

Common Application Form

(For Lumpsum / Systematic Investments)

BARODA PIONEER MUTUAL FUND



Please read product labeling details available on cover page and the instructions before 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	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
ARN-77875			E027739		For Office use only	For Office use only

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 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.

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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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer Instructions for filling 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

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) / COMMON REPORTING STANDARD (CRS) RELATED INFORMATION OF THE APPLICANT(S) (Please refer instruction XI for details)

It is mandatory to fill and sign the annexure relating to FATCA & CRS, which forms part of this Application Form.

Status of the First Applicant (Mandatory, please ✓)		<input type="checkbox"/> BOI <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> Trust <input type="checkbox"/> FIs <input type="checkbox"/> Company <input type="checkbox"/> QFI <input type="checkbox"/> PIO <input type="checkbox"/> OCI <input type="checkbox"/> AOP <input type="checkbox"/> Partnership <input type="checkbox"/> NGO <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Society / Club <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Body Corporate <input type="checkbox"/> NRI - Non Repatriation <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> Resident Individual <input type="checkbox"/> Other	
Occupation of the Applicant (Mandatory, please ✓)		<input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Builder <input type="checkbox"/> Public Co. - Listed <input type="checkbox"/> Public Co. - Unlisted <input type="checkbox"/> Defence <input type="checkbox"/> Agriculture <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Gov. Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Sports <input type="checkbox"/> Entertainment <input type="checkbox"/> Other	
Gross Annual Income OR Net-worth* in ₹ (Lacks) *Should not be older than one year Any other information	<input type="checkbox"/> <1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> >25 L as on Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> <1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> >25 L <input type="checkbox"/> 25 L - 1 Cr <input type="checkbox"/> >1 Cr as on Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Is the entity involved in any of the following services: • Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No • Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No • Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable		NON-INDIVIDUALS

MODE OF HOLDING Single OR Joint OR Anyone or Survivor Default Option: Joint

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															
PAN (Refer Instruction IV)#																
Name of the contact person in case of Non-Individual																
Date of Birth (DOB)	D D M M Y Y Y Y	Nationality (For Individuals)														
Guardian Name (if Sole/ First applicant is a Minor)	Mr Ms M/s															
PAN (Refer Instruction IV)*#	*If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof.															
<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.)											Fax No.				Mobile No.	
Phone (Res)											Email ID					

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Received from Mr. / Ms. / M/s.																Sr. No.	
PAN	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												Signature, Stamp & Date
alongwith Cheque / DD No. / UTR No.											Dated		D D M M Y Y Y Y				
Drawn on (Bank)											Amount ₹						

Overseas Address (Mandatory in case of NRI/ FII applicant, in addition to mailing address)											
State				Country				Zip Code			
<input type="checkbox"/> I/We confirm that I am/we are non-resident of Indian nationality/origin & 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		PAN (Refer Instruction IV)#		# Please attach PAN proof.		Country of Birth		<input type="checkbox"/> KYC Acknowledgment Enclosed	
Date of Birth		D	D	M	M	Y	Y	Y	Y	Status: (✓) <input type="checkbox"/> RI <input type="checkbox"/> NRI Nationality	
THIRD APPLICANT'S DETAILS											
Name		Mr Ms		PAN (Refer Instruction IV)#		# Please attach PAN proof.		Country of Birth		<input type="checkbox"/> KYC Acknowledgment Enclosed	
Date of Birth		D	D	M	M	Y	Y	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)											
Name		Mr Ms		PAN						<input type="checkbox"/> KYC Acknowledgment Enclosed	

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.	
*IFSC Code for NEFT / RTGS								In words		One		Three		Five		Seven		(Please attach copy of cancelled cheque)	

REDEMPTION / DIVIDEND / REFUND PAYOUTS (Refer Instruction X for details)

SCHEME DETAILS (Please choose the Option and Sub-option for Investment, please read product labeling details available on Cover Page and Instruction before filling this section)

Scheme Name						Plan (please ✓) <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B (Direct) <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) ₹			A			DD CHARGES (IF ANY) (B)			B			NET AMOUNT (CHEQUE / DD AMOUNT) ₹			A minus B																						
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.			A/c Type			Date			D			D			M			M			Y			Y			Y			Y			Drawn on Bank		
In case of NEFT / RTGS payment UTR No.																																					

DEMAT ACCOUNT DETAILS National Securities Depository Limited Central Depository Services (India) Limited

Depository Participant Name												Mr / Ms / M/s	
DP ID No.						Client 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

I/We have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. I/We agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rule, regulation, notification or direction or any other applicable laws issued by the Government of India or any regulatory or statutory authority. 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 authorize 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. I/We hereby authorise Baroda Pioneer Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Baroda Pioneer Mutual Fund/ bank(s) and/or Distributor/Broker/Investment Adviser. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him/it for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated. If I/We have not ticked for not appointing a nominee, then the Application Form shall be processed as without nomination. Applicable for "Execution Only" transaction: I/We, the undersigned, hereby acknowledge and confirm that the above transaction is "Execution Only" as explained vide SEBI circular no. CIR/IMD/DF/13/2011 dated 22 August 2011. This investment is being made notwithstanding the advice of the appropriateness/inappropriateness of the same and the distributor has not charged any advisory fees on this transaction. Applicable for NRIs: I/We confirm that I am/we are Non-Residents of Indian nationality/origin but not residents of the United States and Canada and I/We hereby confirm that I/We have remitted funds from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression

2nd Applicant Signature / POA Signature / Thumb Impression

3rd Applicant Signature / POA Signature / Thumb Impression

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 ES0A <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 : 1800-2670-189 (Toll Free)

Visit :

www.barodapioneer.in

**SMS charges as per service provider applicable.

Debit Mandate for Auto Debit / ECS



Please read product labeling 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 refer the SIP : Terms & Conditions while filling up the Form. Tick (✓) whichever is applicable, strike out whichever is not required.

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

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
ARN-77875			E027739		For Office use only	For Office use only

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 filling up the Application Form - VIII)

I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)

I confirm that I am an existing investor across Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)

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.

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

First SIP cheque and subsequent via Auto Debit / ECS if the Bank is not participating in ACH Platform. (Please attach copy of cheque / cancelled cheque)

PAN DETAILS (Mandatory)

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

First/Sole Applicant*	Second Applicant	Third Applicant
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MICRO SIP (Only for Micro SIP - for aggregate investment not exceeding ₹ 50,000 in a financial year)

										Signature
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INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name											
Folio / Application No.	(Existing Investors : please mention Folio Number)										
Scheme	Option and Sub Option										

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.	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).

OR Perpetual Until Cancelled (99 years) (Default)

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.

I/We have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. I/We agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of mutual funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through direct debit/participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Baroda Pioneer Mutual Fund, Baroda Pioneer Asset Management Company Ltd., its investment manager, or any of their appointed service providers or representatives responsible. I/We will also inform Baroda Pioneer Asset Management Company Ltd. about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

1st A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian	2nd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian	3rd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian
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DEBIT MANDATE FOR NACH

BARODA PIONEER MUTUAL FUND	UMRN											Date	D	D	M	M	Y	Y	Y	Y
		Sponsor Bank Code	CITI000PIGW										Utility Code	CITI00002000000037						
Tick (✓) Create Modify Cancel	I/We hereby authorize	BARODA PIONEER MUTUAL FUND										To debit (tick ✓)	SB / CA / CC / SB NRE / SB NRO / Other							
With Bank	Bank A/c. Number											IFSC								
An Amount of Rupees											₹									
FREQUENCY	<input type="checkbox"/> Mthly	<input type="checkbox"/> Qtrly	<input checked="" type="checkbox"/> H-Yrly	<input checked="" type="checkbox"/> Yrly	<input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount	<input type="checkbox"/> Maximum Amount												
Folio No.											Phone No.									
Scheme Name											Email ID									

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD	From	D	D	M	M	Y	Y	Y	Y	Signature Primary Account holder	Signature Account holder	Signature Account holder
	To	D	D	M	M	Y	Y	Y	Y			
	Or	D	Until cancelled							1. Name as in Bank Records		
										2. Name as in Bank Records		
										3. Name as in Bank Records		

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and consent and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing instructions. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the above scheme and hereby confirm adherence to the terms of this mandate. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Baroda Pioneer Mutual Fund, their representatives, service providers, participating banks & other user institutions responsible. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing.

Authorisation to Bank: I/We wish to inform you that I/We have registered with Baroda Pioneer Mutual Fund for ECS / NACH / Direct Debit through their authorised service provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose, I/We hereby authorize the representatives of Baroda Pioneer Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, etc. as may be applicable. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the user entity/corporate to debit my account, based on the instruction 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 or the bank where I have authorized the debit.