## plication For А





ommon A							of Baroda	E PIONI	EEK
or Lumpsum /	Systematic	c Investme	<b>nts)</b>			Builk	u. vuu	mvestii	ionto
					Sr. No.:				
ease refer the instructions		*							
ISTRIBUTOR INFOR	MATION (Only ei	mpanelled Distribut	tors / Brokers wil	l be permitted t	o distribute Units of Baroda	Pioneer Mutual Fu	und)		
Distributor / Broker ARN ARN-0988		988	Sub-Broker Code		Employee Co		ode		
iront commission shall be pa	aid directly by the inv	vestor to the AMFI re	egistered Distribut	ors based on th	e investors' assessment of va	arious factors incue	ding the servi	ce rendered by the distributor	r.
sting Folio Number:							SIP For	m Attached	
-									
N AND KYC COMP	LIANT STATU								
		PAN # (Refer Inst	ruction IV)			pliant Status**	(attach proof)		
t Sole / Applicant ardian*		┥──┤──┤──			☐ Yes ☐ Yes				
ond Applicant		+ $+$ $+$						No No	
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e First Applicant is Minor, then pl	lease state the details of	Parent / Guardian. # Ple	ase attach PAN proof	. **Refer Instruction					
cupation of the	Agriculture Sportsperson	Business		Service NGO	Professional	Housev	wife [ ainment [	Retired Proprietorship	
datory, please ✓)	Partnership			Public Co Lis		sted 🗍 Societi	es [	Charity	
status of the	FII	Builder		Consultant			г	- Firm	
blicant (Mandatory, please ✓)	<ul> <li>Individual RI</li> <li>Association of</li> </ul>		dividual NRI ocal Authority		Undivided Family (HUF) ation of Persons (Trusts)	Company	dividual [	<ul> <li>Firm</li> <li>Artificial Juridical Person</li> </ul>	n
ome Status of the appl	licant  □ up to ₹ 5	jlakh []₹	5 lakh to ₹ 25 la	kh	kh to ₹ 1 crore		o₹5 crore [	₹5 crore & above	
<b>LE / FIRST APPLIC</b>	ANT'S PERSO	NAL DETAILS	(Please fill in LET)	TERS use one box	for one alphabet leaving one b	ox blank between tv	wo words, as it	t appears in your Bank Account	)
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e of Birth D D M	ΜΥΥΥΥ	1							
ardian Name (if Sole/ First	applicant is a Minor)	Mr Ms M/s							
Natural Guardian (Fathe		egal Guardian (C	ourt appointed Guardi	an)					1
dress [P. O. Box Address is not		-		uny					
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erseas Address (Mandat	tory in case of NRI/ Fill	applicant in addition 1	to mailing address)						
te			Count	ry				Zip code	
confirm that I am/we are non-re	esidents of Indian nation	ality/oringin & that I/We	have remitted funds	from abroad through	approved banking channels or fro	om funds in my/our NR	E/ FCNR Account	t.	
INT APPLICANT'S	DETAILS								
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de of Holding (please </td <td>Single OR</td> <td>Joint OR</td> <td>Anyone</td> <td>or Survivor</td> <td>Default Option: Joint</td> <td></td> <td></td> <td></td> <td></td>	Single OR	Joint OR	Anyone	or Survivor	Default Option: Joint				
ME OF POWER OF	ATTORNEY H	IOLDER (POA)	(If investment is be	ing made by a Co	stituted Attomey)				
me Mr Ms M/s									
N .		KYC Comp	liance proof						
								Q	
$\sim$									

ACKNOWLEDGMENT SLIP (To be filled by the investor) Sr. No.: Received from Mr. / Ms. / M/s. an application for Scheme Plan Option Sub-option alongwith Cheque / DD No. Dated Drawn on (Bank) Signature, Stamp & Date Amount (Rs.)

FIRST HOLDER'S E	BANK ACCO		S (Mandatory) Ref	er Instructions - II	l.							
All communication / payme Name of the Bank	ents will be made	to first applicant o	r to Karta in case of	HUF. Bank account detai	ls of First Un	itholder requ	ired with	out which the app	lication wou	d be rejected.		
Branch				count Type 🛛 S	avings [	Current		IRO 🗌 NF	NR 🗆	NRE 0	thers	
Account No. (in Fig.)					annge [							
Account No. (in words)												
Bank Address												
(	City			State					Pinco	de		
N	VICR Code			(To be filled in only if a	lividend is to be	e paid through E	ECS).					
*	IFSC Code for	NEFT / RTGS			*This is a 11	Digit Number,	kindly obta	in it from your Bank	Branch.			
Example for filling the Account No.	Ac. No. 1 In words One	3 5 7 Three Five Sever	9 4 2 Nine Four Two						(Please a	ttach copy of cance	elled cheque)	
<b>REDEMPTION / DIV</b>	/IDEND / RE	FUND PAYO	UTS									
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. The AMC will credit the units to the broker / clearing member's pool account. The AMC will credit the units to the broker / clearing member's pool account. The AMC will credit the 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 vithout 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 /payable 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 <b>SCHEME DETAILS</b> (Please choose the option for Investment.)												
SCHEME DETAILS	(Please choose th	e option for Investi	ment.)		1 1							
Scheme Name					Plan							
Options				Dividend Freq	uency					Zero Balanc	e folio	
[A] INVESTMENT D	ETAILS (Strike	e off whichever is r	not applicable)									
GROSS AMOUNT (A)	F	₹	A		DD C	HARGES (	(IF ANY) <b>(I</b>	B) ₹	3			
NET AMOUNT (CHEQUE	· - · · ·	₹	A minus B									
MODE OF PAYMENT	Cheque		GS	1	1							
Cheque		Type A/o		Cheque / DD	No.			[	Dated D	DMMY	YYY	
Details Drawn on	Bank											
Branch		-			Brar	ich City						
In case of NEFT / R	TGS payment	UTR No.										
[B] SIP DETAILS (Se	parate cheque rec	uired for each inve	estment)		1							
[B] SIP DETAILS (Se SIP Type: Normal S		•		ency: 🗌 Monthly	] Quarterl	у		SIP Dates:	]1st 🕅	10th 🗌 15th	25th	
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## **KARVY INVESTOR SERVICE CENTRES**

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