PAN BASED NACH MANDATE CUM SIP REGISTRATION FORM



Please read product labeling details available on cover page and the instructions before filling up the Application Form. Tick (\checkmark) whichever is applicable, strike out whichever is not required. Please refer the SIP: Terms & Conditions while filling up the Form. Tick (\checkmark) whichever is applicable, strike out whichever is not required.

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Schemes covered by this KIM)																								
Distributor / Broker ARN Sub-Broker Code					Sub-Broker ARN					EUIN			ode		RIA Code									
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)													ting inv											
In case the subscription amount is ₹ 10,000/- or more and your distributor has opted to receive Transactidistributor. Units will be issued against the balance amount.									es, the	ey are de	eductible	e, as ap	plicable,	from th	e purc	hase /	subscr	iption a	amou	nt and	payab	le to the		
New Registration with BMF Change in Bank Account for existing Registration with BMF SIP Cancellation																								
First SIP cheque and subsequent via Auto Debit / ECS if the Bank is not participating in ACH Platfor PAN DETAILS (Mandatory) *If the First Applicant is a Minor, p																		nroof	# (D	ofor l	otru	tion IVA		
First/Sole Applicant*	anuatory)				d Applica		it is a ivi	πιοι, μ	nease	State	ile det	allo UI		Applica		allaci	IFAIN	proor.	(n	eiei ii	istruc	Juon IV)		
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1 st SIP Cheque Details Ch	eque No.			Da	ite D	D N	M M	Y	Υ	Υ														
SIP Auto Debit Dates	☐ 1st			oth of the		SIP P		Start F			D M	M	YY	YY	En	d On	D [) M	M	Υ	Υ	YY		
SIP date should be either 1"/10"/15"/25" (Note: Cheque should be drawn on bank details provided below) (Note: Please allow minimum one month for auto debit to register and start). Identify authorise Barroda Mutual Fund (BMF) and their authorised service providers to debit my following bank account by ECS (Debit Clearing)/ auto debit to account for collection of SIP payments. We have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. IWe agree to abide by the terms, conditions, rules & regulations governing the Scheme. IWe hereby declare that IWe do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. IWe have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of mutual funds from amongst which the Scheme is being recommended to me/us. IWe hereby declare that ICS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, IWe would not hold Baroda Mutual Fund, Baroda Asset Management India Limited, its investment manager, or any of their appointed service providers or representatives responsible. IWe will also inform Baroda Asset Management India Limited about any changes in my/our bank account. IWe have read and agreed to the terms and conditions mentioned overleaf.															We do not systematic We hereby ation, I/We									
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I Agree for the debit of mandat PERIOD	e processing	charges by t	he bank whom I	am authori	izing to d	lebit my a	accounts	as per l	atest s	chedule	of char	ges of t	he bank.											
From D D M	M Y Y	Signature Primary Account holder							Signature Account holder						Signature Account holder									
Or Until can	celled		1.1	Name as in	Bank Re	ecords			2. Name as in Bank F					k Records				3. Name as in Bank Records						

Declaration: This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instruction 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.