

Micro SIP / SIP Auto Debit Facility

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

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 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	Sub-Broker Code	LG Code	EUIN
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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 filling 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
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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

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. OR Perpetual (99 years) (Default)

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 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 Rs. 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)	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)

I/We have registered for RBI's Electronic Clearing Service (Debit Clearing) / Auto Debit Facility and declare that the information provided by me/us is correct and accurate. My/our payment towards my/our investments in Baroda Pioneer Mutual Fund shall be made from my/our mentioned bank account maintained with your bank. If the transaction is delayed or not carried through due to incomplete or incorrect information, I/We would not hold Baroda Pioneer Mutual Fund or its investment manager or its authorized service providers responsible. I/We hereby agree that mandate verification charges, if any, would be debited to my/our mentioned bank account.

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)