

# 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)

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

|                          |            |                 |  |               |  |
|--------------------------|------------|-----------------|--|---------------|--|
| Distributor / Broker ARN | ARN- 82882 | 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 IV) | KYC Compliant Status** (attach proof) (Refer Instruction IV) |
|------------------------|------------------------------|--|
| First Sole / Applicant |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| Guardian*              |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| Second Applicant       |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |
| Third Applicant        |                              | <input type="checkbox"/> Yes <input type="checkbox"/> No     |

\*If the First Applicant is Minor, then please state the details of Parent / Guardian. # Please attach PAN proof. \*\*Refer Instruction IV

|   |   |  |   |  |  |   |
|---|---|--|---|--|--|---|
| Occupation of the applicant (Mandatory, please ✓) | <input type="checkbox"/> Agriculture<br><input type="checkbox"/> Sportsperson<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> FII | <input type="checkbox"/> Business<br><input type="checkbox"/> Politics<br><input type="checkbox"/> HNI<br><input type="checkbox"/> Builder | <input type="checkbox"/> Service<br><input type="checkbox"/> NGO<br><input type="checkbox"/> Public Co. - Listed<br><input type="checkbox"/> Consultant | <input type="checkbox"/> Professional<br><input type="checkbox"/> PIO<br><input type="checkbox"/> Public Co. - Unlisted<br><input type="checkbox"/> Others | <input type="checkbox"/> Housewife<br><input type="checkbox"/> Entertainment<br><input type="checkbox"/> Societies | <input type="checkbox"/> Retired<br><input type="checkbox"/> Proprietorship<br><input type="checkbox"/> Charity |
| Tax status of the Applicant (Mandatory, please ✓) | <input type="checkbox"/> Individual RI<br><input type="checkbox"/> Association of Persons   | <input type="checkbox"/> Individual NRI<br><input type="checkbox"/> Local Authority  | <input type="checkbox"/> Hindu Undivided Family (HUF)<br><input type="checkbox"/> Association of Persons (Trusts)                                       | <input type="checkbox"/> Company<br><input type="checkbox"/> Body of Individual  | <input type="checkbox"/> Firm<br><input type="checkbox"/> Artificial Juridical Person                              |   |
| Income Status of the applicant                    | <input type="checkbox"/> up to ₹ 5 lakh   | <input type="checkbox"/> ₹ 5 lakh to ₹ 25 lakh   | <input type="checkbox"/> ₹ 25 lakh to ₹ 1 crore   | <input type="checkbox"/> ₹ 1 crore to ₹ 5 crore  | <input type="checkbox"/> ₹ 5 crore & above   |   |

## SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in LETTERS use one box for one alphabet leaving one box blank between two words, as it appears in your Bank Account)

Name  Mr  Ms

Name of the contact Person in case of Non-Individual

Date of Birth

Guardian Name (if Sole/ First applicant is a Minor)  Mr  Ms  M/s

☐ Natural Guardian (Father & Mother) ☐ Legal Guardian (Court appointed Guardian)

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 1

E-mail 2

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/ Fill 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.

## JOINT APPLICANT'S DETAILS

Name  Mr  Ms

SECOND APPLICANT

Date of Birth           Status: (✓) ☐ RI ☐ NRI

THIRD APPLICANT

Name  Mr  Ms

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  Mr  Ms  M/s

PAN  ☐ KYC Compliance proof

## 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

*All communication / payments will be made to first applicant or to Karta in case of HUF. Bank account details of First Unitholder required without which the application would be rejected.*

|                                   |  |  |   |   |                                  |                              |                               |                              |                                 |
|-----------------------------------|--|--|---|---|----------------------------------|------------------------------|-------------------------------|------------------------------|---------------------------------|
| <b>Name of the Bank</b>           |  |  |   |   |                                  |                              |                               |                              |                                 |
| <b>Branch</b>                     |  |  | <b>Account Type</b>   | <input type="checkbox"/> Savings                                    | <input type="checkbox"/> Current | <input type="checkbox"/> NRO | <input type="checkbox"/> NRNR | <input type="checkbox"/> NRE | <input type="checkbox"/> Others |
| <b>Account No. (in Fig.)</b>      |  |  |   |   |                                  |                              |                               |                              |                                 |
| <b>Account No. (in words)</b>     |  |  |   |   |                                  |                              |                               |                              |                                 |
| <b>Bank Address</b>               |  |  |   |   |                                  |                              |                               |                              |                                 |
| <b>City</b>                       |  |  |   | <b>State</b>  |                                  |                              |                               | <b>Pincode</b>               |                                 |
| <b>MICR Code</b>                  |  |  | (To be filled in only if dividend is to be paid through ECS). |   |                                  |                              |                               |                              |                                 |
| <b>*IFSC Code for NEFT / RTGS</b> |  |  |   | *This is a 11 Digit Number, kindly obtain it from your Bank Branch. |                                  |                              |                               |                              |                                 |

Subscriptions to Baroda Pioneer Liquid Fund, by NEFT / RTGS and credit to the collection account of the mutual fund after 2 pm up to 3 pm.\* (please ✓ any one)

- ☐ Units to be allotted based on the closing NAV of the day immediately preceding the next business day\*.
- ☐ Subscription amount to be credited to the registered default bank account of the investor on the day of credit.

Baroda Pioneer Mutual Fund shall credit the redemption/Dividend/Refund payout/ Broker / Clearing Member into investor's account electronically in case the IFSC Code/MICR code has been provided by the investor. An investor who purchases units through a broker / clearing member will receive units in his/her/its account through his/her/its broker / clearing member's pool account. The AMC will credit the units to the broker / clearing member's pool account, and they in turn will credit the units to the investor's account. Credit of units to the broker / clearing member's pool account by the AMC shall discharge the AMC of its obligation of allotment of units to the investor. In case of Bank / Broker / Clearing Member not crediting my /our bank account with/without assigning any reason thereof or if the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Baroda Pioneer Mutual Fund responsible. I / We understand that in case account number furnished by me /us, if found incorrect, I /We would not hold Baroda Pioneer Mutual Fund responsible for the credit going to the wrong account. Further, the Mutual Fund reserves the right to issue a demand draft /payment at par cheque in case it is not possible to make payment by NEFT / ECS. If however you wish to receive payouts by cheque, please tick here ☐

|             |                    |   |
|-------------|--------------------|---|
| Scheme Name | Plan               |   |
| Options     | Dividend Frequency | <input type="checkbox"/> Zero Balance folio |

|  |   |  |  |  |  |           |  |  |  |  |  |
|--|---|--|--|--|--|-----------|--|--|--|--|--|
| <b>GROSS AMOUNT (A)</b>                | ₹ |  |  |  |  | A         |  |  |  |  |  |
| <b>NET AMOUNT (CHEQUE / DD AMOUNT)</b> | ₹ |  |  |  |  | A minus B |  |  |  |  |  |

**DD CHARGES (IF ANY) (B)** ₹ 
 

|   |  |  |  |
|---|--|--|--|
| B |  |  |  |
|---|--|--|--|

|                                |               |         |          |  |                 |             |       |   |   |   |   |   |   |   |   |
|--------------------------------|---------------|---------|----------|--|-----------------|-------------|-------|---|---|---|---|---|---|---|---|
| Cheque Details                 | A/c No.       |         | Type A/c |  | Cheque / DD No. |             | Dated | D | D | M | M | Y | Y | Y | Y |
|                                | Drawn on Bank |         |          |  |                 |             |       |   |   |   |   |   |   |   |   |
|                                | Branch        |         |          |  |                 | Branch City |       |   |   |   |   |   |   |   |   |
| In case of NEFT / RTGS payment |               | UTR No. |          |  |                 |             |       |   |   |   |   |   |   |   |   |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>SIP Type:</b> <input type="checkbox"/> Normal SIP <input type="checkbox"/> Micro SIP* |  | <b>Frequency:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly |  | <b>SIP Dates:</b> <input type="checkbox"/> 1st <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 25th |  |
| <b>SIP Amount (₹ in figures):</b> <input type="text"/>                                   |  | <b>SIP PERIOD :</b> Start From <input type="text"/> End On <input type="text"/>       |  |  |  |
| <b>SIP Amount (₹ in words):</b> <input type="text"/>                                     |  |   |  |  |  |
| <b>Cheque / DD No.</b> <input type="text"/>  |  | <b>From</b> <input type="text"/>  |  | <b>To</b> <input type="text"/>   |  |
| <b>Drawn on Bank</b> <input type="text"/>  |  |   |  |  |  |
| <b>Branch</b> <input type="text"/>   |  | <b>Branch City</b> <input type="text"/>   |  |  |  |

**Micro SIP\* Photo Identification document enclosed** (please refer instruction 3)

\*(Only for Micro SIP - for aggregate Investment not exceeding ₹ 50,000 in a financial year)

I / We declare hereby that we do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a financial year.

Signature

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

a) I/We have read & understood the contents in the SID of the Scheme and SAI. I/We hereby apply for units of the Scheme & agree to abide by the terms, conditions, rules & regulations governing the Scheme. I/We hereby declare that the amount invested in the Scheme is through legitimate sources only & does not involve & is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directions of the provisions of the Income Tax Act, Money Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws and/or any other applicable laws enacted by the Govt. of India from time to time. I/We have understood the details of the Scheme and in the event "Know Your Customer" process not completed by me/us to the satisfaction of the AMC, I/We hereby authorise the AMC to redeem the funds invested in the Scheme, in favour of the applicant at the applicable NAV prevailing on the date of such redemption & undertake such other action with such funds that may be required by the Law. b) For NRIs: I/We confirm that I am/We are Non Residents of Indian Nationality / Origin & that I/We have remitted funds from abroad through a valid PAN card & have opened a Non-Resident Ordinary Account. I/We confirm that the details provided in the Form are true and correct. I/We confirm that I/We are not holding valid PAN card. c) The ARN holder has disclosed to me / us all the commission (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.

|  |   |   |
|--|---|---|
| 1st Unitholder Signature / Guardian Signature / Thumb Impression | 2nd Unitholder Signature / Thumb Impression | 3rd Unitholder Signature / Thumb Impression |
|--|---|---|

Agra • Ahmedabad • Ajmer • Aligarh • Allahabad • Anand • Bangalore • Bareilly • Baroda • Bharuch • Bhilai • Bhopal • Bhubaneswar • Bikaner • Bilaspur • Chandigarh • Chennai • Cochin • Coimbatore • Dehradun • Erode • Gorakhpur • Guwahati • Gwalior • Haldwani • Hyderabad • Indore • Jabalpur • Jaipur • Jalandhar • Jamnagar • Jamshedpur • Jhansi • Jodhpur • Kanpur • Kolkata • Lucknow • Ludhiana • Madurai • Meerut • Mehsana • Moradabad • Mumbai • Nagpur • Nasik • New Delhi • Panjim • Patna • Pune • Raipur • Rajkot • Ranchi • Siliguri • Surat • Tirupur • Trichy • Udaipur • Valsad • Vapi • Varanasi • Vijayawada • Visakhapatnam