SIP REGISTRATION CUM NACH MANDATE FORM

Please read product labelling details available on cover page and the instructions before filling up the Application Form.

◯ **Existing OTM** (Please mention UMRN no of existing OTM) ◯ **New Mandate** (Please fill OTM form below)

Baroda BNP PARIBAS MUTUAL FUND

Distributor ARN / RIA Code	Sub Distributor ARN	Sub Distributor / RM Internal Code	EUIN*	LG Code	For Office use only (Time Stamp)

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, 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.

*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.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder

1. EXISTING INVESTOR'S FOLIO NUMBER

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

2. SYSTEMATIC INVESTMENT PLAN DETAILS ☐ SIP ☐ MULTI SIP

Frequency (Please ✓) ☐ Daily SIP ☐ Weekly SIP ☐ Fortnightly SIP^ ☐ Monthly SIP* ☐ Quarterly SIP

Scheme Name	Plan	Option	SIP Amount	SIP Date / Day#	Start Date	End Date**	Top Up Amount	Top Up Frequency
BBNPP	☐ Direct ☐ Regular	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly
BBNPP	☐ Direct ☐ Regular	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly
BBNPP	☐ Direct ☐ Regular	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly
BBNPP	☐ Direct ☐ Regular	☐ Growth ☐ IDCW Payout ☐ IDCW Reinvestment		D D / Day	M M Y Y Y Y	M M Y Y Y Y		☐ Half Yearly ☐ Yearly

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**

^ Please refer point no. 2 for schemes eligible for fortnightly frequency

** SIP tenure can be registerd upto a maximum of 40 years.

Select any date between 1-31 for monthly and quarterly frequency. Either 5 or 20 for fortnightly frequency and any day Monday-Friday for Weekly frequency.

3. DECLARATION

I / We declare that the particulars furnished here are correct. I / We authorize Baroda BNP Paribas Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH as per my request from time to time. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I/ We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Baroda BNP Pasribas Mutual Fund using this facility. I/ We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Baroda BNP Paribas Mutual Fund.

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	D D	M M	Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Maximum period of validity of this mandate is 40 years only

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.