

Application Form STP / SWP



Please read the instructions before filling the Application Form

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

Distributor / Broker ARN	ARN-87761	Sub-Broker Code		Employee Code	E075033
--------------------------	-----------	-----------------	--	---------------	---------

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.

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

Common Account No.

Name of Sole/ First Unit Holder

SYSTEMATIC TRANSFER PLAN (STP)

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

Folio No. PAN No. Enclosed (please✓) ☐ PAN copy ☐ KYC

Mobile No. Email

Amount Rs. (in figures) Rs. (in words) OR

Units OR Dividend

STP Frequency: ☐ Monthly ☐ Quarterly STP Period: Start From End On STP Date: ☐ 1st ☐ 10th ☐ 15th ☐ 25th

FROM Scheme Plan Option

TO Scheme Plan Option

SYSTEMATIC WITHDRAWAL PLAN (SWP)

☐ Fixed Amount
 ☐ Capital Appreciation
 (Please tick one option only).

Folio No. PAN No. Enclosed (please✓) ☐ PAN copy ☐ KYC

Mobile No. Email

Amount Rs. (in figures) Rs. (in words) OR

Units OR Dividend

SWP Frequency: ☐ Monthly ☐ Quarterly SWP Period: Start From End On SWP Date: ☐ 1st ☐ 10th ☐ 15th ☐ 25th

FROM Scheme Plan Option

DECLARATION AND SIGNATURES

I / We have read and understood the contents of the offer document/s to the Scheme/s including the sections on "Prevention of Money Laundering and Know Your Customers". I / We hereby apply to the Trustees of the Baroda Pioneer Mutual Fund for units of the Scheme as indicated above ["the Scheme"] and agree to abide by the terms and conditions, of the Scheme/s and such other schemes into which my / our investment may be moved pursuant to any instalment received from me / us to sweep/switch the units as applicable to my / our investment including any further transaction under the Scheme. I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We further declare that the amount invested by me / us in the Scheme/s is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.

I / We further confirm that I / we have the express authority from the relevant constitution to invest in the units of the Scheme and the Baroda Pioneer Mutual Fund, its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution.

I / We authorize AMC to reject the application, reverse the units credited, restrain me / us from making any further investment in any of the Scheme/s of Baroda Pioneer Mutual Fund, recover / debit my / our folio(s) with the penal interest and take any appropriate action against me / us in case the cheque(s) / payment instrument is / are returned unpaid by my / our bank for any reason whatsoever.

I/We hereby further agree that AMC can directly credit all the dividend payouts and redemption amount to my / our bank details given herein, where AMC has such arrangement with my / our Bank.

* STP / SWP - Payment should reach to ISC before 7 working days from the start of first STP / SWP

* Loads applicable as per scheme

* For SWP - in case the payout date is not mentioned, the payout will continue till the balance units reduced to zero

* For SIP - in case STP Period or end date is not given, STP units / amount will get switched out till it meets the minimum investment amount in switched in scheme.

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

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Applicable to NRIs only:

I / We confirm that I am / we are Non - Residents of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my / our Non - Residents External / Ordinary Account / FCNR Account.

Signature /Thumb Impression of Sole / 1st Applicant / POA Holder	Signature /Thumb Impression of 2nd Applicant/ POA Holder	Signature /Thumb Impression of 3rd Applicant/ POA Holder
--	--	--

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Investor Name

Folio No. Dated:

☐ STP / ☐ SWP

Scheme / Plan / Option / Sub-Option To (STP Only)

Amount Rs.

Signature, Stamp & Date

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

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="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Applicant	<input type="text"/>	<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)

Name

Date of Birth Status: (✓) ☐ RI ☐ NRI

Name of the Contact Person in case of Non-Individual

Guardian Name (if Sole/ First applicant is a Minor)

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

SECOND APPLICANT

Name

Date of Birth Status: (✓) ☐ RI ☐ NRI

THIRD APPLICANT

Name

Date of Birth 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

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)

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