

Common Application Form

(For Lumpsum / Systematic Investments)

BARODA PIONEER MUTUAL FUND



Please refer the instructions while filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

Sr. No.:

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Baroda Pioneer Mutual Fund)

Distributor / Broker ARN	ARN 6574	Sub-Broker Code	LG Code	EUIN	EUIN E019976
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Upfront commission shall be paid directly by the investor to the AMFI registered distributor, based on the investor's 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 is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer Instructions for filing up the Application Form - VIII)

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor across Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)
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In case the subscription amount is ₹10,000/- or more and your distributor has opted to receive Transaction Charges, they are deductible, as applicable, from the purchase / subscription amount and payable to the distributor. Units will be issued against the balance amount.

Existing Folio Number	
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PAN DETAILS (Mandatory)

PAN # (Refer Instruction IV)				Tax Status of the Applicant (Mandatory, please ✓)			
First / Sole Applicant	Second Applicant		<input type="checkbox"/> Individual RI <input type="checkbox"/> Individual NRI <input type="checkbox"/> Hindu Undivided Family (HUF) <input type="checkbox"/> Company <input type="checkbox"/> Firm <input type="checkbox"/> Association of Persons <input type="checkbox"/> Local Authority <input type="checkbox"/> Association of Persons (Trusts) <input type="checkbox"/> Body of Individual <input type="checkbox"/> Artificial Juridical Person				
Guardian*	Third Applicant						
*If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof.							
Occupation of the Applicant (Mandatory, please ✓)							
<input type="checkbox"/> Agriculture <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Sportsman <input type="checkbox"/> Politics <input type="checkbox"/> NGO <input type="checkbox"/> PIO <input type="checkbox"/> Entertainment <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> HNI <input type="checkbox"/> Public Co. - Listed <input type="checkbox"/> Public Co. - Unlisted <input type="checkbox"/> Society <input type="checkbox"/> Charity <input type="checkbox"/> FII <input type="checkbox"/> Builder <input type="checkbox"/> Consultant <input type="checkbox"/> Others							
Income Status of the applicant	<input type="checkbox"/> up to ₹ 5 lakh <input type="checkbox"/> ₹ 5 lakh to ₹ 25 lakh <input type="checkbox"/> ₹ 25 lakh to ₹ 1 crore <input type="checkbox"/> ₹ 1 crore to ₹ 5 crore <input type="checkbox"/> ₹ 5 crore & above						

MODE OF HOLDING

<input type="checkbox"/> Single	OR	<input type="checkbox"/> Joint	OR	<input type="checkbox"/> Anyone or Survivor	Default Option: Joint
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SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in ALPHABETS and use one box for one alphabet, leaving one box blank between two words, as it appears in your Bank Account)

Name	Mr	Ms	M/s				
Name of the contact person in case of Non-Individual							
Date of Birth (DOB)	D	D	M	M	Y	Y	Nationality (For Individuals)
Guardian Name (if Sole/ First applicant is a Minor)	Mr	Ms	M/s				
<input type="checkbox"/> Natural Guardian (Father & Mother) <input type="checkbox"/> Legal Guardian (Court appointed Guardian) <input type="checkbox"/> Proof of DOB of Minor enclosed (please ✓) <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other							
Address [P. O. Box Address is not sufficient] (Indian address, in case of NRIs/ FIs)							
							City
Pincode	(Mandatory)	State			Country		
Phone (Off.)				Extn. No.	Fax No.		
Phone (Res)				Email ID 1			
Mobile No.				Email ID 2			
I/we wish to receive the following through physical document(s) in lieu of soft copy (Please ✓) <input type="checkbox"/> Account Statement <input type="checkbox"/> Annual Report <input type="checkbox"/> Other Communication							
Overseas Address (Mandatory in case of NRI/ FI applicant, in addition to mailing address)							
State		Country				Zip Code	
I/We confirm that I am/we are non-resident of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/ FCNR Account.							

SECOND APPLICANT'S DETAILS	Name	Mr	Ms				
Date of Birth	D	D	M	M	Y	Y	Status: (✓) <input type="checkbox"/> RI <input type="checkbox"/> NRI Nationality
THIRD APPLICANT'S DETAILS	Name	Mr	Ms				
Date of Birth	D	D	M	M	Y	Y	Status: (✓) <input type="checkbox"/> RI <input type="checkbox"/> NRI Nationality
NAME OF POWER OF ATTORNEY (POA) HOLDER (if investment is being made by a Constituted Attorney) Mr Ms M/s							
PAN							
<input type="checkbox"/> KYC Acknowledgment Enclosed							

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Sr. No.:

Received from Mr. / Ms. / M/s.							
an Application for scheme							
Option (please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend	Sub-option (please ✓)	<input type="checkbox"/> Payout	<input type="checkbox"/> Reinvestment		
alongwith Cheque / DD No. / UTR No.				Dated	D	D	M
Drawn on (Bank)				Amount ₹			

Signature, Stamp & Date

FIRST HOLDER'S BANK ACCOUNT DETAILS (Mandatory) Refer Instruction III.

All communication / payments will be made to the first applicant, or to the Karta in case of HUF. Bank account details of first applicant required, without which the application is liable to be rejected.

Name of the Bank										Branch											
Account No. (in figures)										Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others											
Account no. (in words)																					
Bank Address																					
Pincode					State					City											
MICR Code (9 digits)										Example for filling the Account No.											
										Ac. No.		1		3		5		7		*This is an 11 Digit Number, kindly obtain it from your Bank Branch. (Please attach copy of cancelled cheque)	
*IFSC Code for NEFT / RTGS										In words		One		Three		Five		Seven			

REDEMPTION / DIVIDEND / REFUND PAYOUTS

Baroda Pioneer Mutual Fund shall credit redemption proceeds / dividend / refund payout into the investor's account electronically, in case the IFSC Code / MICR code has been provided by the investor. An investor who purchases units through a broker / clearing member in electronic mode will receive units in his/her/its account through his/her/its broker / clearing member's pool account. The AMC will credit the units to the broker / clearing member's pool account, and they in turn will credit the units to the investor's account. Credit of units to the broker / clearing member's pool account by the AMC shall discharge the AMC of its obligation of allotment of units to the investor. In case of Bank / Broker / Clearing Member not crediting the investors bank account with / without assigning any reason for it or if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, the investor shall not hold Baroda Pioneer Mutual Fund responsible for the credit going to the wrong account. Further, Baroda Pioneer Mutual Fund reserves the right to issue a demand draft / payable at par cheque, in case it is not possible to make payment by NEFT / ECS. If however the investor wishes to receive payouts by cheque, the investor may please tick here

SCHEME DETAILS (Please choose the Option and Sub-option for Investment)

Scheme Name										<input type="checkbox"/> Zero Balance folio									
Option (please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend										Sub-option (please ✓) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment									

INVESTMENT DETAILS (Strike off whichever is not applicable)

GROSS AMOUNT (A)					DD CHARGES (IF ANY) (B)					NET AMOUNT (CHEQUE / DD AMOUNT)									
₹					₹					₹									
MODE OF PAYMENT <input type="checkbox"/> Cheque <input type="checkbox"/> NEFT / RTGS <input type="checkbox"/> DD (Bank Certificate / Third Party / DD Declaration Enclosed) (for Third Party Payment Refer Instruction VI(9))																			
Cheque / DD Details					A/c No.					Type A/c									
					Cheque / DD No.					Date									
					D D M M Y Y Y Y					Drawn on Bank									
In case of NEFT / RTGS payment					UTR No.														

SIP DETAILS / MICRO SIP DETAILS (MICRO SIP DETAILS / SEPARATE CHEQUE REQUIRED FOR EACH INVESTMENT)

SIP Type <input type="checkbox"/> Normal SIP <input type="checkbox"/> Micro SIP*					Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Calendar Quarter					SIP Dates <input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th									
SIP Amount (₹ in figures):					SIP Amount (₹ in words)														
SIP Period					Start From					End On									
					D D M M Y Y Y Y					D D M M Y Y Y Y									
Cheque/ DD Nos.					From					To									
Drawn on Bank					Branch					Branch City									
Micro SIP* Photo Identification document enclosed (please refer instruction 3)										Signature									

*(Aggregate Investment not exceeding ₹ 50,000 in a financial year)

I / We declare hereby that we do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a financial year.

DEMAT ACCOUNT DETAILS

National Securities Depository Limited										Central Depository Services (India) Limited									
Depository Participant Name Mr / Ms / M/s										Depository Participant Name Mr / Ms / M/s									
DP ID No.					Beneficiary A/c No.					Target ID No.									

NOMINATION DETAILS (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat Form) Refer Instruction VII.

Name and Address of the Nominee(s)	Relationship between Nominee & Investor	Date of Birth	Name & Address of Guardian (to be furnished in case the nominee is minor)	Signature of Guardian / Nominee	Proportion (%) by which the units will be shared by each nominee (% to aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

DECLARATION AND SIGNATURES

a) I/We have read & understood the contents of the Combined SID - Equity, KIM and the SAL. I/We hereby apply for units of the Scheme & agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that the amount invested in the Scheme is through legitimate sources only & does not involve & is not designed for the contravention of any Act, Rule, Regulation, Notification or Direction or the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable law enacted by the Govt. of India or any other statutory authority from time to time. I/We have understood the details of the Scheme and in the event "Know Your Customer" process is not completed by me/us to the satisfaction of the AMC, I/we hereby authorise the AMC to redeem the funds invested in the Scheme, in favour of the first applicant at the applicable NAV prevailing on the date of such redemption and to undertake such other action with such funds as may be required by law. b) For NRIs - I/we confirm that I am/we are Non Residents of Indian Nationality / Origin & that I / we have remitted funds from abroad through approved banking channels or from funds in my/our Non-Resident External / Non-Resident Ordinary Account. I/we confirm that details provided by me / us are true and correct. I/We confirm that I / we hold a valid PAN card. c) The ARN holder has disclosed to me / us all the commission (in the form of trail commission or any other mode), payable to him / if for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression										2nd Applicant Signature / POA Signature / Thumb Impression										3rd Applicant Signature / POA Signature / Thumb Impression									
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Add convenience to your life with our value added service



Simply send **SMS to 9212 132763 to avail the below facilities	
Balance	SMS BAL <space> last 6 digits of Folio No.
NAV	SMS NAV <space> last 6 digits of Folio No.
Statement thru Email	SMS ESOA <space> last 6 digits of Folio No.
Last 3 Transactions	SMS Transaction <space> last 6 digits of Folio No.



Investor can avail below facilities	
1.	NAV
2.	Account Balance
3.	Account Statement
4.	Last 5 Transactions

For more details call : **18004190911 (Toll Free)**
Visit : www.barodapioneer.in

**SMS charges as per service provider applicable.

Micro SIP / SIP Auto Debit Facility

New Investors are also requested to fill-in scheme application form

BARODA PIONEER MUTUAL FUND



Please refer the SIP / STP / SWP : Terms & Conditions while filling up the Micro SIP / SIP Auto Debit Facility Form. Tick (✓) whichever is applicable, strike out whichever is not required.

(Only empanelled Distributors / Brokers will be permitted to distribute Units of Schemes covered by this KIM)

Distributor / Broker ARN	ARN 6574	Sub-Broker Code	LG Code	EUIN	EUIN E019976
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Upfront commission shall be paid directly by the investor to the AMFI registered distributor, based on the investor's 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 is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer Instructions for filing up the Application Form - VIII)

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor across Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)
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In case the subscription amount is ₹ 10,000/- or more and your distributor has opted to receive Transaction Charges, they are deductible, as applicable, from the purchase / subscription amount and payable to the distributor. Units will be issued against the balance amount.

REGISTRATION CUM MANDATE FORM FOR ECS (DEBIT CLEARING / AUTO DEBIT)

First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)

New Registration with BPFM Change in Bank Account for existing Registration with BPFM

PAN DETAILS (Mandatory)

*(Refer Instruction IV)

First / Sole Applicant		Second Applicant	
Guardian*		Third Applicant	

*If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof.

MICRO SIP (Only for Micro SIP - for aggregate investment not exceeding ₹ 50,000 in a financial year)

Photo Identification document enclosed (please refer SIP/STP/SWP Terms and Conditions, MICRO SIP instruction C (3))

Signature

I/We declare hereby that we do not have any existing Micro SIPs, which, together with the current application, will result in aggregate investments exceeding ₹ 50,000 in a financial year.

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name			
Folio / Application No.	(Existing Investors : please mention Folio Number)		
Scheme	Option and Sub Option		
Date of Birth	First Applicant D D M M Y Y Y Y	Second Applicant D D M M Y Y Y Y	Third Applicant D D M M Y Y Y Y

SIP AND PAYMENT DETAILS

Each SIP Amount (₹)	Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Calendar Quarter	Status:	<input type="checkbox"/> RI <input type="checkbox"/> NRI		
Amount in words						
1 st SIP Cheque Details	Cheque No.	₹ in	Date	D D M M Y Y Y Y		
SIP Auto Debit Dates	<input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th of the month	SIP Period	Start Form	D D M M Y Y Y Y	End On	D D M M Y Y Y Y

SIP date should be either 1st / 10th / 15th / 25th (Note: Cheque should be drawn on bank details provided below) (Note: Please allow minimum one month for auto debit to register and start). I hereby authorise Baroda Pioneer Mutual Fund (BPFM) and their authorised service providers to debit my following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments. OR Perpetual (99 years)

PARTICULARS OF BANK ACCOUNT

Account holder Name as in Bank Account		
Bank Name	Branch Name	
City	Account Type	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others
Account No. (in figures)	Account No. (in words)	
9 Digit MICR Code (Mandatory)	11 Digit IFSC Code	

I/We hereby declare that the particulars given above are correct & express my/our willingness to make payments referred above through participation in ECS / Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold the user institution responsible. I/We will also inform Baroda Pioneer Asset Management Company Limited about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf.

To - The Trustee, Baroda Pioneer Mutual Fund, Mumbai; Having read & understood the contents of the Combined SID-Equity, SAI & KIM. I/We hereby apply for the respective Units of Baroda Pioneer Mutual Fund Scheme/s at NAV based price & agree to abide by the terms, conditions, rules & regulations of the scheme/s.

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.

1st A/c Holder's Signature (as per Mutual Fund Record)	2nd A/c Holder's Signature (as per Mutual Fund Record)	3rd A/c Holder's Signature (as per Mutual Fund Record)
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FOR OFFICE USE ONLY (Not to be filled in by investor)

Recorded on	Recorded by	Bank use Mandate Ref. No.
Scheme Code	Credit A/c Number	Customer Ref. No.

AUTHORISATION OF THE BANK ACCOUNT HOLDER (To be signed by the account holder)

This is to inform that I/We have registered for RBI's Electronics Clearing Service (Debit Clearing) / Auto Debit Facility and that my/our payments towards my/our investments in Baroda Pioneer Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit to account mandate Form to get it verified & executed.

Bank Account Number

1st A/c Holder's Signature (As in Bank Records)	2nd A/c Holder's Signature (As in Bank Records)	3rd A/c Holder's Signature (As in Bank Records)
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(To be signed by all holders if mode of operation is Joint)