

Common Application Form (For Lumpsum / Systematic Investments)



Please read product labeling details available on cover page and the instructions before filling up the Application Form. Tick (✓) whichever is applicable, strike out whichever is not required.

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

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	RIA Code

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.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression	2nd Applicant Signature / POA Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression
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TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY (Please refer Instructions VIII)

<input type="checkbox"/> I confirm that I am a first time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor across Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)
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In case the subscription amount is ₹ 10,000/- or more and your distributor has opted to receive Transaction Charges, they are deductible, as applicable, from the purchase / subscription amount and payable to the distributor. Units will be issued against the balance amount. Existing Folio Number

MODE OF HOLDING Single OR Joint OR Anyone or Survivor Default Option: Joint (Please refer Instructions II)

SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in ALPHABETS and use one box for one alphabet, leaving one box blank between two words, as it appears in your PAN Card)

Name	Mr	Ms	M/s											NAME AS PER PAN CARD																	
Address [P. O. Box Address is not sufficient] (Indian address, in case of NRIs/ FPI's)																															
Pincode												(Mandatory)		State						Country						City					
Phone (Off.)						Fax No.						Mobile No.																			
Phone (Res)						Email ID1*																									
Email ID2*						Status (please ✓) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parents																									

*Wherever email ID is registered, an electronic Statement of Account (e-SOA) will be shared with the investor. In case you want to receive a physical statement, please request for the same separately. Investors are advised to give their email IDs or that of their family member and not third party so that the important communication from the Fund reaches them directly and in time. This will also prevent any unintended consequences that can arise out of providing third party email ids.

SECOND APPLICANT'S Name	Mr	Ms																					

THIRD APPLICANT'S Name	Mr	Ms																					

Name of the Guardian (in case First / Sole Applicant is minor) / Contact Person - Designation / PoA Holder (In case of Non-Individual Investors)																							

Status of the First Applicant (Mandatory, please ✓)	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Minor through guardian	<input type="checkbox"/> Foreign National Resident in India	<input type="checkbox"/> NRI - Non Repatriation	<input type="checkbox"/> NRI-Repatriation	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Society / Club	<input type="checkbox"/> BOI	<input type="checkbox"/> LLP	<input type="checkbox"/> HUF	<input type="checkbox"/> Trust	<input type="checkbox"/> FPIs	<input type="checkbox"/> Company	<input type="checkbox"/> QFI	<input type="checkbox"/> PIO	<input type="checkbox"/> OCI	<input type="checkbox"/> AOP	<input type="checkbox"/> Partnership	<input type="checkbox"/> NGO	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Others
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ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Received from Mr. / Ms. / M/s.																							
PAN						an Application for scheme																	
Option (please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend						Sub-option (please ✓) <input type="checkbox"/> Reinvestment <input type="checkbox"/> Pay-out																	
along with Cheque / UTR No.												Dated						D D M M Y Y Y Y					
Drawn on (Bank)												Amount ₹											

Signature, Stamp & Date

Overseas Address (Mandatory in case of NRI/ FPIs applicant, in addition to mailing address)																								
State			Country				Zip Code																	
Information (*Mandatory)	First Applicant**				Second Applicant				Third Applicant															
Date of Birth	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
PAN/PEKRN*																								
Aadhaar																								
KIN No (CKYC)																								
**Incase Minor / POA																								
	Guardian (In case of Minor)						POA Holder																	
Name																								
Relationship																								
Date of Birth of Minor	D	D	M	M	Y	Y	Y	Y																
PAN/PEKRN																								
Aadhaar																								
KIN Nos. (CKYC)																								
Information to Investor's	<p>The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations. The mandatory requirement to submit the Aadhaar details/ documents by existing as well as new investors has been deferred till further notice.</p> <p>Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016.</p> <p>We shall receive your demographic information which shall be used only to comply with applicable laws / rules / regulations.</p>																							
Consent	<p>I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.</p> <p>I/We hereby provide my/our consent for sharing/disclosing my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual funds and their Registrar and Transfer Agents (RTA) for the purpose of updating the same in my/our folios.</p>																							
Signature																								
Politically Exposed Person (PEP)	<input type="checkbox"/> Self <input type="checkbox"/> Related <input type="checkbox"/> Not Applicable				<input type="checkbox"/> Self <input type="checkbox"/> Related <input type="checkbox"/> Not Applicable				<input type="checkbox"/> Self <input type="checkbox"/> Related <input type="checkbox"/> Not Applicable															
Occupation of the Applicant	<input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Builder <input type="checkbox"/> Sports <input type="checkbox"/> Defence <input type="checkbox"/> Public Co.(Listed) <input type="checkbox"/> Public Co.(Unlisted) <input type="checkbox"/> Agriculture <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Gov. Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Entertainment <input type="checkbox"/> Other				<input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Builder <input type="checkbox"/> Sports <input type="checkbox"/> Defence <input type="checkbox"/> Public Co.(Listed) <input type="checkbox"/> Public Co.(Unlisted) <input type="checkbox"/> Agriculture <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Gov. Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Entertainment <input type="checkbox"/> Other				<input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Builder <input type="checkbox"/> Sports <input type="checkbox"/> Defence <input type="checkbox"/> Public Co.(Listed) <input type="checkbox"/> Public Co.(Unlisted) <input type="checkbox"/> Agriculture <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Gov. Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Entertainment <input type="checkbox"/> Other															
Gross Annual Income	<input type="checkbox"/> <1L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> 25 L-1 Cr <input type="checkbox"/> > 1 Cr and so on				<input type="checkbox"/> <1L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> 25 L-1 Cr <input type="checkbox"/> > 1 Cr and so on				<input type="checkbox"/> <1L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> 25 L-1 Cr <input type="checkbox"/> > 1 Cr and so on															
OR																								
Net-worth* in ₹ (Lacs) *Should not be older than one year (Mandatory for Non-Individual)																								
Networth as of date	D D M M Y Y Y Y				D D M M Y Y Y Y				D D M M Y Y Y Y															
Non-Individuals	<p>Is the entity involved in any of the following services:</p> <p>• Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No • Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No • Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																							

(Refer Instruction IV)*Please attach PAN proof.

Add convenience to your life with our value added service



Simply send **SMS to 9212 132763 to avail the below facilities	
Balance	SMS BAL <space> last 6 digits of Folio No.
NAV	SMS NAV <space> last 6 digits of Folio No.
Statement thru Email	SMS ESOA <space> last 6 digits of Folio No.
Last 3 Transactions	SMS Transaction <space> last 6 digits of Folio No.



Investor can avail below facilities
1. NAV
2. Account Balance
3. Account Statement
4. Last 5 Transactions

For more details call :
1800-2670-189 (Toll Free)
9 am to 6 pm - Monday to Saturday on all Business Days
9 am to 2 pm on 2nd & 4th Saturdays of the Month
www.barodamf.com

**SMS charges as per service provider applicable.

FATCA & CRS INFORMATION [Please tick (✓)] For Individuals & HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA detail form

Refer Instruction XI for more details The below information is required for all applicant(s)/ guardian

Address Type: Residential or Business Residential Business Registered Office (for address mentioned in form/existing address appearing in Folio)

Is the applicant(s) Country of Birth / Nationality / Tax Residency other than India?

First Applicant (including Minor)	Second Applicant	Third Applicant
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes", please provide the following information (Mandatory)

Please indicate all countries in which you are resident for tax purposes and the associated Tax Reference Numbers below.

Category	First Applicant (including Minor)	Second Applicant/ Guardian	Third Applicant
Name of Applicant			
Place/ City of Birth			
Country of Birth			
Country of Tax Residency [#]			
Tax Payer Ref. ID No ^A			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 2			
Tax Payer Ref. ID No. 2			
Identification Type [TIN or other, please specify]			
Country of Tax Residency 3			
Tax Payer Ref. ID No.3			
Identification Type [TIN or other, please specify]			

[#]To also include USA, where the individual is a citizen/ green card holder of USA. ^AIn case Tax Identification Number is not available, kindly provide its functional equivalent.

FIRST HOLDER'S BANK ACCOUNT DETAILS (Mandatory) Refer Instruction III.

All communication / payments will be made to the first applicant, or to the Karta in case of HUF. Bank account details of first applicant are required, without which the application is liable to be rejected.

Name of the Bank											Branch															
Account No. (in figures)											Account Type	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> Others										
Account no. (in words)																										
Bank Address																										
Pincode						State						City														
MICR Code (9 digits)											Example for filling the Account No.	Ac. No.	1	3	5	7	*This is an 11 Digit Number, kindly obtain it from your Bank Branch. (Please attach copy of cancelled cheque)									
*IFSC Code for NEFT / RTGS											In words	One	Three	Five	Seven											
Virtual Payment Address (VPA) (of the Sole / First Holder / Guardian) (for Payment through UPI) (Refer Instruction XIII for more details)																										

REDEMPTION / REFUND PAYOUTS (Refer Instruction X for details)

SCHEME DETAILS (Please choose the Option and Sub-option for Investment, please read product labeling details available on Cover Page and Instruction before filling this section)

Scheme Name											Plan (please ✓)	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	
Option (please ✓)	<input type="checkbox"/> Growth	<input type="checkbox"/> Dividend											Pay out	<input type="checkbox"/> Reinvestment

INVESTMENT DETAILS (Strike off whichever is not applicable) OTM Only Lumpsum Only SIP Lumpsum & SIP

GROSS AMOUNT (A) ₹			A			CHARGES (IF ANY) (B)			B			NET AMOUNT (CHEQUE AMOUNT) ₹			A minus B	
MODE OF PAYMENT	<input type="checkbox"/> Cheque	<input type="checkbox"/> NEFT / RTGS	<input type="checkbox"/> UPI													
Cheque Details	A/c No.											A/c Type				
	Cheque No.			Date	D	D	M	M	Y	Y	Y	Y	Drawn on Bank			
In case of NEFT / RTGS payment	UTR No.															

DEMAT ACCOUNT DETAILS National Securities Depository Limited Central Depository Services (India) Limited

Depository Participant Name	Mr / Ms / M/s																					
DP ID No.	I	N																Client ID No.				

NOMINATION DETAILS (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat Form) Refer Instruction VII.

Name and Address of the Nominee(s)	Relationship between Nominee & Investor	Date of Birth	Name & Address of Guardian (to be furnished in case the nominee is minor)	Signature of Guardian / Nominee	Proportion (%) by which the units will be shared by each nominee (% to aggregate to 100%)
Nominee 1		DDMMYYYY			
Nominee 2		DDMMYYYY			
Nominee 3		DDMMYYYY			

DECLARATION AND SIGNATURES

I/We have read and understood the contents of the scheme related documents and hereby apply for allotment of units in the Scheme. I/We agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that I/We am/are authorized to make this investment and that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any act, rule, regulation, notification or direction or any other applicable laws issued by the Government of India or any regulatory or statutory authority. I/We have understood the details of the Scheme and in the event "Know Your Customer" process is not completed by me/us to the satisfaction of the AMC, I/We hereby authorize the AMC to redeem the funds invested in the Scheme, in favour of the first applicant at the applicable NAV prevailing on the date of such redemption and to undertake such other action with such funds as may be required by law. I/We hereby authorise Baroda Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Baroda Mutual Fund' bank(s) and/or Distributor/Broker/Investment Adviser.

The ARN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him/it for the different competing schemes of various mutual funds from amongst which the Scheme is being recommended to me/us. I/We have neither received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated. If I/We have not ticked for not appointing a nominee, then the Application Form shall be processed as without nomination.

Applicable for "Execution Only" transaction : I/We, the undersigned, hereby acknowledge and confirm that the above transaction is "Execution Only" as explained vide SEBI circular no. CIR /IMD/DF/13/2011 dated 22 August 2011. This investment is being made notwithstanding the advice of the appropriateness/inappropriateness of the same and the distributor has not charged any advisory fees on this transaction.

Applicable for NRIs : I/We confirm that I am/we are Non-Residents of Indian nationality/origin but not residents of the United States and Canada and I/we hereby confirm that I/we have remitted funds from abroad through approved banking channels or from my/our monies in my/our domestic account maintained in accordance with applicable RBI guidelines.

Applicable for FATCA & CRS :

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression	2nd Applicant Signature / POA Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression
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Toll Free Number No. : 1800 2670 189

**9 am to 6 pm - Monday to Saturday
on all Business Days**

9 am to 2 pm on 2nd & 4th Saturdays of the Month

**Visit us at :
www.barodamf.com**

**Email:
info@barodamf.com**