

4. INVESTMENT & PAYMENT DETAILS : (Mandatory)

FOR ZERO BALANCE FOLIO & LUMP SUM : Please fill details below

Zero Balance Lumpsum (please fill details below)

Scheme Name: Baroda BNP Paribas

Cheque No./UMRN: _____ Bank _____

Account No. _____

Amount (₹) _____

Payment Mode: Cheque NEFT RTGS OTM

FOR SIP / MULTIPLE SIP : Please fill details below and also fill SIP form

For Multiple SIP - investment can be made upto four Schemes with a single instrument. Multiple SIP Schemes to be mentioned in the below table and single instrument for the total consolidated amount favouring Baroda BNP Mutual Fund to be provided. Mention First SIP Cheque Details below and in SIP Form.

Scheme Name	Plan	Option	Amount
1. Baroda BNP Paribas	Direct / Regular		₹ _____
2. Baroda BNP Paribas	Direct / Regular		₹ _____
3. Baroda BNP Paribas	Direct / Regular		₹ _____
4. Baroda BNP Paribas	Direct / Regular		₹ _____

Total Amount (In Words) _____

Total Amount (In Figures) _____

Cheque No./UMRN: _____ Bank: _____

Account No. _____

Payment Mode: Cheque NEFT RTGS OTM

Payment Type: Non-Third Party Payment Third Party Payment (Please attach "Third Party Declaration Form")

5. DEMAT ACCOUNT DETAILS

National Securities Depository Ltd.

Depository Participant Name _____

Central Depository Services (India) Ltd.

DP ID No. _____

Beneficiary Account No. _____

Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the Application Form. In case the form is not filled, the default option will be physical mode.

6. FIRST HOLDER'S BANK ACCOUNT DETAILS (Mandatory)

Bank Name _____

Ac. no. (In Figures) _____

A/c. Type Savings Current NRE NRO FCNR

Ac. no. (In Words) _____

Branch Address _____

State _____

City _____

Pin Code _____

MICR Code _____

(9 Digit No. next to your Cheque No.)

IFSC Code _____

(11 Digit No. appearing on Cheque)

Example for filling the Account No. in words (Please attach copy of cancelled cheque)

7. FATCA DETAILS For individual (Mandatory) Non Individual investors including HUF should Mandatory fill separate FATCA detail form

Details under Foreign Tax Laws:

First / Sole Applicant / Guardian

Second Applicant

Third Applicant PoA

Place & Country of Birth _____

Nationality _____

Indian US Others (Please Specify) _____

Indian US Others (Please Specify) _____

Indian US Others (Please Specify) _____

Address Type _____

Residential Registered Office Business

Residential Registered Office Business

Residential Registered Office Business

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? Yes No (If Yes, please provide information below)

Country of Tax Residency _____

Tax Identification Number or Functional Equivalent _____

Identification Type (TIN or Other, please specify) _____

If TIN is not available, please tick _____

Reason A B C (Please Specify) _____

Reason A B C (Please Specify) _____

Reason A B C (Please Specify) _____

Reason A: The country where Account Holder is liable to pay tax does not issue TIN to its residents require the TIN to be collected

Reason B: No TIN Required (Select this only if the authorities of the respective country of tax residents do not require the TIN to be collected)

Reason C: others, please specify the reason above

8. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section

1. I/We do not wish to nominate

SIGNATURE(S) _____

First / Sole Applicant

Second Applicant

Third Applicant

2. Having read and understood the instruction for Nomination, I / We hereby nominate the person(s) more particularly described hereunder in respect of the Units under the Folio held by me/us in the event of my death.

Nominee Name	Relationship	Date of Birth ^A	Allocation % [#]	Guardian Signature ^A
Nominee 1				
Nominee 2				
Nominee 3				

^A In case Nominee is minor. [#] Please indicate the percentage of allocation / share for each of the nominees in whole numbers only without any decimals making a total of 100 per cent.

9. DECLARATION & SIGNATURES

I / We hereby confirm and declare as under: - I / We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. My application is in compliance with applicable Indian and foreign laws. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I am / we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time; and that I am / we are not applying on behalf of or as proxyholders of a person who is a US person. I am / We are competent under the applicable laws and duly authorised where required, to make this investment in the above mentioned scheme. I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the provisions of the section of 'Who cannot Invest' and apply for allotment of Units of the Scheme(s) of Baroda BNP Paribas Mutual Fund (Fund). I / We hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds (income of mine only and I am / we are the rightful beneficial owner(s) of the funds and the resulting investments therefrom. The above mentioned investment does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions or of the provisions of any law in India including but not limited to The 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, the AMC / Mutual Fund / Trustees reserve the right to not create a folio / account, reject the application / 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.

I / 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.

The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), 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 OFFERED / 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 promptly of any change in circumstance which causes the information contained herein to become incorrect and to provide 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 (✓)

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 for NRIs / PIO / OCIs only: I / We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. I / We confirm that my application is in compliance with applicable Indian and foreign laws. Yes No If yes, (✓) Repatriation basis Non-Repatriation basis

Dated _____	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory _____	Second Applicant / POA Holder _____	Third Applicant / POA Holder _____
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Baroda BNP PARIBAS MUTUAL FUND
 BNP Paribas Asset Management India Private Limited
 Crescenzo, 7th Floor, G-Block, Bandra Kurla Complex, Mumbai - 400051, Maharashtra, India.
 Email Id- service@barodabnpnbparibasmf.in Board line no.- 022 69209600 • Toll Free no.- 1800 2670 189
 Fax no.- 022 69209 460/470 Website URL- www.barodabnpnbparibasmf.in
 CIN no.- U65991MH2003PTC142972



Simply send **SMS to 9212 132763 to avail the below facilities

Balance	SMS BAL <space> last 6 digits of Folio No.
NAV	SMS NAV <space> last 6 digits of Folio No.
Statement thru Email	SMS ESQA <space> last 6 digits of Folio No.
Last 3 Transactions	SMS Transaction <space> last 6 digits of Folio No.

**SMS charges as per service provider applicable.

SIP REGISTRATION CUM NACH MANDATE FORM



Please read product labelling 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 SIP Registration SIP Cancellation SIP - Change in Scheme SIP - Change in Bank Details

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code**

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.

*I/We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker.

++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder
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TRANSACTION CHARGES for Rs. 10,000 and above any one I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

1. APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected)

Folio No. Name of Sole / First Unit Holder First Name Middle Name Last Name

PAN/PEKRN DETAILS (mandatory) *If the First Applicant is a Minor, please state the details of Guardian. Please attach PAN proof.

First/Sole Applicant Second Applicant Third Applicant

2. SYSTEMATIC INVESTMENT PLAN DETAILS SIP MULTI SIP

Frequency (Please ✓) Daily SIP Weekly SIP Monthly SIP Quarterly SIP

Scheme Name	SIP Amount	SIP Date / Day (For Weekly)	Start Date	Perpetual*	End Date	Top Up Amount	Top Up Frequency
Baroda BNP Paribas		DD or DAY	MM/YYYY	<input type="checkbox"/>	MM/YYYY		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Baroda BNP Paribas		DD or DAY	MM/YYYY	<input type="checkbox"/>	MM/YYYY		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Baroda BNP Paribas		DD or DAY	MM/YYYY	<input type="checkbox"/>	MM/YYYY		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Baroda BNP Paribas		DD or DAY	MM/YYYY	<input type="checkbox"/>	MM/YYYY		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

Total Amount (in Words) Total Amount (in Figures)

1st SIP Cheque Details Cheque No. Date Amount: * Default

For Multi SIP - SIP can be registered in maximum four Schemes with a single instrument. 1st SIP Cheque should be the total consolidated amount across all SIPs and should be favouring Baroda BNP Paribas Mutual Fund

3. DECLARATION

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my payment towards my investment in Baroda BNP Paribas Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Baroda BNP Paribas Mutual Fund / BNP Paribas Asset Management India Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond Bank's reasonable control and which has the effect of preventing the performance of the contract by the Bank. I/We acknowledge that no separate intimation will be received from Bank in case of non-execution of the instructions for any reasons whatsoever.

SIGNATURE(S)

First Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder
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UMRN Date

OTM Debit Mandate for NACH/Direct Debit

Sponsor Bank Code Utility Code

Tick (✓) I/We hereby authorize **BARODA BNP PARIBAS MUTUAL FUND** to debit (tick ✓) SB CA SB-NRE SB-NRO CC Other

CREATE MODIFY CANCEL Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qtrly H-Yrly Yrly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

PAN Phone No.

Folio Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD
From
To
Or Until Cancelled

Signature Primary Account holder Signature of 1st Joint holder Signature of 2nd Joint holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions 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 of the bank where I have authorized the debit.