TRANSACTION SLIP FOR PURCHASE / SWITCH / REDEMPTION

Scheme Name

To Scheme (for switches)

Amount/ Units

Instrument no./ dated/ bank name



Distributor / Brok	or ADN	Sub-Broker Code	Sub-Broker ARN	N EUIN*	LG Code	MUTUAL FUND RIA Code ⁺⁺
		Sub-blokel Code	Sub-blokel AKI		LG Code	RIA Code
ARN-64	917			E434563		
Upfront commission shall b	e paid directly by the in	vestor to the AMFI registered Distribute	ors based on the invest	tors' assessment of various factors incl	uding the service rendere	ed by the distributor.
		nally left blank by me / us as this transaction r / sales person of the above distributor / sub				
the advice of in-appropriateness	, if any, provided by the empl	oyee / relationship manager / sales person of t und under Direct Plan. I/We hereby give you	he distributor / sub broker.	First / Sole Applicant / Guardian / POA Holder		
provide the transactions data fe	ed/ portfolio holdings/ NAV (etc. in respect of my/our investments under D ributor / SEBI-Registered Investment Adviser	irect Plan of all Schemes	/ Authorised Signatory		Holder Third Applicant / POA Holder
TRANSACTION CHARGE Rs. 10,000 and above (✓		firm that I am a first time investor acr	,		•	,
Folio No.	arry one) I cont	irm that I am an existing investor acr	,	s. 100 deductible as Transaction Cha	rge and payable to the D	istributor)
ADDITIONAL	PURCHASE R	FOUEST				
Scheme Baroda BN			mention scheme nar	me)		Plan Regular Direct
Option Growth	IDCW*-Payout	DCW*-Reinvestment IDCW* Fre	(eekly/Monthly/Quarterly/Half \	/early/Yearly) *Inco	me Distribution cum Capital Withdrawal
I/We would like to purch			Amount in Rs.		(in figures)	
Payment Options		S/NEFT Transfer OTM	UPI Other	s		
Instrument No.		Bank Name		Branc	h	City
SWITCH						
	da BNP Paribas	(F	Please mention schen	ne name)		Plan Regular Direct
Option Growth		DCW*-Reinvestment IDCW* Free		ekly/Monthly/Quarterly/Half Y	'early/Yearly) *Incor	me Distribution cum Capital Withdrawal
Amount in Rs.	ibovi i ayout	(in figures)	1	OR Units	11001	OR Entire Units
To Scheme Baroda BN	P Paribas		mention scheme nar			Plan^ Regular Direct
Option Growth		DCW*-Reinvestment IDCW* Free	guency (Daily/We	ekly/Monthly/Quarterly/Half Y	early/Yearly) *Incor	me Distribution cum Capital Withdrawal
		ention "Direct" against the Scheme r		Option will apply if the choice of Pla		'
REDEMPTION		Jacob agamet are constitue.	lamor Doladic Flam,	option in apply it also enoise or i lai	- 7 Option to Hot indicate	
Scheme Baroda BN		(Please	mention scheme nar	me)		Plan Regular Direct
Option Growth		DCW*-Reinvestment IDCW* Fre		eekly/Monthly/Quarterly/Half \	/early/Yearly) *Inco	me Distribution cum Capital Withdrawal
Amount in Rs.	IDOW - ayout	(in figures)	OR		unco	OR Entire Units
Amount in words			UK OK	Units IFSC (If not pro	vided earlier)	OR Elitile Ulits
	otion proceeds to the fo	ollowing Bank Account which has be	en registered with you		,	nk details are not required to be mentioned
		he default bank mandate registered				·
Bank Name			Account No.			
		andatory)Non Individual inves			ate FATCA detail for	<u> </u>
Place & Country of Birth	n Tax Laws:	First / Sole Applicant / G	uardian	Second Applicant		○ Third Applicant ○ PoA
Nationality		☐ Indian ☐ US ☐ Others ☐	Please Specify)	Indian US Others Pleas	se Specify) O Indian	US Others (Please Specify)
Address Type		Residential Registered Office	O Business O	Residential O Registered Office O		ential Registered Office Business
	(i.e. are you assesse	ed for Tax) in any other country or	utside India? 🗌 Ye	s No (If Yes, please p	rovide information be	low)
Country of Tax Residency Tax Identification Number of	or Functional Equivalent					
Identification Type (TIN or	·					
If TIN is not available, plea				• • •		A B C (Please Specify)
do not require the TIN to		s liable to pay tax does not issue TIN to Reason C: others, please specify the		Reason B: No TIN Required (Sele	ct this only if the authoriti	es of the respective country of tax residents
ADDITIONAL KY	YC DETAILS					
Particulars Occupation		ole Applicant / Guardian		Second Applicant	· OB1010	Third Applicant
Оссираноп	Student Prof	 ○ Pub. Sector Service ○ Gov. Service essional ○ Housewife ○ Busines nce ○ Agriculturist ○ Proprietorsh 	ss O Student O	ice Pub. Sector Service Gov. Se Professional Housewife Busi efence Agriculturist Proprieto	ness Student	vice OPub. Sector Service OGov. Service Professional Housewife Business Defence Agriculturist Proprietorship
Gross Annual Income / Net Worth (₹)		-5 Lacs		1-5 Lacs 5-10 Lacs 10-25		1-5 Lacs
Politically Exposed		> 1 Crore OR Net worth ₹ am Related to PEP Not Applicable		ore ○>1 Crore OR Net worth ₹ I am Related to PEP ○ Not Applica	_	I am Related to PEP Not Applicable
Person (PEP) Status DECLARATION	OTAIII PEP OTA	In Related to PEP Not Applicable	OTAIN PEP	Tam Related to PEP	DIE TAIN PEP	Tam Related to PEP Not Applicable
I/ We have read and under						making this investment. The money invested
bank(s) / Fund's bank(s) a	nd / or Distributor / Brol		my / our bank details p	provided by me / us, or to disclose to s	uch service providers as	etails including investment details to my / our deemed necessary for conduct of business.
Dated						
		Sole / First / POA Holder / Guardian	X	Second Account Holder	X	Third Account Holder
9 -		UAL FUND - ACKNOV	VLEDGMENT	SLIP		Baroda BNP PARIBAS
•	•	ation and conditions, an appli	cation for			MUTUAL FUND Stamp & Signature
in folio no.						Camp a Digitature

COMMON TRANSACTION REQUEST - NON FINANCIAL TRANSACTION

Request For	Change of Bank Details / Mode of payout	PAN & KYC Updation	Updation of contact details	Consolidation of Folios	Nominee Updation / Cancellation
Fill Section (s)	A+B+G	A+C+G	A+D+G	A+E+G	A+F+G



For Existing Unitholder(s) holding units in physical mode. Please read documentation requirements and Terms

and Conditions overleaf. Please fill in the information below legibly in English and in CAPITALS. Date D D / M M / IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use. A. UNIT HOLDER INFORMATION Folio No(s) Sole/First Unit Holder Name B. CHANGE OF BANK MANDATE / MODE OF PAYMENT [Refer (i) from instructions overleaf) If you wish to change the mode of payout in your folio(s) to 'NEFT/RTGS', fill only the IFSC Code section below and submit a cancelled original cheque leaf OR a copy of cheque leaf Account Type (Please ✓) ☐ Savings ☐ Current ☐ NRE ☐ NRO ☐ FCNR ☐ Others Ac No. Bank Name: Branch: Bank City: State IFSC Code MICR Code Note: Unitholders will receive redemption/ dividend proceeds directly into their bank account via Direct Credit/ NEFT/ECS facility. I/We want to receive the redemption / dividend proceeds (if any) by way of a cheque / demand draft instead of direct credit / credit through NEFT system / credit through ECS (only for dividend) into my / our bank account. [Please tick ()] Important: The charges, if any, levied by the unit holder's bank for receiving payments (i.e. dividend / redemption proceeds) through NEFT / RTGS and crediting the unitholder's account, will be borne by the unit holder. C. PAN AND KYC UPDATION Sole / First Applicant / Guardian KYC Letter attached Second Applicant KYC Letter attached Third Applicant KYC Letter attached D. NEW CONTACT DETAILS STD Code TEL. (Off.) TEL. (Res.) E-mail⁴ Fax Mobile Status (Please ✓) ○ Self ○ Spouse ○ Dependent Children **Status** (Please \checkmark) \bigcirc Self \bigcirc Spouse \bigcirc Dependent Children Dependent Parents O Dependent Siblings O Guardian Opendent Parents Opendent Siblings OGuardian ^ On providing email-id, investors shall mandatorily receive scheme wise annual report or an abridged summary thereof account statements / statutory and other documents by email. It is deemed that the unit holder is aware of all the security risks associated with online communication including possible third party interceptions of documents sent via email. E. CONSOLIDATION OF FOLIOS [Refer (ii) from instructions overleaf) I / We wish to consolidate all my / our investments under specified folios into one folio. Target folio~ (MANDATORY): Folios to be consolidated (i.e. source folios): This folio has to be one of the source folios. After consolidation, the unit holder(s) agree that the details in the target folio will be applicable even if there were different details in source folio(s) 3. All joint holders should sign, even in case of 'Anyone or Survivor 4. In case there is no nominee in the target folio, please fill section G. NOTE: For additional folios, if any, use a separate form F. REGISTRATION / CHANGE / CANCELLATION OF NOMINATION [Refer (iii) from instructions overleaf) I / We wish to nominate I / We do not wish to nominate I / We* do hereby nominate the person(s) more particularly described hereunder/ and* / cancel the nomination made by me/ us on the day of in respect of the Units under Folio No. (*strike out which is not applicable). All Joint holders should sign, even in case of 'Anyone or Survivor'. Nominee Name Relationship Date of Birth[^] Allocation %# Guardian Signature^ Nominee 1 Nominee 2 Nominee 3 ^ In case Nominee is minor. # Please indicate the percentage of allocation / share for each of the nominees in whole numbers only without any decimals making a total of 100 per cent. G. UNITHOLDER(S) SIGNATURE(S) Note: (1) To be signed by all unitholders, if mode of holding is joint. In case you have opted for registration/cancellation of nomination and/or consolidation of folios, all

joint holders should sign, even in case of 'Anyone or Survivor'. (2) Alterations in the form, if any should be countersigned.

Declaration: "I/We hereby declare and confirm that the information provided in this form is true and correct and is duly supported by the document proof enclosed alongwith the form. I/We further agree and confirm that in the event there is any discrepancy between the information provided herein and the supporting documents, the AMC/Mutual Fund shall be entitled to reject the form. The AMC/Mutual Fund shall not be liable and/or responsible for any loss or damage that I/we may incur if the Form is rejected."

Dated			
	First / Sole Unitholder / Guardian	Second Unitholder	Third Unitholder