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-Broke	er Code	Sub-Broker ARN	EUIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
75527	'5527			E064044	E064044 For Office use only Fo		
Upfront commission shall be paid directly by the investor to the AMF1 registered distributor, based on the investor's assessment of various factors, including the service rendered by the distributor. Whe 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 BPMF ■ Change in Bank Account for existing Registration with BPMF ■ 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) *If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof. *(Refer Instruction IV)							
PAN DETAILS (Man	datory)			Minor, piease state			OOI. *(Refer Instruction IV)
First/Sole Applicant*			Second Applicant			pplicant	
MICRO SIP (Only for Micro SIP - for aggregate investment not exceeding ₹ 50,000 in a financial year)							
						Signature	
INVESTOR AND IN	/ESTMENT DET	TAILS					
Sole / First Investor Name							
Folio / Application No.			(Existing Inves	tors : please mention	Folio Number)		
Scheme					Option and Sub Option	1	
SIP AND PAYMENT	DETAILS						
Each SIP Amount (₹)			Frequency	Monthly ((Default) 🗌 Calenda	Quarter Status:	□ RI □ NRI
Amount in words							
1 st SIP Cheque Details Cheq	ue No.		Date D D M N	1 Y Y Y Y			
SIP Auto Debit Dates							
Inhereby authorise Baroda Pioneer Mutual Fund (BPMF) and their authorised service providers to debit my following bank account by ECS (Debit Clearing)/ auto debitto account for collection of SIP payments. Live have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. Live agree to abide by the terms, conditions, rules & regulations governing the Scheme. Whe hereby declare that Live do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding \$5,0,000 in a year. Live 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. LiWe 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, liWe would not hold Baroda Pioneer Asset Management Company Ltd., its investment manager, or any of their appointed service providers or representatives responsible. LiWe will also inform Baroda Pioneer Asset Management Company Ltd. about any changes in my/our bank account. LiWe have read and agreed to the terms and conditions mentioned overleaf. 2nd 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 2nd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian							
DEBIT MANDATE FOR NACH							
BARODA PIONEER MUTUAL	. FUND UMRN	N				Date D D	M M Y Y Y
🎒 बैंक ऑफ़ बड़ौदा 🍃 PIG Bank of Baroda	ONEER Spons	sor Bank Code	CITIO	OPIGW	Utility Code	CITI000020	
Tick () I/We hereby authorize</th <th></th> <th colspan="2">BARODA PIONEER MUTUAL FUND</th> <th>To debit (tick ✓)</th> <th colspan="2"></th>			BARODA PIONEER MUTUAL FUND		To debit (tick ✓)		
Create Modify Cancel Bank A/c. Number							
With Bank			IFSC			or MICR	
An Amount of Rupees						₹	
FREQUENCY Mthly Qtrly H-Yrly S As & when presented DEBIT TYPE Fixed Amount 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	YYYY	01.	Deignam Assault		ma Assault to La		Assessed health
To D D M M	YYYY	Signature	Primary Account holder	Signatu	ure Account holder	Signature	e Account holder
Or D Until cancel	ed	1. Namo	e as in Bank Records	2. Name	as in Bank Records	3. Name a	s in Bank Records
Panlaration: I/Ma haraby dealars that the martine	are given on this mondate are	rect and complete and own	my willingness and consent and outhering to	naka naumante raforrad about #	ugh participation in NACU/ECC/Di-a-+ D	hit/Standing inetractions I/Mo hours and the	Tarme & Conditions and caree to disobarra

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 Ploneer Mutual Fund, their representatives, service providers, participant with the responsibility expected of me/us as a participant's under the above mentioned beneficiary by debit to my/our above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose, I/We here the representatives of Baroda Ploneer 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 here the representatives of Baroda Ploneer Mutual Fund carrying this mandate form to get it verified and executed. We wanthorize the bank to debit my account for any carrying this mandates of the bank to debit my account for any carrying this mandate of the bank to debit my account for any carrying 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.