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-Brol	ker Code Sub-	Broker ARN	EUIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
120166		185708		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. 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 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) (₹ 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 (Mandatory)	*If the I	First Applicant is a Mi	nor, please state th	e details of Guardian.	# Please attach PAN pro	of. *(Refer Instruction IV)
First/Sole Applicant*	Second A	pplicant		Third Ap	plicant	
MICRO SIP (Only for Micro SIP - for aggregate investment not exceeding ₹ 50,000 in a financial year)						
					Signature	
INVESTOR AND INVESTMENT DE	TAILS					
Sole / First Investor Name						
Folio / Application No.		(Existing Investors	: please mention F	folio Number)		
Scheme			0	ption and Sub Option		
SIP AND PAYMENT DETAILS						
Each SIP Amount (₹)		Frequency	Monthly (D	efault) 🗌 Calendar	Quarter Status:	□ RI □ NRI
Amount in words						
1st SIP Cheque Details Cheque No.	Date	D D M M	Y Y Y Y			
SIP Auto Debit Dates 1st 10th	☐ 15th ☐ 25th of the mo	onth SIP Period S	Start Form D D	MMYYY	Y End On D D	M M Y Y Y Y
SIP date should be either 1"/10"/15"/25" (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)						
Ihereby 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. LiWe have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. LiWe agree to abide by the terms, conditions, rules & regulations governing the Scheme. LiWe hereby declare that LiWe do not						
have any existing Micro SIPs which together with the current a Investment. The ARN holder has disclosed to me/us all the com	pplication will result in aggregate inve missions (in trail commission or any o	estments exceeding ₹ 50,000 other), payable to him for the o) in a year. I/We have neith different competing scheme	er received nor been induced es of mutual funds from amor	by any rebate or gifts directly or in gest which the Scheme is being re	indirectly in making this Systematic commended to me/us. I/We hereby
declare that the particulars given here are correct and express m would not hold Baroda Pioneer Mutual Fund, Baroda Pioneer Ass	ét Management Company Ltd., its inve	stment manager, or any of the				
Ltd. about any changes in my/our bank account. I/We have read a	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 3rd 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 3rd 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 3rd 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 3rd 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 3rd 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 3rd 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 3rd 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 3rd 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 3rd 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 3rd 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 3rd 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 3rd 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 3rd A/C Holder's Signature (as per Mutual Fund Record) / POA / Guardian 3rd A/C Holder's Signature (as						
DEBIT MANDATE FOR NACH						
BARODA PIONEER MUTUAL FUND UMF	RN				Date D D	M M Y Y Y
क्षिक ऑफ़ बड़ीदा ई PIONEER Investments' Spo	nsor Bank Code	CITIOOOD	ICW	Utility Code		
Tick (🗸) I/We hereby authorize BARODA PIONEER MUTUAL FUND To debit (tick 🗸) SB / CA / CC / SB NRE / SB NRO / Other						
Modify Cancel Bank A/c. Nu	ımber					
With Bank		IFSC			or MICR	
An Amount of Rupees					₹	
FREQUENCY Mthly Qtrly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount						
Folio No.	,	, , , , , , , , , , , , , , , , , , ,	Phone No.	DEDIT THE	T IXOU / WHOULE	Waximum / mount
Scheme Name			Email ID			
I Agree for the debit of mandate processing charges by	y the bank whom I am authorizin	ng to debit my accounts a		f charges of the bank.		
PERIOD From D D M M Y Y Y Y						
To DD MM Y Y Y Y	Signature Primary A	Signature Primary Account holder Signature Account holder		Signature	Account holder	
Or D Until cancelled						
OI DITTILI CATICETICA	1. Name as in Ba	ank Records	2. Name as	s in Bank Records	3. Name as	s in Bank Records

Declaration: 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. We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant's under the above externe and hereby continum adherence to the terms of his mandate in the providers, participant, and the providers are continued to the providers and the providers and the providers and the providers are continued to the providers and the providers and the providers and the providers are continued to the providers and the provi

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