

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	EJIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
					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 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)

PAN DETAILS (Mandatory)

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

[illegible]

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

INVESTOR AND INVESTMENT DETAILS

[illegible]

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)

I hereby authorise Baroda Pioneer Mutual Fund (BPMF) 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 Until Cancelled (99 years) (Default) ☐

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.

DEBIT MANDATE FOR NACH

BARODA PIONEER MUTUAL FUND										UMRN																				Date										D	D	M	M	Y	Y	Y	Y																																																																								
बैंक ऑफ बड़ोदा Bank of Baroda																				PIONEER Investments																				Sponsor Bank Code																				CIT1000PIGW										Utility Code																				CIT100002000000037																													
I/We hereby authorize																				BARODA PIONEER MUTUAL FUND																				To debit (tick ✓)																				SB / CA / CC / SB NRE / SB NRO / Other																																																											
Bank A/c. Number																																																																																																																							
With Bank																																								IFSC																																								or MICR																																							
An Amount of Rupees																																								₹																																																																															
FREQUENCY																				<input type="checkbox"/> Mithly <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 checked="" 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, its representatives, service providers, participating banks & other institutions responsible. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing.

authorizes, participating bank/s to order user instructions responsive, i.e. authorize use for/active mention/cancel details for/ in purpose/s in this Specific mandate instruction processing.

Provisioner 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/above mentioned bank acc. For the purpose of the above mentioned registration, Baroda Pioneer Mutual Fund has requested me 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 get the 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.