$\begin{tabular}{ll} \textbf{Common Application Form (For Lumpsum and SIP)} \\ \textbf{Please read product labelling details available on cover page and the instructions before filling up the Application form. Tick (\checkmark) whichever is applicable, strike out whichever is not required. \\ \end{tabular}$



All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

| Distributor / Broker ARN | Sub-Broker Code | Sub-Broker AF | N EUIN* | LG Code | RIA Code++ | | | | |
|--|---|--|---|---|---|--|--|--|--|
| ARN-118251 | | | | | | | | | |
| Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. | | | | | | | | | |
| interaction or advice by the employee / relati the advice of in-appropriateness, if any, prov ++ I/We, have invested in the Scheme(s) share/provide the transactions data feed/ | is been intentionally left blank by me / us as th onship manager / sales person of the above dis ded by the employee / relationship manager / sa of your Mutual Fund under Direct Plan. I/W/ portfolio holdings/ NAV etc. in respect of m | tributor/subbrokerornotw lespersonofthedistributor/ e hereby give you my/our ly/our investments under | thstanding subbroker. consent to Direct Plan | older | Holder Third Applicant / POA Holder | | | | |
| | pove mentioned Mutual Fund Distributor / SEI | | nuvisei. | | | | | | |
| TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one) | I confirm that I am a first time investor I confirm that I am an existing investor | | | • • • | ' | | | | |
| 1. EXISTING INVESTOR'S | FOLIO NUMBER Folio No. | | | The details in our records und will apply for this application. | er the Folio number mentioned alongside | | | | |
| SOLE / FIRST APPLICANT'S | ATION (Non-Individual investors PERSONAL DETAILS (Please fill | | • • • | • • | | | | | |
| apears in your PAN Card | | | | | | | | | |
| Name: (Please mention Name as per PAN Card | FIRST | MIDD | | LAST | | | | | |
| Date of Birth* / Incorporation Date of Birth* / Incorporation | PAN / PEKRN | KYC Identification | Number (KIN) | GSTIN | | | | | |
| | ls. (in case of First / Sole Applicar | nt is a Minor) / Name | of Contact Person (incase o | f non-individual Investors) | | | | | |
| Name: | FIRST | MIDD | · | LAST | | | | | |
| (Please mention Name as per PAN Card) | | | | | | | | | |
| Date of Birth | PAN / PEKRN | KYC Identification | Number (KIN) | Mobile No. | | | | | |
| DDMMYYYY | | | | | | | | | |
| | Birth Certificate School Certificate | e O Passport O Other | Relationship with Minor (Mar | ndatory) O Father O Mother O | Court Appointed Legal Guardian | | | | |
| Mailing Address | | | | | | | | | |
| City | | State | | Pin Code (Mandat | ory) | | | | |
| Country | SIL | O Code | | Tel. Off. | | | | | |
| Overseas Address (Mandatory for NRI / I | FII Applicant) | | | | | | | | |
| | | | Country | Zip C | ode | | | | |
| GO GREEN (Default mode of Commu | nication) — Mobile | E-Mail | | | | | | | |
| Wherever email ID is registered an electron lovestors are advised to give their emai consequences that can arise out of provinces that can arise out of provin | Dependent Children Dependent Parer conic Statement of Account (e-SOA) will be st I IDs or that of their family member and not ding third party email ids. Individual IRI-Non Repatriation Sole-Proprietorship | nared with the investor. In third party so that the im | portant communication from the Fun | d reaches them directly and in SMS Non-Individual | | | | | |
| ○ NRI-Minor ○ PIO / OCI ○ HUF (| Others (Please Specify) | | Bank Government Body Otl | hers (Please Specify) | Agriculturist Proprietorship | | | | |
| | Lac 0 1-5 Lacs 0 5-10 Lacs 0 10-25 | Lacs | ore >1 Crore OR Net wort | th.₹ | | | | | |
| ., - | us : O I am PEP O I am Related to PEP | | | *** | | | | | |
| Second Applicant's Details | Mode of Holding (please ✓) | · · · · · · · · · · · · · · · · · · · | ivor (# Default in case of more than | one applicant and not ticked) | | | | | |
| Name: Mr. Ms. | FIRST | | DDLE | LAST | | | | | |
| (Please mention Name as per PAN Card) | | | - to- to- | | | | | | |
| Date of Birth D D M M Y Y Y Y | PAN / PEKRN | KYC Identification I | lumber (KIN) | Mobile No. | | | | | |
| Occupation O Pvt. Sector Service O | Pub. Sector Service O Gov. Service O Hor | usewife O Student O P | rofessional O Housewife O Busine | ss O Retired O Defence Agric | ulturist O Forex Dealer Others | | | | |
| Gross Annual Income (₹) ○ Below 1 | Lac 0 1-5 Lacs 0 5-10 Lacs 0 10- | 25 Lacs | s - 1 Crore OR N | et worth ₹ | | | | | |
| Politically Exposed Person (PEP) Stat | us: O I am PEP O I am Related to PEP | O Not Applicable | | | | | | | |
| Third Applicant's Details | | | | | | | | | |
| Name: Mr. Ms. | FIRST | MIE | | LAST | | | | | |
| (Please mention Name as per PAN Card) Date of Birth | PAN / PEKRN | KYC Identification N | lumber (KIN) | Mobile No. | | | | | |
| | Dub Costor Conice Ocar Ocaria | usowife Other-t | reference Clause wife Dr. 1 | on O Datirod O Date O t | ulturiot C Forov Declar C 04 | | | | |
| Gross Annual Income (₹) ○ Below 1 | Pub. Sector Service ○ Gov. Service ○ Hol Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10- us: ○ I am PEP ○ I am Related to PEP | 25 Lacs | | | uniunst Profex Dealer Others | | | | |
| | us: Tam PEP Tam Related to PEP (PoA) HOLDER DETAILS (If the | | na mada hir a Canatitutad At | tornov places furnish the d | otails of DoA Holder) | | | | |
| _ | | | ng made by a Constituted At | torney, please furnish the d | etails of POA Holder) | | | | |
| First / Sole Applicant | | rd Applicant | Name of PoA Holder | | | | | | |
| Mr. Ms. Ms. | Others | | Name of FoA Holder | | | | | | |
| PAN PAN card proof KYC C | KYC Identification Number (K | IN) | | | Signature of PoA Holder | | | | |
| | | | | | g 0/ / 0//////////// | | | | |
| ACKNOW! EDGEMENT SI | P (To be filled in by the Applican | | | | | | | | |
| | units, subject to realization, verification and c | • | | | | | | | |
| Mr. / Ms. / M/s. | a, subject to rounzation, ronnoution and o | | | | | | | | |
| Instrument No. Dated | Drawn on Bank Account | No. Amount (Rs.) | Scheme / Plan / | Option ISC | Stamp, Date & Signature | | | | |

| 4. INVEST | | | | TAILS : (Ma · Please fill de | | | | | | | | | |
|---|--|---|---|--|---|--|---|---|---|---|---|---|--|
| Zero Balanc | | Lumpsum (ple | | | allo bolow | | | | | | | | |
| Scheme Name: I | Baroda | | | , | | | | | Amour | | | | |
| Cheque No./UMF | | OLD DI | CII 1 4 11 | Bank | (II OID (| | Account No. | | | Pa | yment Mod | de: O Cheque NEFT RTGS OTM | |
| FOR SIP / MUL For Multiple SIP - | | | | | | IP Schemes to be | e mentioned in the | he below tab | ole and sir | nale instrument | for the tota | al consolidated amount favouring Baroda BNP | |
| | | | | | w and in SIP Form. | | | | | .9.0 | | a. 00.100.144.04 a.1104.11 (a.104.11.19 24.1044 27.11 | |
| | | Scheme Name | | | | Pla | | | Option | | Amount | | |
| 1. Baroda BNP Paribas | | | | | Direct / F | Regular | | | | ₹ | | | |
| 2. Baroda BNP Paribas | | | | | | | Direct / F | Regular | | | | ₹ | |
| 3. Baroda BNP Paribas | | | | | | | Direct / F | Regular | | | | ₹ | |
| 4. Baroda BNP Paribas | | | | | | | Direct / F | Regular | | | ₹ | ₹ | |
| Total Amount (In | Words) | ords) | | | | | | | Total A | mount (In Figur | es) | | |
| Cheque No./UMRN: Bank: | | | | | | | Account No. | Account No. Payment Mode: Cheque NEFT RTGS OTM | | | | | |
| Payment Type : O Non-Third Party Payment O Third Party Payment (Please attach "Third Party Declaration Form") | | | | | | | | | | | | | |
| 5 DEMAT | ACC | OUNT DE | TAILS | | | | | | | | | | |
| National Secu | | | .,0 | Denosit | ory Participant Name | | | | | | | | |
| Central Depo | | | l td | DP ID N | | Beneficiary | y Account No | , | | | | | |
| | | . , | | | | | | | | | . 611 1 | , the default option will be physical mode. | |
| 6. FIRST H | HOLE | | , , | | AILS (Mandatory) | | | | | NRE ONRO | | | |
| Ac. no. (In Figure Ac. no. (In Words | · . | | | | | A/c. Ty _l | De O Saving | js Ocum | ent O | INKE ONKO | | VN | |
| Branch Address | Ĺ | | | | | Cit. | | | | | | Pin Codo | |
| State | L | | | | | City _ | | | | | | Pin Code | |
| MICR Code | | | | | (9 Digit No. next to your Chec | que No.) IFSC C | ode | | | | | (11 Digit No. appearing on Cheque) | |
| Example for filling | g the A | count No. 1 | 3 5 | 7 in words | One Three Five Seve | en (Please attac | ch copy of cance | elled cheque |) | | | | |
| 7 | DET | NII O E | J J . J . | M | No. 1. P. M. H. | | | .1 .41 . 1 | | | TO 4 -1- | 1-117 | |
| 7. FATCA Details under Fo | reign 1 | | uividuai (| • / | Non Individual inves / Sole Applicant / Guardian | tors including | | cond Applic | | separate ra | ATCA de | Third Applicant PoA | |
| Place & Country of | of Birth | | | | | | | | (00) | | | | |
| Nationality | | | | | US Others Please Sp | | Indian OUS | Others _ | (Please | Specify) | O India | n US Others (Please Specify) | |
| Address Type | | | | Residentia | Registered Office Bu | siness 0 | Residential O | Registered C | Office | Business | Resid | dential Registered Office Business | |
| | | | sessed for | Tax) in any oth | er country outside India? | Yes No | (If Yes, pl | lease provid | de inform | ation below) | | | |
| Country of Tax Re | | | | | | | | | | | | | |
| Tax Identification I | | | | | | | | | | | | | |
| Identification Type | | | e specify) | - 0: | 0-0-0 | 10.) | 0.0- | | /DI | 0 '') | | (0) | |
| If TIN is not availa | 7.1 | | 1-1-1 | Reason O A | B C Please Spe es not issue TIN to its residents | 1100 | son OA OB | | (Please | 1 2/ | | OAOBOC (Please Specify) | |
| require the TIN to b | | | | | ers, please specify the reason a | | Reason D. NO | riiv Required | u (Select | uns only ii uie a | lutrionites | of the respective country of tax residents do not | |
| 8. NOMINA | ATIO | N - MANDA | ATORY. | even if no in | tention to nominate. Min | nor & PoA ho | Ider cannot | nominate | and sh | ould not fill | this se | ction | |
| 1. I/We do not w | vish to | nominate | SIG | NATURE(S) | First / Sole Ap | oplicant | | | d Applic | ant | | Third Applicant | |
| 0 Houses | nd ··· | omtood the time ! | truction for t | Jaminatian 1714 | /o horoby naminate # | (a) mars no # - 1 | urly docarib1 | rounder!- | 000001-1 | tha Haita ···- i | the Falls | hold by malua in the eyest of | |
| 2. Having read a | ana una | erstood the inst | truction for r | | | | | | | | | held by me/us in the event of my death. | |
| | | | | Nominee Na | ame | | Relationship | Date of | BILLU., | Allocation %# | | Guardian Signature [^] | |
| Nominee 1 | | | | | | | | | | | | | |
| Nominee 2 | | | | | | | | | | | | | |
| Nonimico Z | | | | | | | | | | | | | |
| Nominee 3 | | | | | | | | | | | | | |
| ^ In case Nominee | is min | or. # Please ind | licate the pe | rcentage of allog | cation / share for each of the no | ominees in whole | numbers only w | ithout any de | ecimals m | naking a total of | 100 per ce | ent. | |
| 9. DECLA | | | | | | | , | , , , , | | J | | | |
| I / We hereby confirm have neither received applying on behalf of agree to comply with t the proposed investm not involve and is not | n and de d nor bee or as pr the term nent is be t designe | clare as under:- I en induced by any oxyholders of a pe s and conditions or eing made from ke ed for the purpose | / We am / are y rebate or gif erson who is a of the scheme nown, identifia e of any contra | e not prohibited froits, directly or indire a US person. I am related document able and legitimate evention or evasion | ectly in making this investment. I am We are competent under the applies is including the provisions of the sec sources of funds /income of mine of any Act, Rules, Regulations, No | n / we are not a US cable laws and duly tion of "Who cannot only and I am / we a tifications or Directions." | person, within the authorised where Invest' and apply fo tre the rightful bene ons or of the provis | meaning of the required, to ma or allotment of eficial owner(s sions of any lar | e United St ake this inv f Units of th s) of the fun w in India i | rates Securities Actives the above setment in the above Scheme(s) of Boods and the resultincluding but not line | ct, 1933, as ove mentior aroda BNP I ng investme mited to The | npliance with applicable Indian and foreign laws. I / We amended from time to time; and that I am / we are not ned scheme. I / We have read, understood and hereby Paribas Mutual Fund ("Fund"). I/We hereby confirm that ents therefrom. The above mentioned investment does be income Tax Act, the Prevention of Money Laundering | |
| Act, 2002, The Prevention of Corruption Act, 1988 and /or any other relevant rules / guidelines notified in this regard or applicable laws enacted by the Government of India / any other regulatory body from time to time. I / we hereby understand and agree that if any of the aforesaid disclosures made / information provided by me / us is found to be contradictory or non-reliable to the above statements or if I / we fail to provide adequate and complete information, withhold the investments made by me / us and / or make disclosures and report the relevant details to the competent authority and take such other actions as may be required to comply with the applicable law as the AMC / Mutual Fund / Trustees may deem proper at their sole option. 1 / We hereby authorise the Fund, AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / Fund's bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to | | | | | | | | | | | | | |
| disclose to such service providers as deemed necessary for conduct of business. I / We confirm that I / We do not have any existing Micro SIP / Investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year or a rolling period of one year. I / We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my / our transactions will be formed to make a payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I / WE HEREBY CONFIRM THAT I / WE HAVE NOT BEEN OFFERD / COMMUNICATED ANY INDICATIVE PORTFOLIO AND / OR ANY INDICATIVE YIELD BY THE FUND / AMC / ITS DISTRIBUTOR FOR THIS INVESTMENT. I / We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete and further agree to furnish such other further/additional information as may be required by the Baroda BNP Paribas Asset Management India Pvt Ltd (AMC) / Fund. I further undertake to advise the AMC / Mutual Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances. | | | | | | | | | | | | | |
| I hereby declare that the AMC / Fund can provide my information to any institution / tax authorities / governmental body for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. To receive physical annual statements and scheme wise abridged report please tick here (y) Additional declaration for NRIs only: I/We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my | | | | | | | | | | | | | |
| / our Non-Resident External / Ordinary Account / FCNR Account. Additional declaration for Foreign Nationals Resident in India only: I/We will redeem my / our entire investment/s before I / We change my / our Indian residency status. I / We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status. | | | | | | | | | | | | | |
| Additional declaration and foreign laws. | on for N | of change in resid IRIs / PIO / OCIs ise (✓) | only: I / We a | m / are not prohibi If yes, (✓) | ted from accessing capital markets Repatriation basis N | under any order / ru lon-Repatriation bas | iling / judgment etc | c., of any regul | ation, inclu | ding SEBI. I / We | confirm that | t my application is in compliance with applicable Indian | |
| Dated | | | Fi | rst / Sole Appli | cant / Guardian / | <u> </u> | econd Applicar | nt / POA Ho | older | | | Third Applicant / POA Holder | |
| | | | PC | A Holder / Aut | horised Signatory | | - 2- Thurst | | | | | FF | |



BNP Paribas Asset Management India Private Limited
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Fax no.- 022 69209 460/470 Website URL- www.barodabnpparibasmf.in
CIN no.- U65991MH2003PTC142972

