Common Application Form (For Lumpsum / Systematic Investments)





Please read product labeling 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.

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Information (*Mandatory)	First Applicant**	Second Applicant	Third Applicant
Date of Birth	D D M M Y Y Y	D D M M Y Y Y	D D M M Y Y Y Y
PAN/PEKRN#			
Aadhaar			
KIN No (CKYC)			
**Incase Minor / POA			
	Guardian (In case of Minor)		POA Holder
Name			
Relationship			
Date of Birth of Minor	D D M M Y Y Y Y		
PAN/PEKRN			
Aadhaar			
KIN Nos. (CKYC)			
Information to Investor's	The purpose of collection/usage of Aadhaar number said data is mandatory as per applicable laws/rules/Post obtaining the Aadhaar number, we shall authen We shall receive your demographic information which	regulations. Iticate the same in accordance with the Aad	
Consent	validating/authenticating and (ii) updating my/our PMLA. I/We hereby provide my/our consent for sharing	Aadhaar number(s) in accordance with t disclosing my Aadhaar number(s) inclu	ons made thereunder, for (i) collecting, storing and usage (ii) the Aadhaar Act, 2016 (and regulations made thereunder) and ding demographic information with the asset management for the purpose of updating the same in my/our folios.
Signature			
Politically Exposed Person (PEP)	Self Related Non Applicable	Self Related Non Ap	plicable Self Related Non Applicable
Occupation of the Applicant	Student Business Professional Retired Housewife Builder Sports Defence Public Co.(Listed) Public Co.(Unlisted) Agriculture Forex Dealer Gov. Service Public Sector Service Pvt. Sector Service Entertainment Other	Housewife Builder Sports	Defence Housewife Builder Sports Defence D.(Unlisted) Public Co.(Listed) Public Co.(Unlisted) Defence Gov. Service Agriculture Forex Dealer Gov. Service
Gross Annual Income	□ <1L □ <1- 5 L □ 5-25 L □ 25 L-1 Cr □ 1 Cr-5 Cr □ >5 Cr	□ <1L □ <1-5L □ □ 25 L-1 Cr □ 1 Cr-5 Cr □	5-25 L
		OR	
Net-worth* in ₹ (Lacs) *Should not be older than one year (Mandatory for Non- Individual)			
Networth as of date	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Non-Individuals	Is the entity involved in any of the following services:		
		Gaming/ Gambling/ Lottery (casinos, betting syr	ndicates) Yes No • Money Lending/ Pawning Yes No
			,,

(Refer Instruction IV) $^{\epsilon}$ *Please attach PAN proof.

Add convenience to your life with our value added service



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



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

For more details call:
1800-2670-189 (Toll Free)
9 am to 6 pm - Monday to
Saturday on all Business Days
9 am to 2 pm on 2 * & 4 * Saturdays of the Month
www.barodapioneer.in

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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		DDMMYYYY			
Nominee 2		DDMMYYYY			
Nominee 3		DDMMYYYY			

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.

Applicable for FATCA & CRS:

I/We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

1st Applicant Signature / Guardian Signature /	2nd Applicant Signature / POA Signature /	3rd Applicant Signature / POA Signature /
POA Signature / Thumb Impression	Thumb Impression	Thumb Impression

Application Form STP / SWP / DS0

Amount ₹





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 STP / SWP / DSO: Terms & Conditions while filling up the Form. Tick (<) whichever is applicable, strike out whichever is not required.

DISTRIBUTO	OR INFO	RMATI	ON (Only	y empane	elled Dist	tributor	s / Bro	kers w	/ill be	e permitte	d to dist	trib	ute U	nits	of th	e s	che	mes	of B	aroda Pio	neer N	1utual I	Fund)	
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Debit Mandate for Auto Debit / NACH





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.

DISTRIBUTOR INFORMATION (Only	, , ,				red by this KIM)	
Distributor / Broker ARN Sub-Broke		-Broker ARN	EUIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
9992					For Office use only	For Office use only
Upfront commission shall be paid directly by the investor to the AMF I/We hereby confirm that the EUIN box has been intentionally left advice of in-appropriateness, if any, provided by the employee/relati					/sales person of the above distr	ibutor or notwithstanding the
TRANSACTION CHARGES FOR APP	PLICATIONS THROU	GH DISTRIBUTOR	S ONLY (Please re	efer instructions for fillir	ng up the Application	Form - VIII)
I confirm that I am a First time investor acro (₹ 150 deductible as Transaction Charge and pay				m an existing investor a as Transaction Charge and		r)
In case the subscription amount is ₹ 10,000/- or more distributor. Units will be issued against the balance amount is 10,000/- or more distributor.	and your distributor has opto	ed to receive Transaction	Charges, they are ded	uctible, as applicable, from t	he purchase / subscription	on amount and payable to the
New Registration with BPMF	Change in Bank	Account for exis	sting Registratio	on with BPMF	SIP Cancellation	
First SIP cheque and subsequent via Auto Debi			•			
PAN DETAILS (Mandatory)	*If the	First Applicant is a Mi	nor, please state the	e details of Guardian. # F	Please attach PAN pro	of. *(Refer Instruction IV)
First/Sole Applicant*	Second A			Third Applic	cant	
MICRO SIP (Only for Micro SIP - for agg	regate investment not e	exceeding ₹ 50,000 in	n a financial year)			
					Signature	
INVESTOR AND INVESTMENT DETA	AILS					
Sole / First Investor Name						
Folio / Application No.		(Existing Investors	s : please mention F	olio Number)		
Scheme			0	ption and Sub Option		
SIP AND PAYMENT DETAILS						
Each SIP Amount (₹)		Frequency	Monthly (De	efault) 🗌 Calendar Qua	arter Status:	□ RI □ NRI
Amount in words						
1st 10th	Date ☐ 15th ☐ 25th of the m		Y Y Y Y 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 1"/10"/15"/25" (Note: Cheque should Ihereby authorise Baroda Pioneer Mutual Fund (BPMF) and their authorise I/We have read and understood the contents of the scheme related have any existing Micro SIPs which together with the current applinvestment. The ARN holder has disclosed to me/us all the commis declare that the particulars given here are correct and express my/or would not hold Baroda Pioneer Mutual Fund, Baroda Pioneer Asset N Ltd. about any changes in my/our bank account. I/We have read and	ed service providers to debit my follow documents and hereby apply for a ication will result in aggregate inv ssions (in trail commission or any ur willingness to make payments r l'anagement Company Ltd., its inve	ving bank account by ECS (Debit 0 illotment of units in the Schem restments exceeding ₹ 50,00 other), payable to him for the eferred above through direct d estment manager, or any of the	Clearing)/auto debitto account e. I/We agree to abide by the bin a year. I/We have neithed different competing scheme ebit/participation in ECS. If the	tfor collection of SIP payments. e terms, conditions, rules & regular received nor been induced by a sof mutual funds from amongst the transaction is delayed or not effer	any rebate or gifts directly or in which the Scheme is being red ected at all for reasons of incom	We hereby declare that I/We do not directly in making this Systematic commended to me/us. I/We hereby plete or incorrect information, I/We
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I Agree for the debit of mandate processing charges by th PERIOD	ne bank whom I am authorizi	ng to debit my accounts a	as per latest schedule of	f charges of the bank.		
From D D M M Y Y Y Y To D D M M Y Y Y Y	Signature Primary	Account holder	Signature	Account holder	Signature	Account holder

Declaration: 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 of the bank where I have authorized the debit.

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Systematic Investment Plan (SIP): Terms & Conditions

- In case of new applications, kindly attach duly filled in application form along with registration cum NACH (National Automated Clearing House) mandate form. Any other format of request will be rejected.
- Completed application form, SIP auto debit/NACH form & first cheque should be submitted at Baroda Pioneer Asset Management Company Ltd. (AMC) offices or KARVY ISC's atleast 30 days prior to first SIP cycle date.
- New investor in to the Fund should mandatorily give a cheque for the first transaction
 drawn on the same bank account which is to be debited under NACH/Auto Debit.
 In case the 1st cheque is issued from an A/c which is different from NACH /auto debit
 A/c, then a copy of cheque from NACH/ auto debit A/c as mentioned on the application
 form should be submitted.
- The bank mentioned in NACH request must participate in local MICR clearing. MICR code starting and/or ending with "000" are not valid for NACH.
- The AMC, the Registrar and other service providers shall not be responsible and liable for any financial loss that may be incurred by the investor with regard to SIP registration process, including any issue relating to NACH or auto debit registration.
- Should the investor wish to cancel the SIP registration, the cancellation request shall be submitted 21 working days prior to the next SIP cycle date.
- 7. Should the investor wish to change the Bank Mandate any time during the currency of SIP, he / she should tick the appropriate box in the Mandate Form, fill in the revised bank details and submit the same to AMC or its Registrar and Transfer Agent. Such revised form must be submitted 30 days prior to the next SIP Cycle date.

- 8. Existing investors who wish to restart their SIPs, are required to submit NACH form duly signed by the bank account holder(s), indicating the existing Folio No. & investment details in the Form & submit the same along with the copy of a cancelled cheque / photocopy of the cheque, drawn on the same bank account registered in the SIP form.
- 9. Should an investor opt for a monthly SIP, the minimum number of months for which the investment will have to be made (SIP Period) shall be 6 months and the minimum investment amount (SIP Amount) shall be ₹ 1,000/- per month. Should the investor opt for a quarterly SIP, the SIP Period shall be 4 quarters and the SIP Amount shall be ₹ 1,500/- per quarter. Investors should note that the first SIP cheque and subsequent SIP installments should be of the same amount.
- 10. The Registrar will reject a Micro SIP application where it is found that the registration of the application will result in the aggregate of Micro SIP installments in a financial year exceeding Rs.50,000 or where there is any deficiency in the application form or any supporting document in case the first Micro SIP installment is processed (as the cheque may be banked), and the application / supporting document is found to be defective, the Micro SIP will be ceased for future installments. No refunds shall be made for the units already allotted. Investor, can however, redeem the units if so desired.
- 11. The investor(s) agrees to discharge the responsibility expected of him/them as a participant/s under NACH and hereby confirm adherence to the terms of the mandate. The investor(s) has/have authorized use of their contact details mentioned on the form/NACH mandate for the purpose of processing the mandate instruction and further authorize the bank(s) to debit the investor's account for any charges towards mandate verification, registration, transactions, etc. as may be applicable.

Instructions to fill in SIP NACH Mandate

Following fields need to be filled mandatorily.

- Date: In format DD/MM/YYYY.
- 2. Select the appropriate checkbox to create, modify or cancel the mandate.
- 3. Sponsor Bank Code and Utility Code to be left blank.
- 4. Bank A/c Type: Tick the relevant box.
- 5. Fill Bank Account Number.
- 6. Fill name of Destination Bank.
- 7. IFSC / MICR code: Fill respective code.
- 8. Mention amount of mandate.
- 9. Select frequency of mandate.
- 10. Mention Folio Number.

- 11. Mention Scheme Name.
- 12. Telephone Number.
- 13. Email ID (Optional).
- Period: Starting and Ending dates of NACH registration (in format DD/MM/YYYY). For perpetual SIP, please leave the end date blank and select "until cancelled".
- 15. Signature as per bank account.
- 16. Mention Holder Name as per Bank Record.
- 17. Auto Debit/NACH Mandate is applicable for both Individual and Non-Individual.
- Auto Debit/NACH Mandate request is liable to be rejected only if the "Bank" mentioned in the request form is listed in the NACH banks list.
- Baroda Pioneer will initiate debit instructions to the investor bank account only on receipt of valid investment instruction from the investor.

FATCA & CRS Annexure for Individual Accounts

(Including Sole Proprietor) (Refer to instructions)

(Please consult your professional tax advisor for further guidance on your tax residency, if required)



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FATCA & CRS TERMS & CONDITIONS

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which Rules require Indian financial institutions such as Investment Entities to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Baroda Pioneer Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.

^sIt is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	 Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality". or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth.
Residence/mailing address in a country other than India	Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below).
Telephone number in a country other than India	 If no Indian telephone number is provided Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below). If Indian telephone number is provided along with a foreign country telephone number Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR Documentary evidence (refer list below).
Telephone number in a country other than India	 Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below).

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- 1. Certificate of residence issued by an authorized government body*.
- 2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.).
- * Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

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