SIP REGISTRATION CUM NACH MANDATE FORM

Please read product labelling details available on cover page and the instructions before filling up the Application Form.



Tick (✓) whichever is applicable, strike out whichever is not required Please (✓) SIP Registration SIP Cancellation SIP - Change in Scheme SIP - Change in Bank Details Distributor / Broker ARN EUIN* Sub-Broker Code Sub-Broker ARN 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 ++ 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. TRANSACTION CHARGES for I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) Rs. 10,000 and above (✓ any one) I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor) 1. APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected) Folio No. Name of Sole / First Unit Holder PAN/PEKRN DETAILS (mandatory) *If the First Applicant is a Minor, please state the details of Guardian. Please attach PAN proof. First/Sole Applicant Second Applicant Third Applicant 2. SYSTEMATIC INVESTMENT PLAN DETAILS SIP MUI TI SIP Frequency (Please ✓) Daily SIP Monthly SIP Quarterly SIF Weekly SIP Scheme Name SIP Amount SIP Date / Day (For Start Date Perpetual* End Date Top Up Top Up Frequency Weekly Amount Half Yearly Yearly Baroda BNP Paribas Total Amount (in Words) Total Amount (in Figures) Date D D M M Y Y Y Amount: 1st SIP Cheque Details Cheque No. * Default For Multi SIP - SIP can be registered in maximum four Schemes with a single instrument. 1st SIP Cheque should be the total consolidated amount across all SIPs and should be favouring Baroda BNP Paribas Mutual Fund *SIP tenure can be registered upto a maximum of 30 years. Perpetual SIP would be registered for a period of 30 years **DECLARATION** This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit /Standing Instruction and that my payment towards my investment in Baroda BNP Paribas Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit /Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I //We will also inform Baroda BNP Paribas Mutual Fund / Baroda BNP Paribas Asset Management India Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny,revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond Bank's reasonable control and which has the effect of preventing the performance of the contract by the Bank. I/We acknowledge that no separate intimation will be received from Bank in case of non-execution of the instructions for any reasons whatsoever. SIGNATURE(S) BAROda
BNP PARIBAS UMRN OTM Debit Mandate for **Utility Code** Sponsor Bank Code NACH/Direct Debit Tick (✓) I/We hereby authorize SBICAISB-NREISB-NROICCI Other BARODA BNP PARIBAS MUTUAL FUND CREATE ✓ MODIFY Bank a/c number CANCEL or MICR with Bank Name of customers bank **IFSC** ₹ an amount of Rupees FREQUENCY Mthly- □ Qtly □ H-Yrly □ Yrly □ As & when presented **DEBIT TYPE** Maximum Amount **⊠** Fixed Amount PAN Phone No. Folio **Email ID** I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. **PERIOD** Signature Primary Account holder Signature of 1st Joint holder Signature of 2nd Joint holder To Name as in bank records 1 2 3.

SYSTEMATIC TRANSFER PLAN (STP) / IDCW SWEEP

REGISTRATION FORM (Please read instructions overleaf)



Distributor / Broker ARN		Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code**					
ARN-64917				E434563							
Jupfront 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. Jupfront 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. Jupfront commission shall be paid directly by the investor is assessment of various factors including the service rendered by the distributor. Jupfront commission shall be paid directly by the investor is assessment of various factors including the service rendered by the distributor. Jupfront commission shall be paid directly by the investor is assessment of various factors including the service rendered by the distributor. Jupfront commission shall be paid directly by the investor is assessment of various factors including the service rendered by the distributor. Jupfront commission shall be paid directly by the investor is assessment of various factors including the service rendered by the distributor. Jupfront commission shall be paid directly by the investor is assessment of various factors including the service rendered by the distributor. Jupfront commission shall be paid to the Eulidian sexpected by the employee / relationship manager / sales person of the above distributor is executed by the employee / relationship manager / relationship manager / sales person of the distributor / subtributor is executed by the employee / relationship manager / relationship manager / sales person of the above distributor is executed by the employee / relationship manager / relationship manager / sales person of the distributor is executed by the employee / relationship manager / sales person of the distributor is executed by the employee / relationship manager / sales person of the distributor. Jup											
APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected)											
Folio No. Name of Sole / First Unit Holder First Name Middle Name Last Name											
PAN/PEKRN DETAILS (mandatory) *If the First Applicant is a Minor, please state the details of Guardian. Please attach PAN proof. First/Sole Applicant Second Applicant Third Applicant Third Applicant											
STP / IDCW SWEEP DETAILS											
	Transfer From (Transferor Scheme)				Transfer To (Transferee Scheme)						
Name of Scheme											
Plan											
Option											
Frequency (Please ✓ any one)	☐ Daily S	TP Weekly STP Fortnightly STP	Monthly STP (Default	:) Quarterly STP [] I	DCW Sweep						
STP Date	Daily STP Daily Interv Business D			5th 1st of the mont	terly STP (Please any one only) th 7th* of the month 10th of the month *Default.						
Registration Period	From D D M M Y Y Y Y To D D M M Y Y Y Y										
Fixed Amount	Rs. OR Capital Appreciation (Not for Daily STP / IDCW Sweep)										
			DECLAR	ATION							
BNP Paribas Mutual F. I / We have neither rec United States Securitie We are competent und I/We hereby confirm th we are the rightful ben or evasion of any Act, 2002, The Prevention of time to time. I / we her / we fail to provide ade and report the relevant their sole option. The A Funds from amongst w I hereby confirm that B and indicative yield in: Applicable for Foreig advise the AMC /Mutu: with a suitably updated Applicable to NRIs or	und for units eived nor be se Act, 1933, ser the applic at the proposeficial owner(Rules, Regu of Corruption eby understa quate and cot details to the ARN holder highly highly highly holder highly	ntents of the Statement of Additional Information of the Scheme and agree to abide by terms en induced by any rebate or gifts, directly or it as amended from time to time; and that I am able laws and duly authorised where required several to the form thorn, to so the form thorn, to so the form thorn, and the resulting investment is being made from known, to so the funds and the resulting investments ations, Notifications or Directions or of the p Act, 1988 and /or any other relevant rules/ g and and agree that if any of the aforesaid discomplete information, the AMC / Mutual Fund / e competent authority and take such other a sa disclosed to me/us all the commissions (in erme is being recommended to me/us. 'arribas Mutual Fund/Baroda BNP Paribas Asswhatsoever. Ind KYC details: I/We declare that the infort tees promptly of any change in circumstance tion within 30 days of such change in circums onfirm that I am / We are Non-Resident of Ind nds in my / our Non-Resident External / Ordi Repatriation basis Non-Repatriation basis	and conditions, rules a ndirectly in making this / we are not applying d, to make this investmentifiable and legitima therefrom. The above rovisions of any law in uidelines notified in this losures made/ informa Trustees reserve the rections as may be required the form of trail comments and the set Management India mation provided in this swhich causes the instances.	and regulation of the Sche is investment. I / We hereb on behalf of or as proxy heart in the above mention the sources of funds /incor mentioned investment do india including but not lin is regard or applicable law ation provided by me/us is right to reject the applicatio uired to comply with the a nission or any other mode! Private Limited and its em is form is, to the best of materials of information contained herei and I / We hereby confirm Account.	me. y declare that I am / we are nolders of a person who is a bed scheme. ne of mine/the HUF / the Cores not involve and is not desimited to The Income Tax Act, is enacted by the Governmen found to be contradictory or non / withhold the investments pplicable law as the AMC/ Miller, payable to him for the differnonanelled brokers/distributors by knowledge and belief, accum to become incorrect and to	not a US person, within the meaning of the US person. I/We hereby declare that I am/ mpany / Trust/ Partnership only and I am / gned for the purpose of any contravention the Prevention of Money Laundering Act, t of India / any other regulatory body from non-reliable to the above statements or if I made by me / us and/or make disclosures utual Fund/ Trustees may deem proper at ent competing Schemes of various Mutual has/have not given any indicative portfolio urate and complete. I further undertake to provide the AMC /Mutual Fund/ Trustees					
Dated			SIGNAT	URE(S)							
Dateu		First Applicant / Guardian / PC Holder / Authorised Signatory		nd Applicant / POA	. Holder Thir	d Applicant / POA Holder					
	> — —					——— % ————					
ACKNOWLEDG	EMENT S	SLIP (To be filled in by the Unit	holder)		Bar	roda BNP Paribas Mutual Fund					
Systematic Tra	nsfer Pla	ın (STP)	Date:		'						
Received from Mr./Ms./M/s.				`STP' applicat	ion for transfer of Units;	ISC Stamp, Date & Signature					
					·						
Plan To Scheme			Option								
Plan			Option								

☐ Fixed STF ☐ Capital Appreciation STF (not for Daily STP) per ☐ Day ☐ Week ☐ Fortnight ☐ Month ☐ Quarter

SYSTEMATIC WITHDRAWAL PLAN (SWP) REGISTRATION FORM



Amount Rs.



APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected) Ald the service of the service o		Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code++
iffort commission shall be paid directly by the investor to the AMT registered floid butters based on the investors' assessment of various factors bridging the service medience by the distributor. It is bridged to the investors' assessment of the investors' assessment of various factors bridging to the service of the proper carriers. If any, provided by the management of the commission of the proper carriers, and any, provided by the management of the commission of the commi	ARN-64917			E434563		
We berely or commanded to the perspectation of the	71111 07017					
APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected) File No. Name Name Addition Name Name	I/We hereby confirm that the EUIN b without any interaction or advice by I sub broker or notwithstanding the a manager / sales person of the distrib ++ I/We, have invested in the Scher consent to share/provide the transact	ox has been intentionally left blank by me / us the employee / relationship manager / sales advice of in-appropriateness, if any, provided outor / sub broker. me(s) of your Mutual Fund under Direct Plar tions data feed/ portfolio holdings/ NAV etc. ir	s as this transaction is exect person of the above distrib by the employee / relations n. I/We hereby give you my n respect of my/our investment	uted uutor ship //our ents FBI-	nt der	·
PANYPEKRN DETAILS (mandatory) "If the First Applicant is a Minor, please state the details of Gourdian. Please attach PAN proof. Second Applicant Second Applicant Third Applicant Second Secon	<u> </u>	RMATION (Mandatory, if left b	ank, the application	n is liable to be rejec	eted)	
Second Applicant Triangle Applicant Tria	Folio No.					Last Name
Schemer / Plan / Option BARODA BNP Paribass **requency (Pease >	PAN/PEKRN DETAILS (mandator First/Sole Applicant	.,		rdian. Please attach PAN pi		
Frequency (Please of any one only) SWP Date Weekly SWP (Please of any one only) Ist is 7nt 5nt 5nt	2. SYSTEMATIC WITH	DRAWAL PLAN DETAILS				
SWP Date Weekly SWP (Please my one only)	Scheme / Plan / Option BAROD	A BNP Paribas				
Weekly SWP (Please V any one only) 1st 7h	Frequency (Please ✓)	dy SWP Monthly SWP Quart	erly SWP	Fixed Amount ₹		OR Capital Appreciation
3. DECLARATION If we and are not prohibited from accessing capital markets under any order i ruling i judgment etc. of any regulation, including SEBL I / We confirm that my application is in compliance with applicable Indian and foreign laws. If we hereby declare that I am I / we are not a US person, within the meaning of the United States Securities Act. 1333, as amended from time to time, and that I am I / we are not applying on behalf of or as proxyloidises of a second who is a US person. Whe hereby anchorise the Fund, AMC and its Agents to disclose my I our details including investment details to my I our bank(s) I Fund's bank(s) and I or Distributor / Bioker I Investment Advisor and to verify my I our bank (etc.) Fund's bank(s) and I or Distributor / Bioker I Investment Advisor and to verify my I our bank (etc.) Fund's bank(s) and I or Distributor / Bioker I Investment Advisor and to verify my I our bank (etc.) Fund's bank(s) and I or Distributor / Bioker I Investment Advisor and to verify my I our bank (etc.) Fund's bank(s) and I or Distributor / Bioker I Investment Advisor and to verify my I our bank (etc.) Fund's bank (etc.) Fund in the time of the I will be a second of the purpose of design of the purpose of design of the Investment and complete and further agree to furnish such other further/additional information as may be required by the BARCOLA AND Particles. Asset Meragement (and in Public II (ARC) Fund I intrinse with a subtraction within 50 days of each change in circumstances. Thereby decides that the ARC Fund can provide my information to any institution as authorises (any extension of the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereby. **BARCOLA BIOP Partibas Mutual Fund.** **BARCOLA BIOP Partibas Mutual	, , ,	, ,		• •	the month 25th of the mon	nth 28th of the month
We arr / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. If / We confirm that my application is in compliance with applicable indian and foreign laws.	Registration Period From M M	1	OR Perpet	ual*		* Default
We hereby declare that I am I we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time, and that I am I we are not applying on behalf of or as proxyholders of a serious who is a US person. 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 tells provided by my our details including investment and investment and investment Advisor and to verify my our bank tells provided by my our details including investment and investment and investment Advisor and to verify my our details including investment and investment and investment Advisor and to verify my our details including investment and investment a	3. DECLARATION					
First / Sole Applicant / Guardian Second Applicant Third Applicant ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) Systematic Withdrawal Plan (SWP) Paribas Mutual Fund Systematic Withdrawal Plan (SWP) Received from Mr./Ms./M/s. ISC Stamp, Date & Signature	I / We hereby declare that I am / we ar person who is a US person. I / We hereby authorise the Fund, AMC details provided by me / us, or to disclo I / We declare that the information provided by Paribas Asset Management India incorrect and to provide the AMC / Mutua / tax authorities / governmental body for	e not a US person, within the meaning of the Unit of and its Agents to disclose my / our details incluse to such service providers as deemed necessed ded in this form is, to the best of my knowledge a Pvt Ltd (AMC) / Fund. I further undertake to advall Fund/Trustees with a suitably updated self-dec	ited States Securities Act, 193 ding investment details to my ny for conduct of business. nd belief, accurate and comple se the AMC / Mutual Fund/ Tr laration within 30 days of such	33, as amended from time to tim / our bank(s) / Fund's bank(s) are sete and further agree to furnish sr ustees promptly of any change ichange in circumstances. I here	e; and that I am / we are not app nd / or Distributor / Broker / Inves uch other further/additional inform n circumstances which causes th	lying on behalf of or as proxyholders of a trnent Advisor and to verify my / our bank ation as may be required by the BARODA e information contained herein to become
ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) Systematic Withdrawal Plan (SWP) Date: // /	SIGNATURE(S)					
ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) Systematic Withdrawal Plan (SWP) Date: // /	. ,					
ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) Systematic Withdrawal Plan (SWP) Received from Mr./Ms./M/s. Date: / / / / / / / / / / / / / / / / / / /	. ,					
`SWP' application for redemption of Units; Scheme	. ,	First / Sole Applicant / Guardia	an	Second Applicant		Third Applicant
Plan Option	ACKNOWLEDGEMENT Systematic Withdrawal Received from Mr./Ms./M/s.	SLIP (To be filled in by the Ur I Plan (SWP)	nit holder)			— ————————————————————————————————————

per 🗌 Week 🗌 Month 🗌 Quarter