Application Form STP / SWP / DS0

Amount ₹





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 / Broker ARN Sub-Broker Code Sub-Broker ARN EUIN LG Code	
Ed 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 discontinuous factors, including the service rendered by the employee/relationsh 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)	hip manager/sales person of the above distributor or notwithstanding the on.
	g investor across Mutual Funds.
In case the subscription amount is ₹10,000/- or more and your distributor has opted to receive Transaction Charges, they are deductible, as applicable, 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	e ✓) □ PAN copy □ KYC
Mobile No. Email ID	
Amount ₹ (in figures) ₹ (in words)	OR
Units	
STP Frequency	/ Y Y End On D D M M Y Y Y Y
STP Date 1st 10th (Default) 15th 25th 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	PAN copy KYC
Mobile No. Email ID	
Amount ₹ (in figures) ₹ (in words)	OR
Units	
SWP Frequency	/ Y Y End On D D M M Y Y Y Y
SWP Date	
FROM Scheme Option	Sub-Option
DIVIDEND SWEEP OPTION (DSO) - ENROLMENT DETAILS (Allow 7 days to register, please mention complete Schen	ne, 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 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 purpo 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 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 rel 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/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 applic	s, rules & regulations governing the Scheme. I/We hereby declare that I/We use of any contravention or evasion of any act, rule, regulation, notification in the form of trail commission or any other mode), payable to him/it for the bate or gifts, directly or indirectly, in making this investment. I/We declare /origin but not residents of the United States and Canada and I/we hereby cable RBI guidelines.
Signature / Thumb Impression of Sole / Signature / Thumb Impression of 2nd Applicant / 1st Applicant / POA Holder / Guardian POA Holder / Guardian	
INSTRUCTION	
days prior to the first STP/SWP/. Incase the from date is not mentioned	ate is not given, STP units / amounts will get switched out till it ount in switched in scheme. All Dates - there will be four STP 1st, 10th, 15th and 25th. I, it will be treated as the 1st day of the following month. Iist of Source Scheme, Target Schemes and detailed terms and idend 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
	/ Y Y

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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 / Bro	Sub-Broker ARN							EUIN				LG Code					Bar Code													
Upfront commission shall be paid directly by the investor to the AMFI registered distributor, based on the investor's assessment of											nt of va	For Office use only																		
I/We hereby confirm the advice of in-appropriatence																					ger/sales	person (of the a	above d	listribut	or or n	otwiths	tandin	g the	
TRANSACT																														
☐ 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													`								. ,					ımour	nt and	paya	ble to	o the
distributor. Units will	be issued ag	ainst the ba	lance amo	ount.									_																	
	egistratio												_								SIP				n					
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) *If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof. *(Refer Instruction IV)															n IVA															
First/Sole Applicant*	LO (IVIAITO	atory)						Applica		Julie	0 u ii	,,,,,,	, pio	0000	Luto u	10 001	lano		Third <i>F</i>			o utto		/ II V	1001.	(110	5161 1	lisut	ICLIO	110)
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SIP date should be either 1																					OR Per	etual	Until	Cano	celled	(99)	/ears)	(Def	ault)	司
I hereby authorise Baroda Pic I/We have read and unders	stood the conter	nts of the sche	eme related	document	s and he	reby ap	ply for a	llotment	of unit	s in the	e Schei	me. I/W	le agr	ee to ab	ide by th	ne term:	s, con	ditions	s, rules &	k regu	ulations g	overnin	g the S	Scheme	e. I/We	hereby	y decla	re that	I/We o	do not
have any existing Micro SI Investment. The ARN hold	er has disclosed	d to me/us all	the commis	ssions (in t	trail com	mission	or any	other), p	ayable	to him	for the	e differ	ent co	mpetin	g schen	nes of m	nutual	funds	from an	nong	st which	the Sch	eme is	being	recom	mende	ed to m	ne/us. I	/We h	ereby
declare that the particulars would not hold Baroda Pior Ltd. about any changes in r	neer Mutual Fun	d, Baroda Pior	neer Assét N	N anageme	ent Comp	any Ltd	., its inve	estment	manag	er, or a																				
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Scheme Name													1	Email	ID															
I Agree for the debit of	mandate pro	cessing cha	arges by th	ne bank v	whom I	am au	ıthorizi	ng to de	ebit m	ny acc	ounts	as pe	er late	est sch	edule (of char	rges	of the	bank.											
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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.