Common Application Form (For Lumpsum and SIP) Please read product labelling 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.

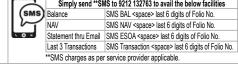


All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

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ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) Application form received for purchase of units, subject to realization, verification and conditions		•	•• •				
Mr. / Ms. / M/s	Mr. / Ms. / M/s.	-			Scheme / Dian		Stamp Date & Signature

4. INVESTMENT & PA FOR ZERO BALANCE FOLIC				_		_	_	_		
	n (please fill detai									
Scheme Name: Baroda BNP Pa						Amour				_
Cheque No./UMRN:	<i>f</i> - -+-: - -	Bank		Ac	count No.		Pay	ment Mo	ode: 🔿 Cheque 🔿 NEFT 🔿 RTGS 🔿 OT	М
FOR SIP / MULTIPLE SIP : PI For Multiple SIP - investment can	be made upto four	elow and also t Schemes with a	nii SIP form single instrument, Multiple SIP Scheme	s to be me	ntioned in the b	elow table and sir	nale instrument i	for the to	tal consolidated amount favouring Baroda B	NP
Mutual Fund to be provided. Ment							igio inoti unione			
	Sc	heme Name			Plan		Option		Amount	
1. Baroda BNP Paribas					Direct / Regu				₹	
2. Baroda BNP Paribas					Direct / Regu				₹	
3. Baroda BNP Paribas					Direct / Regu				₹	
4. Baroda BNP Paribas					Direct / Regu	ılar			₹	
Total Amount (In Words)						Total A	mount (In Figure	es)		
Cheque No./UMRN:		Bank:		Ac	count No.		Payr	nent Moo	de: \bigcirc Cheque \bigcirc NEFT \bigcirc RTGS \bigcirc OTM	1
Payment Type : O Non-Third Pa	irty Payment OT	hird Party Paym	ent (Please attach "Third Party Declarati	ion Form")						
5. DEMAT ACCOUNT	DETAILS									
National Securities Depositor	y Ltd.	Depositor	ry Participant Name							
Central Depository Services (India) Ltd.	DP ID No			Beneficiary Acc	count No.				
	. ,	conv of the DP 9	Statement enabling us to match the Dema	t details as			case the form is	not filler	d, the default option will be physical mode.	_
6. FIRST HOLDER'S I			-		stated in the Ap			5 HOL IIIICU	a, the deladit option will be physical mode.	
Bank Name	BANK A000									
Ac. no. (In Figures)			Δ	/c. Type	◯ Savings	Current O		⊂ FC	NR	
Ac. no. (In Words)			//	vo. type	Odvings					1
Branch Address										
State			C	City					Pin Code	7
MICR Code			(9 Digit No. next to your Cheque No.)						(11 Digit No. appearing on Cheque)	
Example for filling the Account No	o. 1 3 5	7 in words C	Dne Three Five Seven (Please	e attach co	py of cancelled	cheque)				
7. FATCA DETAILS Fo	or Individual (M	landatory)	Non Individual investors inclu	uding Hl	JF should M	andatorily fill	separate FA	TCA d	etail form	
Details under Foreign Tax Laws	:	First /	Sole Applicant / Guardian		Secon	d Applicant			◯ Third Applicant ◯ PoA	
Place & Country of Birth										
Nationality		\bigcirc Indian \bigcirc U	S Others (Please Specify)	🔾 India	n \bigcirc US \bigcirc Ot	hers (Please	Specify)	\bigcirc India	an OUS Others (Please Specify)	
Address Type		Residential	○ Registered Office ○ Business	Resid	dential 🔘 Regi	stered Office \bigcirc	Business	\bigcirc Res	idential \bigcirc Registered Office \bigcirc Business	
Are you a tax resident (i.e. are y	ou assessed for T	ax) in any othe	r country outside India? 🗌 Yes 🛛	No	(If Yes, please	e provide inform	ation below)			
Country of Tax Residency										
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Require the TIN to be collected) S. NOMINATION - MA I. I/We do not wish to nominate Z. Having read and understood th Nominee 1 Nominee 2 Nominee 3 ^^ In case Nominee is minor. # Please J. DECLARATION & \$ I/ We hereby confirm and declare as un have neither received nor been induced plying on betalf of or as proxyholders	R NDATORY, ex e SIGN he instruction for No se indicate the perc SIGNATURES ider:-1 / We am / are r by any rebate or gifts of a person who is a	eason C: others ven if no inte ATURE(S) pmination, I / We Nominee Nam ventage of alloca iot prohibited from directly or indirect S person. I am/ V	s, please specify the reason above ention to nominate. Minor & Po First / Sole Applicant hereby nominate the person(s) more pa ne tion / share for each of the nominees in to accessing capital markets under any order / rn by in making this investment. I am / we are not by are completent under the applicable laws are	Reast	escribed hereur ionship bers only withou ent etc., of any rei n, within the mear	Required (Select ninate and sh Second Applic der in respect of Date of Birth ^A at any decimals m gulation, including S ing of the United SI	Allocation %#	this set the Folic 100 per n is in co t, 1933, a over mentit	ection Third Applicant below me/us in the event of my death. Guardian Signature^ cent.	/ We e not
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 Email Id-service@barodabnpparibasmf.in S Board line no.- 022 69209600 • Toll Free no.- 1800 2670 189
 Fax no.- 022 69209 460/470
 Website URL- www.barodabnpparibasmf.in
 CIN no.- U65991MH2003PTC142972



SIP REGISTRATION CUM NACH MANDATE FORM

Or

- Until Cancelled

Please read product labelling 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.



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1.

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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.

Name as in bank records

3. _