Act, the Prevention of Money Laundering
Act, 2002, The Prevention of Corruption Act, 1988 and /or any other relevant rules / guidelines notified in this regard or applicable laws enacted by the Government of India / any other regulatory body from time to time. I / we hereby understand and agree that if any of the aforesaid disclosures made / information provided by me / us is found to be contradictory or non-reliable to the above statements or if I / we fail to provide adequate and complete information, withhold the investments made by me / us and / or make disclosures and report the relevant details to the competent authority and take such other actions as may be required to comply with the applicable law as the AMC / Mutual Fund / Trustees may deem proper at their sole option. 1 / We hereby authorise the Fund, AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / Fund's bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to												
disclose to such service providers as deemed necessary for conduct of business. I / We confirm that I / We do not have any existing Micro SIP / Investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year or a rolling period of one year. I / We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of myl our transactions will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of myl our transactions will be commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. 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 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 Baroda BNP Paribas Asset Management India PVL Ltd (AMC) / Fund. I further undertake to advise the AMC / Mutual Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances.												
I hereby declare that the AMC / Fund can provide my information to any institution / tax authorities / governmental body for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. To receive physical annual statements and scheme wise abridged report please tick here (Y) Additional declaration for NRIs only: I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my												
/ our Non-Resident External / Ordinary Account / FCNR Account. Additional declaration for Foreign Nationals Resident in India only: I/We will redeem my / our entire investment/s before I / We change my / our Indian residency status. I / We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.												
Additional declaration and foreign laws.	on for N	of change in resid IRIs / PIO / OCIs ise (✓)	only: I / We a	m / are not prohibi If yes, (✓)	ted from accessing capital markets Repatriation basis N	under any order / ru lon-Repatriation bas	iling / judgment etc	c., of any regul	ation, inclu	ding SEBI. I / We	confirm that	t my application is in compliance with applicable Indian
Dated			Fi	rst / Sole Appli	cant / Guardian /	<u> </u>	econd Applicar	nt / POA Ho	older			Third Applicant / POA Holder
			PC	A Holder / Aut	horised Signatory		- 2- Thurst					FF



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CIN no.- U65991MH2003PTC142972

