

TRANSACTION SLIP FOR PURCHASE / SWITCH / REDEMPTION



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

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

*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/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/ provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder
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TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one)
 I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)
 I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

Folio No. Name of the Unit Holder

ADDITIONAL PURCHASE REQUEST

Scheme (Please mention scheme name) Plan Regular Direct
 Option Growth IDCW*-Payout IDCW*-Reinvestment IDCW* Frequency *Income Distribution cum Capital Withdrawal
 I/We would like to purchase units of the above mentioned scheme. Amount in Rs. (in figures)
 Payment Options Cheque RTGS/NEFT Transfer OTM UPI Others
 Instrument No. Bank Name Branch City

SWITCH

From Scheme (Please mention scheme name) Plan Regular Direct
 Option Growth IDCW*-Payout IDCW*-Reinvestment IDCW* Frequency *Income Distribution cum Capital Withdrawal
 Amount in Rs. (in figures) OR Units OR Entire Units
 To Scheme (Please mention scheme name) Plan^A Regular Direct
 Option Growth IDCW*-Payout IDCW*-Reinvestment IDCW* Frequency *Income Distribution cum Capital Withdrawal

^AInvestors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option will apply if the choice of Plan / Option is not indicated.

REDEMPTION

Scheme (Please mention scheme name) Plan Regular Direct
 Option Growth IDCW*-Payout IDCW*-Reinvestment IDCW* Frequency *Income Distribution cum Capital Withdrawal
 Amount in Rs. (in figures) OR Units OR Entire Units
 Amount in words IFSC (If not provided earlier)
 Please credit the redemption proceeds to the following Bank Account which has been registered with you (Applicable only in case multiple banks are registered. Bank details are not required to be mentioned if the proceeds are required to be credited in the default bank mandate registered in the folio).
 Bank Name Account No.

FATCA DETAILS For individual (Mandatory) Non Individual investors including HUF should Mandatorily fill separate FATCA detail form

Details under Foreign Tax Laws:	First / Sole Applicant / Guardian	Second Applicant	<input type="radio"/> Third Applicant <input type="radio"/> PoA
Place & Country of Birth			
Nationality	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify)	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify)	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify)
Address Type	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business
Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide information below)			
Country of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify)	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify)	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify)
Reason A: The country where Account Holder is liable to pay tax does not issue TIN to its residents do not require the TIN to be collected)		Reason B: No TIN Required (Select this only if the authorities of the respective country of tax residents do not require the TIN to be collected)	
Reason C: others, please specify the reason above			

ADDITIONAL KYC DETAILS

Particulars	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Occupation	<input type="radio"/> Pvt. Sector Service <input type="radio"/> Pub. Sector Service <input type="radio"/> Gov. Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Defence <input type="radio"/> Agriculturist <input type="radio"/> Proprietorship <input type="radio"/> Others	<input type="radio"/> Pvt. Sector Service <input type="radio"/> Pub. Sector Service <input type="radio"/> Gov. Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Defence <input type="radio"/> Agriculturist <input type="radio"/> Proprietorship <input type="radio"/> Others	<input type="radio"/> Pvt. Sector Service <input type="radio"/> Pub. Sector Service <input type="radio"/> Gov. Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Defence <input type="radio"/> Agriculturist <input type="radio"/> Proprietorship <input type="radio"/> Others
Gross Annual Income / Net Worth (₹)	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> > 25 Lacs - 1 Crore <input type="radio"/> > 1 Crore OR Net worth ₹	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> > 25 Lacs - 1 Crore <input type="radio"/> > 1 Crore OR Net worth ₹	<input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> > 25 Lacs - 1 Crore <input type="radio"/> > 1 Crore OR Net worth ₹
Politically Exposed Person (PEP) Status	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable

DECLARATION

I/ We have read and understood the contents of the SID / SAI of the Scheme(s). I/ We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. I/ 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 will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my / our transactions.

Dated	<input checked="" type="checkbox"/> Sole / First / POA Holder / Guardian	<input checked="" type="checkbox"/> Second Account Holder	<input checked="" type="checkbox"/> Third Account Holder
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BARODA BNP PARIBAS MUTUAL FUND - ACKNOWLEDGMENT SLIP (To be filled in by the investor)



Received, subject to realization, verification and conditions, an application for
 in folio no.

Stamp & Signature

Scheme Name	To Scheme (for switches)	Amount/ Units	Instrument no./ dated/ bank name

