

# Application Form STP / SWP / DSO

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. Please refer the STP / SWP / DSO : 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 the schemes of Baroda Pioneer Mutual Fund)

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	Bar Code
					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.

## Please note that the applicant details and mode of holding are as per the existing Folio Number

Folio No.		Name of Sole / First Unit Holder	
-----------	--	----------------------------------	--

## SYSTEMATIC TRANSFER PLAN (STP)

No. of units  Capital Appreciation  Fixed Amount (Please tick one option only).

Folio No.		PAN		Enclosed (please ✓)	<input type="checkbox"/> PAN copy	<input type="checkbox"/> KYC
-----------	--	-----	--	---------------------	-----------------------------------	------------------------------

Mobile No.		Email ID	
------------	--	----------	--

Amount ₹ (in figures)		₹ (in words)		OR
-----------------------	--	--------------	--	----

Units	
-------	--

STP Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Calendar Quarter	STP Period	Start From	D	D	M	M	Y	Y	Y	Y	End On	D	D	M	M	Y	Y	Y	Y
---------------	--	------------	------------	---	---	---	---	---	---	---	---	--------	---	---	---	---	---	---	---	---

STP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All dates
----------	---

FROM	Scheme	Option	Sub-Option
------	--------	--------	------------

TO	Scheme	Option	Sub-Option
----	--------	--------	------------

## SYSTEMATIC WITHDRAWAL PLAN (SWP) Fixed Amount Capital Appreciation (Please tick one option only)

Folio No.		PAN		Enclosed (please ✓)	<input type="checkbox"/> PAN copy	<input type="checkbox"/> KYC
-----------	--	-----	--	---------------------	-----------------------------------	------------------------------

Mobile No.		Email ID	
------------	--	----------	--

Amount ₹ (in figures)		₹ (in words)		OR
-----------------------	--	--------------	--	----

Units	
-------	--

SWP Frequency	<input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Calendar Quarter	SWP Period	Start From	D	D	M	M	Y	Y	Y	Y	End On	D	D	M	M	Y	Y	Y	Y
---------------	--	------------	------------	---	---	---	---	---	---	---	---	--------	---	---	---	---	---	---	---	---

SWP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 15th <input type="checkbox"/> 25th <input type="checkbox"/> All dates
----------	---

FROM	Scheme	Option	Sub-Option
------	--------	--------	------------

## DIVIDEND SWEEP OPTION (DSO) - ENROLMENT DETAILS (Allow 7 days to register, please mention complete Scheme, Plan & Option)

Source Scheme (From where Dividend is to be transferred)	Baroda Pioneer
--	----------------

Target Scheme (To where Dividend is to be transferred)	Baroda Pioneer
--	----------------

## 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. 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 truly stated. 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.

Signature / Thumb Impression of Sole /  
1st Applicant / POA Holder / Guardian

Signature / Thumb Impression of 2nd Applicant /  
POA Holder / Guardian

Signature / Thumb Impression of 3rd Applicant /  
POA Holder / Guardian

## INSTRUCTION

- An STP will be treated like an SWP from the outgoing scheme and an SIP into the incoming scheme.
- Exit Load, as applicable from time to time, will be levied on STP/SWP.
- In the case of STP/SWP/DSO, the request to start the STP/SWP must reach the ISC at least 7 working days prior to the first STP/SWP.
- For SWP - in case the payout date is not mentioned, the payroll will continue till the balance units are reduced to zero.

For STP - in case the period or end date is not given, STP units / amounts will get switched out till it meets the minimum investment amount in switched in scheme. All Dates - there will be four STP transactions processed in a month i.e 1st, 10th, 15th and 25th.

In case the from date is not mentioned, it will be treated as the 1st day of the following month.

For DSO - Please refer to website for list of Source Scheme, Target Schemes and detailed terms and conditions. The Minimum amount of dividend eligible for transfer under Dividend Transfer Plan is Rs. 200/-.

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

Investor Name	
Folio No.	Dated D D M M Y Y Y Y
<input type="checkbox"/> STP / <input type="checkbox"/> SWP <input type="checkbox"/> DSO	
Scheme / Plan / Option / Sub-Option	To (for STP Only)
Amount ₹	Signature, Stamp & Date

This Page has been intentionally left blank.

# Debit Mandate for Auto Debit / NACH



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	Bar Code
					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 BPFM ■ Change in Bank Account for existing Registration with BPFM ■ 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).  OR Perpetual Until Cancelled (99 years) (Default)

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

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	For Office Use Only						Date	D	D	M	M	Y	Y	Y	Y
----------------------------	------	---------------------	--	--	--	--	--	------	---	---	---	---	---	---	---	---

<b>Bank of Baroda</b>		Sponsor Bank Code	For Office Use Only				Utility Code	For Office Use Only			
-----------------------	--	-------------------	---------------------	--	--	--	--------------	---------------------	--	--	--

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 **Investor Bank Name and Branch** IFSC **or MICR**

An Amount of Rupees ₹

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

Folio No. / Application 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	Signature Primary Account holder		Signature Account holder		Signature Account holder									
From	D	D	M	M	Y	Y	Y	Y	1. Name as in Bank Records		2. Name as in Bank Records		3. Name as in Bank Records	
To	D	D	M	M	Y	Y	Y	Y						
Or	Until cancelled													

Declaration: 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 of the bank where I have authorized the debit.