

Common Application Form (For Lumpsum / Systematic Investments)



Sr. No.:

Please refer the instructions while filling the Application Form. Tick (✓) Whichever is applicable. (Strike out which is not required)

1. DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Baroda Pioneer Mutual Fund)			
Distributor / Broker ARN		Sub-Broker Code	Employee 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.

Existing Folio Number: _____ SIP Form Attached

2. PAN AND KYC COMPLIANT STATUS DETAILS (Mandatory)			
	PAN # (Refer Instruction - Page 15, IV)	KYC Compliant Status** (If yes attach proof) KYC Mandatory for investment of Rs. 50,000 and above. (Refer Instruction - Page 15)	
First Applicant/ Guardian*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second Applicant		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third Applicant		<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If the First Applicant is a Minor, then please state the details of Parent / Guardian. # Please attach PAN proof. ** Refer Instruction - Page 15, IV

Occupation (please ✓) Agriculture Business Service Professional Housewife Retired Sportsperson Politics
 Others _____

Are you applying as (please ✓) Resident Individual NRI/Others Partnership Public Ltd. Co. - Listed On behalf of Minor PIO
 NRI/NRO Trust BOI Public Ltd. Co. - Unlisted Societies Body Corporate
 NRI/NRE Proprietorship AOP FII HUF Others _____

2. SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters use one box for one alphabet leaving one box blank between two words, as it appears in your Bank Account)	
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Name Mr Ms M/s

Date of Birth DD MM YY YY Status: (✓) RI NRI

Name of the Contact Person in case of Non-Individual

Guardian Name (if Sole/ First applicant is a Minor) Mr Ms M/s

Address [P. O. Box Address is not sufficient] (Indian address in case of NRIs/ FIIs)

City Pincode (Mandatory)

State Country

Contact Details: Phone O Extn. Fax

R Mobile

E-mail

I/We wish to receive the following via e-mail in lieu of physical document(s) (Please ✓) Account Statement Annual Report Other Communication

Overseas Address (Mandatory in case of NRI/ FII applicant in addition to mailing address) _____

State Country Zip code

I/We confirm that I am/we are non-residents 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.

3. JOINT APPLICANT'S DETAILS	
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SECOND APPLICANT
Name Mr Ms M/s

Date of Birth DD MM YY YY Status: (✓) RI NRI

THIRD APPLICANT
Name Mr Ms M/s

Date of Birth DD MM YY YY Status: (✓) RI NRI

Mode of Holding (please ✓) Single OR Joint OR Anyone or Survivor *Default Option: Joint*

NAME OF POWER OF ATTORNEY HOLDER (POA) (If investment is being made by a Constituted Attorney)

Name Mr Ms M/s

PAN* **Refer Instruction - IV. Kindly enclose copy of the proof of PAN. In case of a joint holding, PAN of all the joint holders should be mentioned in the application form.*

ACKNOWLEDGMENT SLIP (To be filled by the investor)	
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Received from Mr. / Ms. / M/s. _____
an application for Scheme _____
Plan _____ Option _____ Sub-option _____
alongwith Cheque / DD No. _____ Dated _____ Drawn on (Bank) _____
_____ Amount (Rs.) _____

Sr. No.:

Signature, Stamp & Date
