## **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	Bar Code
	Dai Goue
	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.  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 persadvice 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	
☐ I confirm that I am a First time investor across Mutual Funds. ☐ I confirm that I am an existing investor across Mutual Funds.	
(₹ 150 deductible as Transaction Charge and payable to the Distributor) (₹ 100 deductible as Transaction Charge and payable to 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 purchast 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 ✓) □ PA	AN copy
Mobile No. Email ID	
Amount ₹ (in figures) ₹ (in words)	OR
Units	
STP Frequency	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	N copy KYC
Mobile No. Email ID	
Amount ₹ (in figures) ₹ (in words)	OR
Units	
SWP Frequency   Monthly (Default)   Calendar Quarter   SWP Period   Start From   D   D   M   M   Y   Y   Y   End	0n 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 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 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 contraventi or direction or any other applicable laws issued by the Government of India or any regulatory or statutory. The ARN holder has disclosed to me/us all the commission (in the form of trail com 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 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 reside 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.	governing the Scheme. I/We hereby declare that I/We ion or evasion of any act, rule, regulation, notification mission or any other mode, payable to him/if for the or indirectly, in making this investment. I/We declare nts of the United States and Canada and I/we hereby
Signature / Thumb Impression of Sole / Signature / Thumb Impression of 2nd Applicant / Signature / Th	
INSTRUCTION	
<ul> <li>1. An STP will be treated like an SWP from the outgoing scheme and an SIP into the incoming scheme.</li> <li>2. Exit Load, as applicable from time to time, will be levied on STP/SWP.</li> <li>3. 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/.</li> <li>4. For SWP - incase the payout date is not mentioned, the payroll will continue till the balance units are reduced to zero.</li> <li>For STP - incase the period or end date is not given, ST meets the minimum investment amount in switched in transactions processed in a month i. e. 1st, 10th, 15th an Incase the from date is not mentioned, it will be treated a for DSO - Please refer to website for list of Source Sch conditions. The Minimum amount of dividend eligible for transactions.</li> </ul>	as the 1st day of the following month. neme, Target Schemes and detailed terms and nsfer under Dividend Transfer Plan is Rs. 200/
ACKNOWLEDGMENT SLIP (To be filled in by the Applicant)	
TOTAL TOTAL TO SEE IT TO SEE ITHE APPROXIMENT	
Investor Name	
Investor Name Dated D D M M 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 / Broker ARN Sub-Broker Code								Sub-Broker ARN							EUIN				LG Code					Bar Code								
Unfront commission shall be said directly by the investor to the AMT analytical distribution based on the law.												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.  [IVWe 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.																															
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. ☐ I confirm that I am an existing investor across Mutual Funds.																																
(₹ 150 deductible as Transaction Charge and payable to the Distributor)  In case the subscription amount is ₹ 10 000/- or more and your distributor has onted to receive Transaction													(₹ 100 deductible as Transaction Charge and payable to the Distributor)  tion Charges, they are deductible, as applicable, from the purchase / subscription amount and payable to the														n the					
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	New Registration with BPMF Change in Bank Account for existing Registration with BPMF 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)																															
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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															11 IV)																	
First/Sole Applica									• •											i nira <i>F</i>	Арр	licant		╧	╧	_	╧	_	╘			
MICRO SIP (Only for Micro SIP - for aggregate investment not exceeding ₹ 50,000 in a financial year)																																
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SIP date should be ei																						OR Peri	etual	Unti	Cano	elled	(99 \	(ears)	(Def	ault)	Ħ	
I hereby authorise Baro I/We have read and u	inderstood the	contents of th	he scheme re	elated do	cuments	and here	eby app	oly for al	llotment	of unit	s in the	Sche	me. I/W	le agr	ee to ab	ide by t	ne term:	s, con	ditions	s, rules &	k regu	ulations g	overnin	g the S	Schem	e. I/We	hereb	y decla	re that	I/We o	do not	
have any existing Mi Investment. The ARN	I holder has d	isclosed to me	e/us all the co	ommissio	ions (in tra	ail comm	ission	or any o	other), pa	ayable	to him	for the	e differ	ent co	mpetin	g schen	nes of m	nutual	funds	from an	nong	st which t	the Sch	eme is	s being	recom	mende	ed to m	ne/us. I	/We h	ereby	
declare that the partic	la Pioneer Mut	ual Fund, Baro	oda Pioneer A	Asset Mar	nagemen	t Compa	ny Ltd.,	, its inve	estment i	manag	er, or a																					
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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.