

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 (✓) which ever 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	Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code**

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 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 Rs. 10,000 and above (✓ any one)	<input type="radio"/> I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)
	<input type="radio"/> 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 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

2. SYSTEMATIC INVESTMENT PLAN DETAILS SIP MULTI SIP

Frequency (Please ✓) Daily SIP Weekly SIP Monthly SIP Quarterly SIP

Scheme Name	SIP Amount	SIP Date / Day (For Weekly)	Start Date	Perpetual*	End Date*	Top Up Amount	Top Up Frequency
Baroda BNP Paribas _____		DD or DAY	MM/YYYY	<input type="checkbox"/>	MM/YYYY		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Baroda BNP Paribas _____		DD or DAY	MM/YYYY	<input type="checkbox"/>	MM/YYYY		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
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Baroda BNP Paribas _____		DD or DAY	MM/YYYY	<input type="checkbox"/>	MM/YYYY		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

Total Amount (in Words) _____ Total Amount (in Figures) _____

1st SIP Cheque Details Cheque No. _____ Date Amount: _____ * 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

3. 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, lightning, 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)

First Applicant / Guardian / POA Holder / Authorized Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder
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UMRN Date

OTM Debit Mandate for NACH/Direct Debit

Sponsor Bank Code Utility Code

Tick (✓) I/We hereby authorize BARODA BNP PARIBAS MUTUAL FUND to debit (tick ✓) SB CA SB-NRE SB-NRO CC Other

CREATE MODIFY CANCEL
Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qtrly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum 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 From To

Signature Primary Account holder	Signature of 1st Joint holder	Signature of 2nd Joint holder
1. Name as in bank records	2. Name as in bank records	3. Name as in bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit.

SYSTEMATIC TRANSFER PLAN (STP) / IDCW SWEEP REGISTRATION FORM (Please read instructions overleaf)



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First/Sole Applicant Second Applicant Third Applicant

STP / IDCW SWEEP DETAILS									
Transfer From (Transferor Scheme)	Transfer To (Transferee Scheme)								
Name of Scheme									
Plan									
Option									
Frequency (Please ✓ any one)	<input type="checkbox"/> Daily STP <input type="checkbox"/> Weekly STP <input type="checkbox"/> Fortnightly STP <input type="checkbox"/> Monthly STP (Default) <input type="checkbox"/> Quarterly STP <input type="checkbox"/> IDCW Sweep								
STP Date	<table border="0"> <tr> <td>Daily STP</td> <td>Weekly STP (Please ✓ any one only)</td> <td>Fortnightly STP</td> <td>Monthly and Quarterly STP (Please ✓ any one only)</td> </tr> <tr> <td>Daily Interval (all Business Days)</td> <td> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday </td> <td> <input type="checkbox"/> 1st and 15th <input type="checkbox"/> 7th* and 25th* </td> <td> <input type="checkbox"/> 1st of the month <input type="checkbox"/> 7th* of the month <input type="checkbox"/> 10th of the month <input type="checkbox"/> 15th of the month <input type="checkbox"/> 25th of the month <input type="checkbox"/> 28th of the month </td> </tr> </table>	Daily STP	Weekly STP (Please ✓ any one only)	Fortnightly STP	Monthly and Quarterly STP (Please ✓ any one only)	Daily Interval (all Business Days)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday* <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> 1st and 15th <input type="checkbox"/> 7th* and 25th*	<input type="checkbox"/> 1st of the month <input type="checkbox"/> 7th* of the month <input type="checkbox"/> 10th of the month <input type="checkbox"/> 15th of the month <input type="checkbox"/> 25th of the month <input type="checkbox"/> 28th of the month
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Registration Period	From <input type="text"/> To <input type="text"/>								
Fixed Amount	Rs. <input type="text"/> OR <input type="checkbox"/> Capital Appreciation (Not for Daily STP / IDCW Sweep)								

DECLARATION

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme of Baroda BNP Paribas Mutual Fund, I / We hereby apply to Baroda BNP Paribas Mutual Fund for units of the Scheme and agree to abide by terms and conditions, rules and regulation of the Scheme.

I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We hereby declare that I am / 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 / we are not applying on behalf of or as proxy holders of a person who is a US person. I/We hereby declare that I am / We are competent under the applicable laws and duly authorised where required, to make this investment in the above mentioned scheme.

I/We hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds /income of mine/the HUF / the Company / Trust/ Partnership only and I am / we are the rightful beneficial owner(s) of the funds and the resulting investments therefrom. The above mentioned investment does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions or of the provisions of any law in India including but not limited to The Income 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, the AMC / Mutual Fund / Trustees reserve the right to reject the application / 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. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I hereby confirm that Baroda BNP Paribas Mutual Fund/Baroda BNP Paribas Asset Management India Private Limited and its empanelled brokers/distributors has/have not given any indicative portfolio and indicative yield in any manner whatsoever.

Applicable for Foreign tax laws and KYC details: I/We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I further undertake to advise the AMC /Mutual Fund/ Trustees promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide the AMC /Mutual Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances.

Applicable to 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.

If NRI, (please ✓) Repatriation basis Non-Repatriation basis

SIGNATURE (S)

Dated	First Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder
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ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) Baroda BNP Paribas Mutual Fund

Systematic Transfer Plan (STP) Date: / /

Received from Mr./Ms./M/s. 'STP' application for transfer of Units;

From Scheme Plan Option

To Scheme Plan Option

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

ISC Stamp, Date & Signature

