

# 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<sup>A</sup>  Regular  Direct  
 Option  Growth  IDCW\*-Payout  IDCW\*-Reinvestment IDCW\* Frequency  \*Income Distribution cum Capital Withdrawal

<sup>A</sup>Investors 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

**COMMON TRANSACTION REQUEST - NON FINANCIAL TRANSACTION**



ARN-64917 E434563

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.

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use.

Date  /  /

**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

Ac No.  Account Type (Please ✓)  Savings  Current  NRE  NRO  FCNR  Others \_\_\_\_\_  
 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.)   
 Fax  Mobile  E-mail^   
**Status** (Please ✓)  Self  Spouse  Dependent Children  Dependent Parents  Dependent Siblings  Guardian

^ 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.

Folios to be consolidated (i.e. source folios):

Target folio~ (MANDATORY):

1. This folio has to be one of the source folios.
2. 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