

Micro SIP / SIP Auto Debit Facility

New Investors are also requested to fill-in scheme application form

BARODA PIONEER MUTUAL FUND



Please refer the SIP / STP / SWP : Terms & Conditions while filling up the Micro SIP / SIP Auto Debit Facility 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	83671	Sub-Broker Code		LG Code		EUIN	E100500
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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 filing up the Application Form - VIII)

<input type="checkbox"/> I confirm that I am a First time investor across Mutual Funds. (₹ 150 deductible as Transaction Charge and payable to the Distributor)	<input type="checkbox"/> I confirm that I am an existing investor across Mutual Funds. (₹ 100 deductible as Transaction Charge and payable to the Distributor)
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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.

REGISTRATION CUM MANDATE FORM FOR ECS (DEBIT CLEARING / AUTO DEBIT)

First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)

New Registration with BPFM Change in Bank Account for existing Registration with BPFM

PAN DETAILS (Mandatory)

*(Refer Instruction IV)

First / Sole Applicant		Second Applicant	
Guardian*		Third Applicant	

*If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof.

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

Photo Identification document enclosed (please refer SIP/STP/SWP Terms and Conditions, MICRO SIP instruction C (3))

Signature

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 ₹ 50,000 in a financial year.

INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name			
Folio / Application No.	(Existing Investors : please mention Folio Number)		
Scheme	Option and Sub Option		
Date of Birth	First Applicant D D M M Y Y Y Y	Second Applicant D D M M Y Y Y Y	Third Applicant D D M M Y Y Y Y

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 st SIP Cheque Details	Cheque No.		₹ in		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	OR Perpetual (99 years) <input type="checkbox"/>

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

PARTICULARS OF BANK ACCOUNT

Account holder Name as in Bank Account	
Bank Name	Branch Name
City	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 figures)	Account No. (in words)
9 Digit MICR Code (Mandatory)	11 Digit IFSC Code

I/We hereby declare that the particulars given above are correct & express my/our willingness to make payments referred above through participation in ECS / Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We will not hold the user institution responsible. I/We will also inform Baroda Pioneer Asset Management Company Limited about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf.

To - The Trustee, Baroda Pioneer Mutual Fund, Mumbai; Having read & understood the contents of the Combined SID-Equity, SAI & KIM. I/We hereby apply for the respective Units of Baroda Pioneer Mutual Fund Scheme/s at NAV based price & agree to abide by the terms, conditions, rules & regulations of the scheme/s.

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 A/c Holder's Signature (as per Mutual Fund Record)	2nd A/c Holder's Signature (as per Mutual Fund Record)	3rd A/c Holder's Signature (as per Mutual Fund Record)
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FOR OFFICE USE ONLY (Not to be filled in by investor)

Recorded on	Recorded by	Bank use Mandate Ref. No.
Scheme Code	Credit A/c Number	Customer Ref. No.

AUTHORISATION OF THE BANK ACCOUNT HOLDER (To be signed by the account holder)

This is to inform that I/We have registered for RBI's Electronics Clearing Service (Debit Clearing) / Auto Debit Facility and that my/our payments towards my/our investments in Baroda Pioneer Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit to account mandate Form to get it verified & executed.

Bank Account Number

1st A/c Holder's Signature (As in Bank Records)	2nd A/c Holder's Signature (As in Bank Records)	3rd A/c Holder's Signature (As in Bank Records)
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(To be signed by all holders if mode of operation is Joint)