

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.

Sr. No.

**DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units of Baroda Pioneer Mutual Fund)

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN	LG Code	I H No. (K Bolt)	Date & Time Stamp
					For Office use only	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 transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

**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.

[illegible]

**FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) / COMMON REPORTING STANDARD (CRS) RELATED INFORMATION OF THE APPLICANT(S)**  
(Please refer instruction XI for details)

It is mandatory to fill and sign the annexure relating to FATCA & CRS, which forms part of this Application Form.

<b>Status of the First Applicant (Mandatory, please ✓)</b> <input type="checkbox"/> Society / Club <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> Minor through guardian <input type="checkbox"/> Body Corporate <input type="checkbox"/> NRI - Non Repatriation <input type="checkbox"/> Foreign National Resident in India <input type="checkbox"/> Resident Individual <input type="checkbox"/> Other		<input type="checkbox"/> BOI <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> Trust <input type="checkbox"/> Fils <input type="checkbox"/> Company <input type="checkbox"/> QFI <input type="checkbox"/> PIO <input type="checkbox"/> OCI <input type="checkbox"/> AOP <input type="checkbox"/> Partnership <input type="checkbox"/> NGO <input type="checkbox"/> Sole Proprietorship	
<b>Occupation of the Applicant (Mandatory, please ✓)</b> <input type="checkbox"/> Defence <input type="checkbox"/> Agriculture <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Gov. Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Pvt. Sector Service <input type="checkbox"/> Sports <input type="checkbox"/> Entertainment <input type="checkbox"/> Other		<input type="checkbox"/> Student <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Builder <input type="checkbox"/> Public Co. - Listed <input type="checkbox"/> Public Co. - Unlisted	
Gross Annual Income OR Net-worth* in ₹ (Lacks)  *Should not be older than one year	<b>INDIVIDUALS</b>	<input type="checkbox"/> <1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> >25 L	<input type="checkbox"/> <1 L <input type="checkbox"/> 1-5 L <input type="checkbox"/> 5-10 L <input type="checkbox"/> 10-25 L <input type="checkbox"/> >25 L <input type="checkbox"/> 25 L - 1 Cr <input type="checkbox"/> >1 Cr
		as on Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	as on Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP <input type="checkbox"/> Not Applicable	Is the entity involved in any of the following services: • Foreign Exchange/ Money Changer <input type="checkbox"/> Yes <input type="checkbox"/> No • Gaming/ Gambling/ Lottery (casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No   • Money Lending/ Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
Any other information		<b>NON-INDIVIDUALS</b>	

**MODE OF HOLDING**    ☐ Single    OR    ☐ Joint    OR    ☐ Anyone or Survivor    Default Option: Joint

**SOLE / FIRST APPLICANT'S PERSONAL DETAILS** (Please fill in ALPHABETS and use one box for one alphabet, leaving one box blank between two words, as it appears in your Bank Account)

Name	Mr	Ms	M/s																																																								
																														PAN (Refer Instruction IV)#																													
Name of the contact person in case of Non-Individual																																																											
Date of Birth (DOB)										D	D	M	M	Y	Y	Y	Y	Nationality (For Individuals)																																									
Guardian Name (if Sole/ First applicant is a Minor)															Mr	Ms	M/s																																										
PAN (Refer Instruction IV)*#																				*If the First Applicant is a Minor, please state the details of Guardian. # Please attach PAN proof.																																							
<input type="checkbox"/> Natural Guardian (Father & Mother)										<input type="checkbox"/> Legal Guardian (Court appointed Guardian)										<input type="checkbox"/> Proof of DOB of Minor enclosed (please ✓)										<input type="checkbox"/> Passport										<input type="checkbox"/> Birth Certificate										<input type="checkbox"/> Other									
Address [P. O. Box Address is not sufficient] (Indian address, in case of NRIs/ FIIs)																																																											
																									City																																		
Pincode										(Mandatory)										State										Country																													
Phone (Off.)																				Fax No.										Mobile No.																													
Phone (Res)																				Email ID																																							

**ACKNOWLEDGMENT SLIP** (To be filled in by the investor)

Received from Mr. / Ms. / M/s.																				
PAN										an Application for scheme										
Option (please ✓)		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend			Sub-option (please ✓)					<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment										
alongwith Cheque / DD No. / UTR No.											Dated		D	D	M	M	Y	Y	Y	Y
Drawn on (Bank)												Amount ₹								

Sr. No.

Overseas Address (Mandatory in case of NRI/ FI applicant, in addition to mailing address)																													
State										Country										Zip Code									
<input type="checkbox"/> I/We confirm that I am/we are non-resident of Indian nationality/origin & that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/ FCNR Account.																													
SECOND APPLICANT'S DETAILS										Name		Mr Ms																	
PAN (Refer Instruction IV)#														# Please attach PAN proof.		Country of Birth						<input type="checkbox"/> KYC Acknowledgment Enclosed							
Date of Birth		D	D	M	M	Y	Y	Y	Y	Status: (✓)		<input type="checkbox"/> RI <input type="checkbox"/> NRI		Nationality															
THIRD APPLICANT'S DETAILS										Name		Mr Ms																	
PAN (Refer Instruction IV)#														# Please attach PAN proof.		Country of Birth				Y		<input type="checkbox"/> KYC Acknowledgment Enclosed							
Date of Birth		D	D	M	M	Y	Y	Y	Y	Status: (✓)		<input type="checkbox"/> RI <input type="checkbox"/> NRI		Nationality															
NAME OF POWER OF ATTORNEY (POA) HOLDER (If investment is being made by a Constituted Attorney)										Mr Ms																			
														PAN						<input type="checkbox"/> KYC Acknowledgment Enclosed									