SIP REGISTRATION CUM NACH MANDATE FORM

Baroda BNP PARIBAS MUTUAL FUND

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

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	☐	MM/YYYY		☐ Half Yearly ☐ Yearly
Baroda BNP Paribas _____		DD or DAY	MM/YYYY	☐	MM/YYYY		☐ Half Yearly ☐ Yearly
Baroda BNP Paribas _____		DD or DAY	MM/YYYY	☐	MM/YYYY		☐ Half Yearly ☐ Yearly
Baroda BNP Paribas _____		DD or DAY	MM/YYYY	☐	MM/YYYY		☐ Half Yearly ☐ Yearly

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

1st SIP Cheque Details Cheque No. _____ Date D D M M Y Y Y Y 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 / Baroda 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, lightening, 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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Baroda BNP PARIBAS MUTUAL FUND

OTM Debit Mandate for NACH/Direct Debit

UMRN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date D D M M Y Y Y Y

Sponsor Bank Code _____ Utility Code _____

Tick (✓)

CREATE	✓
MODIFY	
CANCEL	

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

Bank a/c number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

with Bank Name of customers bank IFSC ☐☐☐☐☐☐☐☐☐☐☐ or MICR ☐☐☐☐☐☐☐☐☐

an amount of Rupees _____ ₹

FREQUENCY ☒ ~~Mthly~~ ☒ ~~Qtly~~ ☒ ~~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	D D	M M	Y Y Y Y
To	3 1	1 2	2 0 9 9

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.