$\begin{tabular}{ll} \textbf{Common Application Form (For Lumpsum and SIP)} \\ \textbf{Please read product labelling details available on cover page and the instructions before filling up the Application form. Tick (\checkmark) whichever is applicable, strike out whichever is not required. \\ \end{tabular}$ 



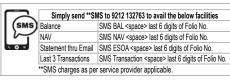
All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

Distributor / Broker ARN	Sub-Broker Code		ub-Broker ARN	EUIN*	LG Code	RIA Code++
ARN-183038			E			
Upfront commission shall be paid directly	by the investor to the AMFI reg	gistered Distributors base	d on the investors' as	sessment of various factors including	g the service rendered by the d	stributor.
"I/We hereby confirm that the EUIN box ha interaction or advice by the employee / relat the advice of in-appropriateness, if any, prov ++ I/We, have invested in the Scheme(s) share/provide the transactions data feed of all Schemes Managed by you, to the a	ionship manager/sales person rided by the employee/relationsh ) of your Mutual Fund under D / portfolio holdings/ NAV etc. i	of the above distributor/su nipmanager/salespersono lirect Plan. I/We hereby g in respect of my/our inve-	b broker or notwithsta of the distributor/subb ive you my/our cons stments under Direct	roker. ent to Plan  Plan  Plan  Plan  Plan  Post   First / Sole Applicant   Guardian / POA Holder		Holder Third Applicant / POA Holder
TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one)	-		•	50 deductible as Transaction Char 00 deductible as Transaction Char	•	•
1. EXISTING INVESTOR'S	FOLIO NUMBER F	olio No.			The details in our records und will apply for this application.	er the Folio number mentioned alongside
2. APPLICANT'S INFORM SOLE / FIRST APPLICANT'S apears in your PAN Card Name: (Please mention Name as per PAN Carc	PERSONAL DETAILS  Mr. Ms. M/s. Min  FIRST	(Please fill in ALPI		se one box for on alphabet		
Date of Birth* / Incorporation  * Required for 1st holder/Minor	PAN / PEKRN	KYC	Identification Num	ber (KIN)	GSTIN	
	Ms. (in case of First / So	ole Applicant is a Mi	inor) / Name of C	ontact Person (incase of no	on-individual Investors)	
Name: (Please mention Name as per PAN Card)	FIRST		MIDDLE	L	AST	
Date of Birth	PAN / PEKRN	KYC	Identification Num	ber (KIN)	Mobile No.	
For Investment "on behalf of Minor	" ○ Birth Certificate ○ Sch	hool Certificate O Pass	port Other	Relationship with Minor (Mandato	ory) O Father O Mother O	Court Appointed Legal Guardian
Mailing Address  City		State			Pin Code (Manda	tory)
Country		STD Code			Tel. Off.	
Overseas Address (Mandatory for NRI /	FII Applicant)			0 1	7. (	
00 CDFFN /D-f	minution) Makila		E Mail	Country	Zip (	ode
GO GREEN (Default mode of Commu Status (Please ✓) ○ Self ○ Spouse			E-Mail			
Wherever email ID is registered an elect Investors are advised to give their ema consequences that can arise out of prov	ronic Statement of Account (e- il IDs or that of their family me iding third party email ids.	SOA) will be shared with ember and not third party			aches them directly and in SMS	ne separately S. This will also prevent any unintended
Tax Status:	Individua		00	OT 100 11 1011 0	Non-Individual	DOLO EDLO II D. CLO II I
Resident NRI-Repatriation NRI-Minor PIO / OCI HUF  Occupation: Private Sector Serv	Others (Please Specify)			k Government Body Others	(Please Specify)	BOI O FPI O Non Profit Organisation  Agriculturist Proprietorship
Defence Others (Please Specify  Gross Annual Income (₹) Below 1	)		-		Dusiness O Netireu	Agriculturist
Politically Exposed Person (PEP) State				O TOTAL OF THE WORLD		
Second Applicant's Details			••	(# Default, in case of more than one	applicant and not ticked)	
Name: OMr. OMs.	FIRST	, -	MIDDLE		AST	
(Please mention Name as per PAN Card)  Date of Birth	PAN / PEKRN	кус	Identification Numb	er (KIN)	Mobile No.	
Occupation ○ Pvt. Sector Service ○ Gross Annual Income (₹) ○ Below 1		_	Student Profes			ulturist O Forex Dealer O Others
Politically Exposed Person (PEP) State						
Third Applicant's Details						
Name: Mr. Ms. (Please mention Name as per PAN Card)	FIRST		MIDDLE	L	AST	
Date of Birth  D D M M Y Y Y Y	PAN / PEKRN	KYC	Identification Numb	er (KIN)	Mobile No.	
Occupation ○ Pvt. Sector Service ○ Gross Annual Income (₹) ○ Below 1			Student Profes			ulturist O Forex Dealer O Others
Politically Exposed Person (PEP) State						
3. POWER OF ATTORNE	Y (PoA) HOLDER DE	TAILS (If the inves	tment is being n	nade by a Constituted Attorn	ney, please furnish the d	etails of PoA Holder)
First / Sole Applicant  Mr. Ms. Ms.	Second Applicant  Others	☐ Third Applicar		nme of PoA Holder		
PAN	KYC Identification	on Number (KIN)				
Enclosed PAN card proof KYC		on rumos (rum)				Signature of PoA Holder
ACKNOWLEDGEMENT SLI	P (To be filled in by th	e Annlicant)				
Application form received for purchase of		• • • • • • •				
Mr. / Ms. / M/s.  Instrument No.  Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Optio	on ISC	Stamp, Date & Signature

4. INVESTM FOR ZERO BAL				<b>FAILS : (Ma</b> Please fill de		_	_		_		
Zero Balance			(please fill det		talis below						
Scheme Name: Ba	aroda							Amo	unt (₹)		
Cheque No./UMRN		OID DI	CII I I II	Bank	CII OID C		Account No.		Pa	yment Mod	de: O Cheque NEFT RTGS OTM
FOR SIP / MULT For Multiple SIP - in						SIP Schemes to b	e mentioned in th	ne below table and	single instrument	for the total	al consolidated amount favouring Baroda BNP
Mutual Fund to be			n First SIP Che	que Details belo							
4.5. 4.5005.5	Scheme Name						Pla		Option		Amount
1. Baroda BNP Paribas						Direct / F	•			₹	
	2. Baroda BNP Paribas						Direct / F	-			₹
3. Baroda BNP Paribas						Direct / F	-			₹	
4. Baroda BNP Paribas						Direct / F	-			₹	
Total Amount (In W								Total	Amount (In Figur	es)	
Cheque No./UMRN	<b>l</b> :			Bank:			Account No. Payment Mode: Cheque NEFT RTGS OTM				
Payment Type : C	Non-	Third Party	Payment O	Third Party Pay	ment (Please attach "Third Par	ty Declaration Fo	orm")				
5. DEMAT A	CC	OUNT D	ETAILS								
National Secur	ities C	epository L	.td.	Deposi	tory Participant Name						
Central Deposi	tory S	ervices (Inc	dia) Ltd.	DP ID No.			Beneficiary	Account No.			
Investor willing to inve	est in	Demat ontic	n may nrovide	a conv of the D	P Statement enabling us to mate	h the Demat deta			In case the form is	s not filled	, the default option will be physical mode.
					AILS (Mandatory)	on the Demat dett	ans as stated in the	c Application Form.	in case the form is	o not micu,	, the deladit option will be physical mode.
Bank Name			AIIII AOOC	JOHN DEIA	and (managed)						
Ac. no. (In Figures)	Ĺ					A/c. Ty	pe Saving	s Current	NRE ONRO	) O FCN	NR
Ac. no. (In Words)	Ī						po ouring	o ounom	J2		
Branch Address	Ī										
State						City _					Pin Code
MICR Code	Γ				(9 Digit No. next to your Chec	que No.) IFSC (	Code				(11 Digit No. appearing on Cheque)
			1 0 5								( = -9
Example for filling t	ne Ac	count No.	1   3   5	/ In words	One Three Five Seve	en (Please atta	ch copy of cance	ilea cneque)			
7. FATCA D	ETA	ILS For	Individual (	Mandatory)	Non Individual inves	tors includin	g HUF should	d Mandatorily f	ill separate F/	ATCA de	etail form
Details under Fore	ign T	ax Laws:		Firs	/ Sole Applicant / Guardian		Se	cond Applicant			○ Third Applicant    ○ PoA
Place & Country of	Birth										
Nationality				O Indian	US Others (Please Sp	ecify)	Indian OUS	Others (Plea	se Specify)	O India	n Ous Others (Please Specify)
Address Type					Registered Office Bu		Residential O	Registered Office	Business	Resid	dential Registered Office Business
_			assessed for	Tax) in any oth	er country outside India?	Yes No	(If Yes, pl	ease provide info	rmation below)		
Country of Tax Resi											
Tax Identification No											
Identification Type (	_		ase specity)		OR OR /Disease Cos	naifu)		On (Diago	o Connife)		(Places Cresify)
If TIN is not available	1		nt Holdor is ligh	Reason OA	B C Please Spe es not issue TIN to its residents	1100	ason OA OB		et this only if the a		O A O B O C (Please Specify) of the respective country of tax residents do no
require the TIN to be					ers, please specify the reason a		Neason D. No	iiv required (Selec	ot tills offig if tile d	iutiloniios	or the respective country or tax residents do no
8. NOMINA	TIOI	N - MAN	DATORY, 6	even if no in	tention to nominate. Mi	nor & PoA ho	older cannot	nominate and	should not fill	this se	ction
1 1/0/2 da maturia			SIC	NATURE(C)	First / Colo Ar	anliaant		Cooond Ann	licant		Third Applicant
1. I/We do not wis	in to i	iominate	SIG	NATURE(S)	First / Sole Ap			Second App			Third Applicant
2. Having read and	d unde	erstood the	instruction for N	lomination, I / V	le hereby nominate the person	(s) more particula	arly described he	reunder in respect	of the Units under	the Folio	held by me/us in the event of my death.
				Nominee Na	ame		Relationship	Date of Birth <sup>^</sup>	Allocation %#	-	Guardian Signature <sup>^</sup>
Nominee 1											
Nominee 2											
Nominee 3											
	mino	r # Dlooso	indicate the ne	roontogo of allo	cation / share for each of the no	aminoso in whole	numbers only w	thout any docimals	making a total of	100 per e	ont
9. DECLAR					Salion / Share for each of the fic	Jillinees III Whole	Tiumbers only w	thout any decimals	illakiliy a lolai ol	100 per o	ent.
					m accessing canital markets under	any order / ruling /	iudament etc. of ar	v regulation including	a SERI. My applicati	on is in com	anliance with applicable Indian and foreign laws 1 / We
have neither received n	or bee	n induced by	any rebate or gift	s. directly or indir	ectly in making this investment. I am	n / we are not a US	person, within the r	neaning of the United	States Securities Ad	ct. 1933. as	npliance with applicable Indian and foreign laws. I / We amended from time to time; and that I am / we are no
											ned scheme. I / We have read, understood and hereby Paribas Mutual Fund ('Fund'). I/We hereby confirm tha
the proposed investmen	nt is be	ing made fro	m known, identifia	able and legitimate	sources of funds /income of mine	only and I am / we a	are the rightful bene	ficial owner(s) of the	funds and the resulti	na investme	ents therefrom. The above mentioned investment does
not involve and is not de Act. 2002. The Preventi	esigne ion of (	d for the purp Corruption Ac	ose of any contra ct. 1988 and /or a	vention or evasion nv other relevant	n of any Act, Rules, Regulations, No rules / quidelines notified in this rea	otifications or Direct ard or applicable la	ions or of the provis ws enacted by the	ions of any law in Indi Government of India /	a including but not lii anv other regulator	mited to The v body from	e Income Tax Act, the Prevention of Money Laundering time to time. I / we hereby understand and agree tha
if any of the aforesaid d	lisclosi	ıres made / i	nformation provid	ed by me / us is f	ound to be contradictory or non-reli	able to the above s	tatements or if I / w	e fail to provide adeq	uate and complete i	nformation,	the AMC / Mutual Fund / Trustees reserve the right to
not create a folio / account, 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.											
1 / 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 confirm that I / We do not have any existing Micro SIP / Investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in											
a financial year or a rolling period of one year. 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.											
heing recommended to	The ARN holder (AMF1 registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I / WE HEREBY CONFIRM THAT I / WE HAVE NOT BEEN OFFERED / COMMUNICATED ANY INDICATIVE PORTFOLIO AND / OR ANY INDICATIVE YIELD BY THE FUND / AMC / ITS DISTRIBUTOR FOR THIS INVESTMENT.										
1 / We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete and further agree to furnish such other further/additional information as may be required by the Baroda BNP Paribas Asset Management India Pvt Ltd (AMC) / Fund. I further undertake to advise the AMC / Mutual Fund/ Trustees with a suitably											
updated self-declaration within 30 days of such change in circumstances.											
I hereby declare that the AMC / Fund can provide my information to any institution / tax authorities / governmental body for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.  To receive physical annual statements and scheme wise abridged report please tick here ( )											
Additional declaration for NRIs only: 1 / 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.  Additional declaration for Foreign Nationals Resident in India only: I/We will redeem my / our entire investment/s before I / We change my / our Indian residency status. I / We shall be fully liable for all consequences (including taxation) arising out of the											
failure to redeem on account of change in residential status.											
Additional declaration for NRIs / PIO / OCIs only: I / We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. I / We confirm that my application is in compliance with applicable Indian and foreign laws. please (v') Yes No If yes, (v') Repatriation basis Non-Repatriation basis											
Dated	p. 500					.,					
Dated					cant / Guardian / horised Signatory	S	econd Applicar	t / POA Holder			Third Applicant / POA Holder
			FU	ATTOIUET / AUI	nonoeu oighalory						



BNP Paribas Asset Management India Private Limited
Crescenzo, 7th Floor, G-Block, Bandra Kurla Complex, Mumbai – 400051, Maharashtra, India.
Email Id-service@barodabnpparibasmf.in Board line no.- 022 69209600 • Toll Free no.- 1800 2670 189
Fax no.- 022 69209 460/470 Website URL- www.barodabnpparibasmf.in
CIN no.- U65991MH2003PTC142972



## 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 Sub-Broker Code Sub-Broker ARN **EUIN\*** LG Code RIA Code\*\* ARN-183038 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 MUI TI SIP SIP Frequency (Please ✓) Daily SIP Weekly SIP Monthly SIP Quarterly SIF 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 Half Yearly Yearly Baroda BNP Paribas Half Yearly Yearly **Baroda BNP Paribas Baroda BNP Paribas** Half Yearly Yearly Total Amount (in Words) Total Amount (in Figures) Date D D M M Y Y Y Amount: -\* Default 1st SIP Cheque Details Cheque No. 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 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 / 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. India clinited, about any changes in hij bath account. If we have read and agreed to the terms and committed overlead.

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, rict, 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 (✓) SB|CA|SB-NRE|SB-NRO|CC| Other I/We hereby authorize 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. **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 Signature Primary Account holder Signature of 1st Joint holder Signature of 2nd Joint holder To 3 1 1 2 2 0 9 9 Name as in bank records Until Cancelled 3