

## 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
127182			E206630		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 <sup>st</sup> 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 1<sup>st</sup>/10<sup>th</sup>/15<sup>th</sup>/25<sup>th</sup> (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 payment

OR Perpetual Until Cancelled (99 years) (Default) ☐

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.

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	
<b>बारदा प्योनियर म्युचुअल फंड</b> <b>Bank of Baroda</b>		<b>PIONEER</b> <b>Investments</b>		Sponsor Bank Code <span style="border: 1px solid black; padding: 2px 10px;">CIT1000PIGW</span>										Utility Code <span style="border: 1px solid black; padding: 2px 10px;">CIT100002000000037</span>	
Tick (✓) Create Modify Cancel		I/We hereby authorize <span style="border: 1px solid black; padding: 2px 10px;">BARODA PIONEER MUTUAL FUND</span>										To debit (tick ✓) <span style="border: 1px solid black; padding: 2px 10px;">SB / CA / CC / SB NRE / SB NRO / Other</span>			
		Bank A/c. Number <span style="border: 1px solid black; padding: 2px 10px;"></span>													
With Bank <span style="border: 1px solid black; padding: 2px 10px;"></span>		IFSC <span style="border: 1px solid black; padding: 2px 10px;"></span>										or MICR <span style="border: 1px solid black; padding: 2px 10px;"></span>			
An Amount of Rupees <span style="border: 1px solid black; padding: 2px 10px;"></span>		₹ <span style="border: 1px solid black; padding: 2px 10px;"></span>													
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 checked="" type="checkbox"/> Maximum Amount													
Folio No. <span style="border: 1px solid black; padding: 2px 10px;"></span>		Phone No. <span style="border: 1px solid black; padding: 2px 10px;"></span>													
Scheme Name <span style="border: 1px solid black; padding: 2px 10px;"></span>		Email ID <span style="border: 1px solid black; padding: 2px 10px;"></span>													
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 <span style="border: 1px solid black; padding: 2px 10px;">D D M M Y Y Y Y</span>		<div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; width: 30%;">Signature Primary Account holder</div> <div style="border: 1px solid black; padding: 5px; width: 30%;">Signature Account holder</div> <div style="border: 1px solid black; padding: 5px; width: 30%;">Signature Account holder</div> </div>													
To <span style="border: 1px solid black; padding: 2px 10px;">D D M M Y Y Y Y</span>															
Or <span style="border: 1px solid black; padding: 2px 10px;">D</span> 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 (except 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 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 GCS / 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 the purpose of my/our payment to the above mentioned beneficiary, I/we authorize the bank to debit my/our 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 verify 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.