

Common Application Form (For Lumpsum / Systematic Investments)

BARODA PIONEER MUTUAL FUND



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.

Sr. No.

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Baroda Pioneer Mutual Fund)

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
ARN-15114			E087300		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 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.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression	2nd Applicant Signature / POA Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression
---	--	--

TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer Instructions for filling up the Application Form - VIII)

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> 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.

Existing Folio Number

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) / COMMON REPORTING STANDARD (CRS) RELATED INFORMATION OF THE APPLICANT(S) (Please refer instruction XI for details)

It is mandatory to fill and sign the annexure relating to FATCA & CRS, which forms part of this Application Form.

Status of the First Applicant (Mandatory, please ✓)		<input type="checkbox"/> BOI <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> Trust <input type="checkbox"/> Fils <input type="checkbox"/> Company <input type="checkbox"/> QFI <input type="checkbox"/> PIO <input type="checkbox"/> OCI <input type="checkbox"/> AOP <input type="checkbox"/> Partnership <input type="checkbox"/> NGO <input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Society / Club <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Body Corporate <input type="checkbox"/> NRI - Non Repatriation <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> Resident Individual <input type="checkbox"/> Other		
Occupation of the Applicant (Mandatory, please ✓)		<input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Builder <input type="checkbox"/> Public Co. - Listed <input type="checkbox"/> Public Co. - Unlisted
<input type="checkbox"/> Defence <input type="checkbox"/> Agriculture <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Gov. Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Sports <input type="checkbox"/> Entertainment <input type="checkbox"/> Other		
Gross Annual Income OR Net-worth* in ₹ (Lacks)	INDIVIDUALS	NON-INDIVIDUALS
	<input type="checkbox"/> <1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> >25 L	<input type="checkbox"/> <1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> >25 L <input type="checkbox"/> 25 L - 1 Cr <input type="checkbox"/> >1 Cr
as on Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		as on Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Should not be older than one year		
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP		Is the entity involved in any of the following services: • Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Applicable		• Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No • Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other information <input type="text"/>		

MODE OF HOLDING Single OR Joint OR Anyone or Survivor Default Option: Joint

SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in ALPHABETS and use one box for one alphabet, leaving one box blank between two words, as it appears in your Bank Account)

Name	Mr Ms M/s																		
																	PAN (Refer Instruction IV)#		
Name of the contact person in case of Non-Individual																			
Date of Birth (DOB)	D D M M Y Y Y Y	Nationality (For Individuals)																	
Guardian Name (if Sole/ First applicant is a Minor)	Mr Ms M/s																		
PAN (Refer Instruction IV)*#																	*If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof.		
<input type="checkbox"/> Natural Guardian (Father & Mother) <input type="checkbox"/> Legal Guardian (Court appointed Guardian) <input type="checkbox"/> Proof of DOB of Minor enclosed (please ✓) <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other																			
Address [P. O. Box Address is not sufficient] (Indian address, in case of NRIs/ Fils)																			
																	City		
Pincode	(Mandatory)	State													Country				
Phone (Off.)													Fax No.			Mobile No.			
Phone (Res)													Email ID						

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Received from Mr. / Ms. / M/s.																Sr. No.	
PAN	an Application for scheme																
Option (please ✓)	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Sub-option (please ✓)	<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment														
alongwith Cheque / DD No. / UTR No.													Dated	D D M M Y Y Y Y			
Drawn on (Bank)													Amount ₹				
Signature, Stamp & Date																	

Overseas Address (Mandatory in case of NRI/ FI applicant, in addition to mailing address)											
State				Country				Zip Code			
<input type="checkbox"/> I/We confirm that I am/we are non-resident of Indian nationality/origin & that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/ FCNR Account.											
SECOND APPLICANT'S DETAILS			Name		Mr Ms		# Please attach PAN proof.		Country of Birth		<input type="checkbox"/> KYC Acknowledgment Enclosed
PAN (Refer Instruction IV)#		Date of Birth		D D M M Y Y Y Y		Status: (✓) <input type="checkbox"/> RI <input type="checkbox"/> NRI		Nationality			
THIRD APPLICANT'S DETAILS			Name		Mr Ms		# Please attach PAN proof.		Country of Birth		<input type="checkbox"/> KYC Acknowledgment Enclosed
PAN (Refer Instruction IV)#		Date of Birth		D D M M Y Y Y Y		Status: (✓) <input type="checkbox"/> RI <input type="checkbox"/> NRI		Nationality			
NAME OF POWER OF ATTORNEY (POA) HOLDER (If investment is being made by a Constituted Attorney)										Mr Ms	
PAN										<input type="checkbox"/> KYC Acknowledgment Enclosed	

FIRST HOLDER'S BANK ACCOUNT DETAILS (Mandatory) Refer Instruction III.

All communication / payments will be made to the first applicant, or to the Karta in case of HUF. Bank account details of first applicant required, without which the application is liable to be rejected.

Name of the Bank				Branch			
Account No. (in figures)				Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others			
Account no. (in words)							
Bank Address							
Pincode		State		City			
MICR Code (9 digits)		Example for filling the Account No.		Ac. No.		1 3 5 7	
*IFSC Code for NEFT / RTGS				In words		One Three Five Seven	
<input type="checkbox"/> *This is an 11 Digit Number, kindly obtain it from your Bank Branch. (Please attach copy of cancelled cheque)							

REDEMPTION / DIVIDEND / REFUND PAYOUTS (Refer Instruction X for details)

SCHEME DETAILS (Please choose the Option and Sub-option for Investment, please read product labeling details available on Cover Page and Instruction before filling this section)

Scheme Name				Plan (please ✓) <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B (Direct) <input type="checkbox"/> Zero Balance folio			
Option (please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend				Sub-option (please ✓) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment			

INVESTMENT DETAILS (Strike off whichever is not applicable)

GROSS AMOUNT (A) ₹		A		DD CHARGES (IF ANY) (B)		B		NET AMOUNT (CHEQUE / DD AMOUNT) ₹		A minus B	
MODE OF PAYMENT		<input type="checkbox"/> Cheque <input type="checkbox"/> NEFT / RTGS <input type="checkbox"/> DD (Bank Certificate / Third Party / DD Declaration Enclosed) (for Third Party Payment Refer Instruction VI(9))									
Cheque / DD Details		A/c No.		A/c Type		Date		D D M M Y Y Y Y		Drawn on Bank	
In case of NEFT / RTGS payment		UTR No.									

DEMAT ACCOUNT DETAILS National Securities Depository Limited Central Depository Services (India) Limited

Depository Participant Name Mr / Ms / M/s											
DP ID No.				Client ID No.							

NOMINATION DETAILS (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat Form) Refer Instruction VII.

Name and Address of the Nominee(s)	Relationship between Nominee & Investor	Date of Birth	Name & Address of Guardian (to be furnished in case the nominee is minor)	Signature of Guardian / Nominee	Proportion (%) by which the units will be shared by each nominee (% to aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

DECLARATION AND SIGNATURES

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 am/are authorized to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rule, regulation, notification or direction or any other applicable laws issued by the Government of India or any regulatory or statutory authority. I/We have understood the details of the Scheme and in the event "Know Your Customer" process is not completed by me/us to the satisfaction of the AMC, I/We hereby authorize the AMC to redeem the funds invested in the Scheme, in favour of the first applicant at the applicable NAV prevailing on the date of such redemption and to undertake such other action with such funds as may be required by law. I/We hereby authorize Baroda Pioneer Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Baroda Pioneer Mutual Fund bank(s) and/or Distributor/Broker/Investment Adviser.

The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him/it for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated. If I/We have not ticked for not appointing a nominee, then the Application Form shall be processed as without nomination.

Applicable for "Execution Only" transaction: I/We, the undersigned, hereby acknowledge and confirm that the above transaction is "Execution Only" as explained vide SEBI circular no. CIR/IMD/DF/13/2011 dated 22 August 2011. This investment is being made notwithstanding the advice of the appropriateness/inappropriateness of the same and the distributor has not charged any advisory fees on this transaction.

Applicable for NRIs: I/We confirm that I am/we are Non-Residents of Indian nationality/origin but not residents of the United States and Canada and I/We hereby confirm that I/We have remitted funds from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression

2nd Applicant Signature / POA Signature / Thumb Impression

3rd Applicant Signature / POA Signature / Thumb Impression

Add convenience to your life with our value added service



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 ESOA <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.



Investor can avail below facilities	For more details call :
1. NAV	1800-2670-189 (Toll Free)
2. Account Balance	
3. Account Statement	
4. Last 5 Transactions	
Visit :	
www.barodapioneer.in	

Application Form STP / SWP / DSO

BARODA PIONEER MUTUAL FUND



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 STP / SWP / DSO : 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 the schemes of Baroda Pioneer Mutual Fund)

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
ARN-15114			E087300		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.

Please note that the applicant details and mode of holding are as per the existing Folio Number

Folio No.		Name of Sole / First Unit Holder	
-----------	--	----------------------------------	--

SYSTEMATIC TRANSFER PLAN (STP)

No. of units Capital Appreciation Fixed Amount (Please tick one option only).

Folio No.		PAN		Enclosed (please ✓)	<input type="checkbox"/> PAN copy	<input type="checkbox"/> KYC	
Mobile No.		Email ID					
Amount ₹ (in figures)		₹ (in words)				OR	
Units							
STP Frequency	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Calendar Quarter	STP Period	Start From	D D M M Y Y Y Y	End On	D D M M Y Y Y Y
STP Date	<input type="checkbox"/> 1st	<input type="checkbox"/> 10th (Default)	<input type="checkbox"/> 15th	<input type="checkbox"/> 25th	<input type="checkbox"/> All dates		
FROM	Scheme		Option		Sub-Option		
TO	Scheme		Option		Sub-Option		

SYSTEMATIC WITHDRAWAL PLAN (SWP)

Fixed Amount Capital Appreciation

(Please tick one option only)

Folio No.		PAN		Enclosed (please ✓)	<input type="checkbox"/> PAN copy	<input type="checkbox"/> KYC	
Mobile No.		Email ID					
Amount ₹ (in figures)		₹ (in words)				OR	
Units							
SWP Frequency	<input type="checkbox"/> Monthly (Default)	<input type="checkbox"/> Calendar Quarter	SWP Period	Start From	D D M M Y Y Y Y	End On	D D M M Y Y Y Y
SWP Date	<input type="checkbox"/> 1st	<input type="checkbox"/> 10th (Default)	<input type="checkbox"/> 15th	<input type="checkbox"/> 25th			
FROM	Scheme		Option		Sub-Option		

DIVIDEND SWEEP OPTION (DSO) - ENROLMENT DETAILS (Allow 7 days to register, please mention complete Scheme, Plan & Option)

Source Scheme (From where Dividend is to be transferred)	Baroda Pioneer
Target Scheme (To where Dividend is to be transferred)	Baroda Pioneer

DECLARATION AND SIGNATURES

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 am/are authorized to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rule, regulation, notification or direction or any other applicable laws issued by the Government of India or any regulatory or statutory authority. The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him/it for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated. Applicable for NRIs: I/We confirm that I am/we are Non-Residents of Indian nationality/origin but not residents of the United States and Canada and I/we hereby confirm that I/we have remitted funds from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

Signature / Thumb Impression of Sole / 1st Applicant / POA Holder / Guardian

Signature / Thumb Impression of 2nd Applicant / POA Holder / Guardian

Signature / Thumb Impression of 3rd Applicant / POA Holder / Guardian

INSTRUCTION

- An STP will be treated like an SWP from the outgoing scheme and an SIP into the incoming scheme.
- Exit Load, as applicable from time to time, will be levied on STP/SWP.
- In the case of STP/SWP/DSO, the request to start the STP/SWP must reach the ISC at least 7 working days prior to the first STP/SWP.
- For SWP - In case the payout date is not mentioned, the payroll will continue till the balance units are reduced to zero.

For STP - In case the period or end date is not given, STP units / amounts will get switched out till it meets the minimum investment amount in switched in scheme. All Dates - there will be four STP transactions processed in a month i.e 1st, 10th, 15th and 25th.

In case the from date is not mentioned, it will be treated as the 1st day of the following month.

For DSO - Please refer to website for list of Source Scheme, Target Schemes and detailed terms and conditions. The Minimum amount of dividend eligible for transfer under Dividend Transfer Plan is Rs. 200/-

ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)

Investor Name	
Folio No.	
Dated	D D M M Y Y Y Y
<input type="checkbox"/> STP / <input type="checkbox"/> SWP / <input type="checkbox"/> DSO	
Scheme / Plan / Option / Sub-Option	To (for STP Only)
Amount ₹	

Signature, Stamp & Date