

Common Application Form

(For Lumpsum / Systematic Investments)

BARODA PIONEER MUTUAL FUND



Sr. No.

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 Pioneer Mutual Fund)

Distributor / Broker ARN	Sub-Broker Code	LG Code	EUIN
<small>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. <input type="checkbox"/> 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.</small>			
1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression	2nd Applicant Signature / POA Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression	

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)
 I confirm that I am an existing investor across Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)

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

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) RELATED INFORMATION OF THE SOLE/ PRIMARY APPLICANT (please refer instruction XI for details)

US / Non-US Person Declaration for individuals (FATCA)* (*Mandatory)

I/We hereby declare and agree that I am/we are not a "U.S. person" for U.S. federal income tax purposes and that I am/we are not acting for, or on behalf of a U.S. person. I/We understand that Baroda Pioneer Asset Management Company Limited ("BPAMC"), will rely on and act on this statement to be true as per the details furnished by me/us. In the event of false statement, BPAMC reserves the right to reject the application or terminate my / our folio. Further, I/We agree to notify BPAMC within 30 days of any change in my/our status as a U.S. person for the purposes of U.S. federal income tax. I/We agree to indemnify BPAMC in respect of any false or misleading information regarding my/our "U.S. person" status for U.S. federal income tax purposes.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression

2nd Applicant Signature / POA Signature / Thumb Impression

3rd Applicant Signature / POA Signature / Thumb Impression

Individual: If you are a US person or tax-payer, please tick (✓) this box and provide your TIN (Tax-payer identification Number) below or attach a W9 form.

US TIN: - - - - - (OR) W9 Form attached (please ✓) Country of Residence: Please specify Country of Birth: Please specify

Non Individual: Foreign Account Tax Compliance Act related information of the Applicant

Country of Incorporation: Please specify Form Type (refer instructions): Please specify FATCA Classification:

GIIN: List of Signatories / Controlling persons with names and addresses attached (please ✓)

PAN DETAILS (Mandatory)

PAN # (Refer Instruction IV)

Status of the First Applicant (Mandatory, please ✓)

First / Sole Applicant	Second Applicant	<input type="checkbox"/> BOI <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> Trust <input type="checkbox"/> Fils <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"/> Sole Proprietorship <input type="checkbox"/> Society / Club <input type="checkbox"/> NRI - Repatriation <input type="checkbox"/> Body Corporate <input type="checkbox"/> Minor through guardian <input type="checkbox"/> NRI - Repatriation <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> Resident Individual <input type="checkbox"/> Other
Guardian*	Third Applicant	
*If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof.		
Occupation of the Applicant (Mandatory, please ✓) <input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Builder <input type="checkbox"/> Public Co. - Listed <input type="checkbox"/> Public Co. - Unlisted <input type="checkbox"/> Defence <input type="checkbox"/> Agriculture <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Gov. Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Other		
Gross Annual Income OR Net-worth* in ₹ (Lacks) <input type="checkbox"/> <1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> >25 L as on Date: D D M M Y Y Y Y *Should not be older than one year Any other information:		
NON-INDIVIDUALS <input type="checkbox"/> <1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> >25 L <input type="checkbox"/> 25 L - 1 Cr <input type="checkbox"/> >1 Cr as on Date: D D M M Y Y Y Y Is the entity involved in any of the following services: • 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		

MODE OF HOLDING Single OR Joint OR Anyone or Survivor Default Option: Joint

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 Bank Account)

Name: Mr Ms M/s

Name of the contact person in case of Non-Individual

Date of Birth (DOB): D D M M Y Y Y Y Nationality (For Individuals)

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

Natural Guardian (Father & Mother) Legal Guardian (Court appointed Guardian) Proof of DOB of Minor enclosed (please ✓) Passport Birth Certificate Other

Address [P. O. Box Address is not sufficient] (Indian address, in case of NRIs/ Fils)

City

Pincode (Mandatory) State Country

Phone (Off.) Fax No. Mobile No.

Phone (Res) Email ID 1

ACKNOWLEDGMENT SLIP (To be filled in by the investor)

Received from Mr. / Ms. / M/s.	Sr. No.
an Application for scheme	
Option (please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus Sub-option (please ✓) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment	Signature, Stamp & Date
alongwith Cheque / DD No. / UTR No.	
Dated: D D M M Y Y Y Y	
Drawn on (Bank)	Amount ₹

Overseas Address (Mandatory in case of NRI/ FI applicant, in addition to mailing address)												
State				Country				Zip Code				
I/We confirm that I am/we are non-resident 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.												
SECOND APPLICANT'S DETAILS		Name	Mr	Ms								
Date of Birth	D	D	M	M	Y	Y	Y	Y	Status: (✓)	<input type="checkbox"/> RI	<input type="checkbox"/> NRI	Nationality
THIRD APPLICANT'S DETAILS		Name	Mr	Ms								
Date of Birth	D	D	M	M	Y	Y	Y	Y	Status: (✓)	<input type="checkbox"/> RI	<input type="checkbox"/> NRI	Nationality
NAME OF POWER OF ATTORNEY (POA) HOLDER (if investment is being made by a Constituted Attorney)										Mr	Ms	
PAN										<input type="checkbox"/> KYC Acknowledgment Enclosed		

SUBSCRIPTIONS TO BARODA PIONEER LIQUID FUND 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.

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 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.	
*IFSC Code for NEFT / RTGS								In words		One Three Five Seven		(Please attach copy of cancelled cheque)	

REDEMPTION / DIVIDEND / 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"/> Plan A <input type="checkbox"/> Plan B (Direct) <input type="checkbox"/> Zero Balance folio					
Option (please ✓) <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus						Sub-option (please ✓) <input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment					

INVESTMENT DETAILS (Strike off whichever is not applicable)

GROSS AMOUNT (A) ₹			A			DD CHARGES (IF ANY) (B)			B			NET AMOUNT (CHEQUE / DD AMOUNT) ₹			A minus B																									
MODE OF PAYMENT <input type="checkbox"/> Cheque <input type="checkbox"/> NEFT / RTGS <input type="checkbox"/> DD (Bank Certificate / Third Party / DD Declaration Enclosed) (for Third Party Payment Refer Instruction VI(9))																																								
Cheque / DD Details		A/c No.			A/c Type			Cheque / DD 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						Depository Participant Name Mr / Ms / M/s											
DP ID No.						Beneficiary A/c No.						Target 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					
Nominee 2					
Nominee 3					

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 authorize Baroda Pioneer Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Baroda Pioneer 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 true 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.


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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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 ESA <space> last 6 digits of Folio No.
Last 3 Transactions	SMS Transaction <space> last 6 digits of Folio No.

**SMS charges as per service provider applicable.



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

For more details call : **18004190911 (Toll Free)**
Visit : **www.barodapioneer.in**