

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)

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

Distributor / Broker ARN	ARN-9225	Sub-Broker Code		Employee Code	
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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 - Page 15, IV)	KYC Compliant Status** (If yes attach proof) KYC Mandatory for investment of Rs. 50,000 and above. (Refer Instruction - Page 15)	
First Applicant/ 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 a Minor, then please state the details of Parent / Guardian. # Please attach PAN proof. ** Refer Instruction - Page 15, IV

Occupation (please ✓) Agriculture Business Service Professional Housewife Retired Others _____

Are you applying as (please ✓) Resident Individual NRI/Others Partnership Public Ltd. Co. - Listed On behalf of Minor PIO
 NRI/NRO Trust BOI Public Ltd. Co. - Unlisted Societies Body Corporate
 NRI/NRE Proprietorship AOP FII HUF Others _____

2. SOLE / FIRST APPLICANT'S PERSONAL DETAILS

(Please fill in Block Letters 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

Date of Birth DDMMYYYY Status: (✓) RI NRI

Name of the Contact Person in case of Non-Individual

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

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

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/ FII 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.

3. JOINT APPLICANT'S DETAILS

SECOND APPLICANT

Name Mr Ms M/s

Date of Birth DDMMYYYY Status: (✓) RI NRI

THIRD APPLICANT

Name Mr Ms M/s

Date of Birth DDMMYYYY 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* **Refer Instruction - IV. Kindly enclose copy of the proof of PAN. In case of a joint holding, PAN of all the joint holders should be mentioned in the application form.*

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

4. FIRST HOLDER'S BANK ACCOUNT DETAILS (Mandatory) Refer Instruction - III.

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

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

Example for filling the Account No.

Ac. No.	1	3	5	7	9	4	2
In words	One	Three	Five	Seven	Nine	Four	Two

(Please attach copy of cancelled cheque)

5. REDEMPTION / DIVIDEND / REFUND PAYOUTS

6. SCHEME DETAILS Refer Page 3 for correct scheme name (Please choose the scheme and option for Investment.)

Scheme Name _____ Plan _____
 Options _____ Dividend Frequency _____

[A] INVESTMENT DETAILS (Strike off Whichever is not applicable)

GROSS AMOUNT (A) _____ DD CHARGES (IF ANY) (B) _____ NET AMOUNT (CHEQUE / DD AMOUNT) _____
 Rs. _____ Rs. _____ Rs. _____
 MODE OF PAYMENT
 A/c No. _____ Type A/c _____ Cheque / DD No. _____ Dated _____
 Drawn on Bank _____ Branch City _____

[B] SIP DETAILS (Separate cheque required for each investment)

SIP Type: Normal SIP Micro SIP* Frequency: Monthly Quarterly SIP Dates: 1st 10th 15th 25th
 SIP Amount (Rs. in figures): _____ SIP Period: Start From _____ End On _____
 SIP Amount (Rs. in words): _____
 Cheque / DD No. _____ From _____ To _____
 Drawn on Bank _____ Branch City _____

Micro SIP* Photo Identification document enclosed (please refer page 18)

* (Only for Micro SIP - for aggregate Investment not exceeding Rs.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 Rs. 50,000 in a financial year.

Signature _____

7. NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) Refer Instruction - Page 16, VI

Name and Address of the Nominee(s)	Date of Birth	Name & Address of Guardian (to be furnished in case the nominee is minor)	Signature of Guardian	Proportion (%) by which the units shared by will be shared by each nominee (% to aggregate to 100%)
Nominee 1				
Nominee 2				
Nominee 3				

8. DECLARATION AND SIGNATURES

a) I/We having read & understood the contents of the Offer Document/ SID/ SAI of the Scheme, 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, Anti Money Regulations, Notifications or Directions of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Govt of India from time to time. I / We have understood the details of the scheme in the event "Know Your Customer" process not completed by me/us to the satisfaction of the AMC, I/We hereby authorised 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 & undertaking 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 approved banking channels or from funds in my / our Non-Resident External / Non-Resident Ordinary. I / We confirm that details provided by me / us are true and correct. I / We confirm that I / we are holding valid PAN card. c) The ARN holder has disclosed to me/us all the commissions (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 / Thumb Impression

2nd Unitholder Signature / Thumb Impression

3rd Unitholder Signature / Thumb Impression

KARVY INVESTOR SERVICE CENTRES