

# Common Application Form

## (For Lumpsum / Systematic Investments)

BARODA PIONEER MUTUAL FUND



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.

Sr. No.

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

| Distributor / Broker ARN | Sub-Broker Code | Sub-Broker ARN | EUIN     | LG Code | I H No. (K Bolt)    | Date & Time Stamp   |
|--------------------------|-----------------|----------------|----------|---------|---------------------|---------------------|
| 58603 - VRIDHI           |                 |                | E 026768 |         | For Office use only | For Office use only |

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 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 |
|---|--|--|

### 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) / COMMON REPORTING STANDARD (CRS) RELATED INFORMATION OF THE APPLICANT(S)

(Please refer instruction XI for details)

It is mandatory to fill and sign the annexure relating to FATCA & CRS, which forms part of this Application Form.

|  |             |   |   |   |   |   |  |  |  |  |                                |                                      |  |  |                                      |   |
|--|-------------|---|---|---|---|---|--|--|--|--|--------------------------------|--------------------------------------|--|--|--------------------------------------|---|
| <b>Status of the First Applicant (Mandatory, please ✓)</b> |             | <input type="checkbox"/> BOI              | <input type="checkbox"/> LLP                    | <input type="checkbox"/> HUF                              | <input type="checkbox"/> Trust                  | <input type="checkbox"/> FIs                                | <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"/> Society / Club                    |             | <input type="checkbox"/> NRI-Repatriation | <input type="checkbox"/> Minor through guardian | <input type="checkbox"/> Body Corporate                   | <input type="checkbox"/> NRI - Non Repatriation | <input type="checkbox"/> Foreign National Resident in India | <input type="checkbox"/> Resident Individual | <input type="checkbox"/> Other               |  |  |                                |                                      |  |  |                                      |   |
| <b>Occupation of the Applicant (Mandatory, please ✓)</b>   |             | <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"/> Sports              | <input type="checkbox"/> Entertainment       |  |  |                                |                                      | <input type="checkbox"/> Other   |  |                                      |   |
| Gross Annual Income OR Net-worth* in ₹ (Lacks)             | 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                              | as on Date                                   | D D M M Y Y Y Y                              | 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                  |
|  |             | * Should not be older than one year       |   | <input type="checkbox"/> Politically Exposed Person (PEP) | <input type="checkbox"/> Related to a PEP       | Is the entity involved in any of the following services:    |  |  |  | <input type="checkbox"/> Foreign Exchange/ Money Changer | <input type="checkbox"/> Yes   | <input type="checkbox"/> No          | <input type="checkbox"/> Gaming/ Gambling/ Lottery (casinos, betting syndicates) | <input type="checkbox"/> Yes                 | <input type="checkbox"/> No          | <input type="checkbox"/> Money Lending/ Pawning |
| Any other information                                      |             |   |   |   |   |   |  |  |  |  |                                |                                      |  |  |                                      |   |

**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  |  |     |                                   |          |  |                               |                                |  |            |  |                             |  |
|  |             |  |  |  |     |                                   |          |  |                               |                                |  |            |  | PAN (Refer Instruction IV)# |  |
| 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 |                                   |          |  |                               |                                |  |            |  |                             |  |
| PAN (Refer Instruction IV)*#   |             |  | *If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof. |  |     |                                   |          |  |                               |                                |  |            |  |                             |  |
| <input type="checkbox"/> Natural Guardian (Father & Mother)                          |             | <input type="checkbox"/> Legal Guardian (Court appointed Guardian) |  | <input type="checkbox"/> Proof of DOB of Minor enclosed (please ✓) |     | <input type="checkbox"/> Passport |          | <input type="checkbox"/> Birth Certificate |                               | <input type="checkbox"/> Other |  |            |  |                             |  |
| Address [P. O. Box Address is not sufficient] (Indian address, in case of NRIs/ FIs) |             |  |  |  |     |                                   |          |  |                               |                                |  |            |  |                             |  |
|  |             |  |  |  |     |                                   |          |  |                               |                                |  |            |  | City                        |  |
| Pincode  | (Mandatory) |  |  | State  |     |                                   |          |  |                               | Country                        |  |            |  |                             |  |
| Phone (Off.)   |             |  |  |  |     |                                   | Fax No.  |  |                               |                                |  | Mobile No. |  |                             |  |
| Phone (Res)  |             |  |  |  |     |                                   | Email ID |  |                               |                                |  |            |  |                             |  |

### ACKNOWLEDGMENT SLIP (To be filled in by the investor)

|                                     |                                 |                                   |                       |  |                                 |                                       |          |   |   |   |   |   |   |   |                         |   |
|-------------------------------------|---------------------------------|-----------------------------------|-----------------------|--|---------------------------------|---------------------------------------|----------|---|---|---|---|---|---|---|-------------------------|---|
| Received from Mr. / Ms. / M/s.      |                                 |                                   |                       |  |                                 |                                       |          |   |   |   |   |   |   |   | Sr. No.                 |   |
| PAN                                 | an Application for scheme       |                                   |                       |  |                                 |                                       |          |   |   |   |   |   |   |   | Signature, Stamp & Date |   |
| Option (please ✓)                   | <input type="checkbox"/> Growth | <input type="checkbox"/> Dividend | Sub-option (please ✓) |  | <input type="checkbox"/> Payout | <input type="checkbox"/> Reinvestment |          |   |   |   |   |   |   |   |                         |   |
| 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

PAN (Refer Instruction IV)# # Please attach PAN proof. Country of Birth  KYC Acknowledgment Enclosed

Date of Birth D D M M Y Y Y Y Status: (✓)  RI  NRI Nationality

**THIRD APPLICANT'S DETAILS** Name Mr Ms

PAN (Refer Instruction IV)# # Please attach PAN proof. Country of Birth  KYC Acknowledgment Enclosed

Date of Birth D D M M Y Y Y Y Status: (✓)  RI  NRI Nationality

**NAME OF POWER OF ATTORNEY (POA) HOLDER (If investment is being made by a Constituted Attorney)** Mr Ms

PAN  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  Savings  Current  NRO  NRE  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 (✓)  Plan A  Plan B (Direct)  Zero Balance folio

Option (✓)  Growth  Dividend Sub-option (✓)  Payout  Reinvestment Dividend Frequency (✓)  Daily  Weekly  Monthly  Quarterly

**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**  Cheque  NEFT / RTGS  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

DP ID No. 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

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 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 units 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 APN 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.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression  
2nd Applicant Signature / POA Signature / Thumb Impression  
3rd Applicant Signature / POA Signature / Thumb Impression

**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)**  
Visit : **www.barodapioneer.in**

\*\*SMS charges as per service provider applicable.

# Debit Mandate for Auto Debit / ECS



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.  
Please refer the SIP : Terms & Conditions while filling up the Form. Tick (✓) 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            | LG Code | I H No. (K Bolt)    | Date & Time Stamp   |
|--------------------------|-----------------|----------------|-----------------|---------|---------------------|---------------------|
| <b>58603 - VRIDHI</b>    |                 |                | <b>E 026768</b> |         | For Office use only | For Office use only |

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)

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.

New Registration with BPMF  Change in Bank Account for existing Registration with BPMF  SIP Cancellation

First SIP cheque and subsequent via Auto Debit / ECS if the Bank is not participating in ACH Platform. (Please attach copy of cheque / cancelled cheque)

## PAN DETAILS (Mandatory)

\*If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof. \*(Refer Instruction IV)

|                       |                  |                 |
|-----------------------|------------------|-----------------|
| First/Sole Applicant* | Second Applicant | Third Applicant |
|-----------------------|------------------|-----------------|

## MICRO SIP (Only for Micro SIP - for aggregate investment not exceeding ₹ 50,000 in a financial year)

|  |  |  |  |  |  |  |  |  |  |           |
|--|--|--|--|--|--|--|--|--|--|-----------|
|  |  |  |  |  |  |  |  |  |  | Signature |
|--|--|--|--|--|--|--|--|--|--|-----------|

## INVESTOR AND INVESTMENT DETAILS

|                            |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Sole / First Investor Name |  |  |  |  |  |  |  |  |  |  |  |
| Folio / Application No.    | (Existing Investors : please mention Folio Number) |  |  |  |  |  |  |  |  |  |  |
| Scheme                     | Option and Sub Option                              |  |  |  |  |  |  |  |  |  |  |

## SIP AND PAYMENT DETAILS

|                                    |                              |                               |                               |  |            |  |   |         |                             |                              |   |   |   |   |        |   |   |   |   |   |   |   |   |
|------------------------------------|------------------------------|-------------------------------|-------------------------------|--|------------|--|---|---------|-----------------------------|------------------------------|---|---|---|---|--------|---|---|---|---|---|---|---|---|
| Each SIP Amount (₹)                |                              |                               |                               |  | Frequency  | <input type="checkbox"/> Monthly (Default) | <input type="checkbox"/> Calendar Quarter | Status: | <input type="checkbox"/> RI | <input type="checkbox"/> NRI |   |   |   |   |        |   |   |   |   |   |   |   |   |
| Amount in words                    |                              |                               |                               |  |            |  |   |         |                             |                              |   |   |   |   |        |   |   |   |   |   |   |   |   |
| 1 <sup>st</sup> SIP Cheque Details | Cheque No.                   |                               |                               | Date                                       | D          | D  | M   | M       | Y                           | Y                            | Y | Y |   |   |        |   |   |   |   |   |   |   |   |
| SIP Auto Debit Dates               | <input type="checkbox"/> 1st | <input type="checkbox"/> 10th | <input type="checkbox"/> 15th | <input type="checkbox"/> 25th of the month | SIP Period | Start Form                                 | D   | D       | M                           | M                            | Y | Y | Y | Y | End On | D | D | M | M | Y | Y | Y | Y |

SIP date should be either 1<sup>st</sup> / 10<sup>th</sup> / 15<sup>th</sup> / 25<sup>th</sup> (Note: Cheque should be drawn on bank details provided below) (Note: Please allow minimum one month for auto debit to register and start).

I/We hereby authorize Baroda Pioneer Mutual Fund (BPMF) and their authorised service providers to debit my following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

OR Perpetual (99 years) (Default)

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 do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding ₹ 50,000 in a year. I/We 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. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through direct debit/participation in ECS. 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, Baroda Pioneer Asset Management Company Ltd., its investment manager, or any of their appointed service providers or representatives responsible. I/We will also inform Baroda Pioneer Asset Management Company Ltd. about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

|   |   |   |
|---|---|---|
| 1st A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian | 2nd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian | 3rd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian |
|---|---|---|

## DEBIT MANDATE FOR NACH

|                            |      |  |  |  |  |  |  |  |  |  |  |      |   |   |   |   |   |   |   |   |
|----------------------------|------|--|--|--|--|--|--|--|--|--|--|------|---|---|---|---|---|---|---|---|
| BARODA PIONEER MUTUAL FUND | UMRN |  |  |  |  |  |  |  |  |  |  | Date | D | D | M | M | Y | Y | Y | Y |
|----------------------------|------|--|--|--|--|--|--|--|--|--|--|------|---|---|---|---|---|---|---|---|

|  |  |                   |             |  |  |  |              |                  |  |  |  |  |
|--|--|-------------------|-------------|--|--|--|--------------|------------------|--|--|--|--|
|  |  | Sponsor Bank Code | CITI000PIGW |  |  |  | Utility Code | CITI000200000037 |  |  |  |  |
|--|--|-------------------|-------------|--|--|--|--------------|------------------|--|--|--|--|

Tick (✓)  
Create  
Modify  
Cancel

I/We hereby authorize **BARODA PIONEER MUTUAL FUND** To debit (tick ✓) **SB / CA / CC / SB NRE / SB NRO / Other**

Bank A/c. Number

With Bank IFSC or MICR

An Amount of Rupees ₹

FREQUENCY  Mthly  Qtrly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Folio No. Phone No.

Scheme Name Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

|        |      |                            |                 |   |   |                            |   |   |   |                                  |                          |                          |  |
|--------|------|----------------------------|-----------------|---|---|----------------------------|---|---|---|----------------------------------|--------------------------|--------------------------|--|
| PERIOD | From | D                          | D               | M | M | Y                          | Y | Y | Y | Signature Primary Account holder | Signature Account holder | Signature Account holder |  |
|        | To   | D                          | D               | M | M | Y                          | Y | Y | Y |                                  |                          |                          |  |
|        | Or   | D                          | Until cancelled |   |   |                            |   |   |   |                                  |                          |                          |  |
|        |      | 1. Name as in Bank Records |                 |   |   | 2. Name as in Bank Records |   |   |   | 3. Name as in Bank Records       |                          |                          |  |

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and consent and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing instructions. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the above scheme and hereby confirm adherence to the terms of this mandate. 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, their representatives, service providers, participating banks & other user institutions responsible. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing.

Authorisation to Bank: I/We wish to inform you that I/We have registered with Baroda Pioneer Mutual Fund for ECS / NACH / Direct Debit through their authorised service provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose, I/We hereby authorize the representatives of Baroda Pioneer Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, etc. as may be applicable. 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 or the bank where I have authorized the debit.