

# Debit Mandate for Auto Debit / ECS



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	I H No. (K Bolt)	Date & Time Stamp
Bonanza / ARN 0186					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 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)

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.

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

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

															Signature
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## INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name														
Folio / Application No.										(Existing Investors : please mention Folio Number)				
Scheme										Option and Sub Option				

## 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 <sup>st</sup> SIP Cheque Details	Cheque No.	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 1<sup>st</sup>/ 10<sup>th</sup>/ 15<sup>th</sup>/ 25<sup>th</sup> (Note: Cheque should be drawn on bank details provided below) (Note: Please allow minimum one month for auto debit to register and start).  OR Perpetual Until Cancelled (99 years) (Default)

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. 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 ₹ 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) / POA / Guardian	2nd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian	3rd A/c Holder's Signature (as per Mutual Fund Record) / POA / Guardian
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## DEBIT MANDATE FOR NACH

BARODA PIONEER MUTUAL FUND UMRN  Date

Sponsor Bank Code  CITI000PIGW Utility Code  CITI00002000000037

I/We hereby authorize  BARODA PIONEER MUTUAL FUND To debit (tick ✓)  SB / CA / CC / SB NRE / SB NRO / Other

Bank A/c. Number

With Bank  IFSC  or MICR

An Amount of Rupees  ₹

FREQUENCY  Mthly  Qtrly  H-Yrly  Yrly  As & when presented DEBIT TYPE  Fixed Amount  Maximum Amount

Folio No.  Phone No.

Scheme Name  Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

From	<input type="text"/>	Signature Primary Account holder
To	<input type="text"/>	Signature Account holder
Or	<input type="text"/> Until cancelled	Signature Account holder

1. Name as in Bank Records

2. Name as in Bank Records

3. Name as in Bank Records

Declaration: I/We hereby declare that the particulars given on this mandate are correct and complete and express my willingness and consent and authorize to make payments referred above through participation in NACH/ECS/Direct Debit/Standing instructions. I/We have read the Terms & Conditions and agree to discharge the responsibility expected of me/us as a participant/s under the above scheme and hereby confirm adherence to the terms of this mandate. 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, their representatives, service providers, participating banks & other user institutions responsible. I/We authorize use of above mentioned contact details for the purpose of this specific mandate instruction processing.

Authorisation to Bank: I/We wish to inform you that I/We have registered with Baroda Pioneer Mutual Fund for ECS / NACH / Direct Debit through their authorised service provider(s) and representative for my/our payment to the above mentioned beneficiary by debit to my/our above mentioned bank account. For this purpose, I/We hereby authorize the representatives of Baroda Pioneer Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the bank to debit my account for any charges towards mandate verification, registration, transactions, etc. as may be applicable. 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 or the bank where I have authorized the debit.

## Systematic Investment Plan (SIP) : Terms & Conditions

### SIP AUTO DEBT FACILITY

1. In case of new applications, kindly attach duly filled in application form along with registration cum mandate form for ECS offered. Any other format of request will be rejected.
2. Completed application form, SIP auto debit form & first cheque should be submitted at Baroda Pioneer Asset Management Company Ltd. (AMC) offices or KARVY ISC's at least 30 days prior to first SIP auto debit date.
3. Investors should mandatorily give a cheque for the first transaction drawn on the same bank account which is to be debited under ECS/Auto Debit incase the 1st cheque is issued from an A/c which is different from ECS auto debit A/c, then a copy of cheque from ECS debit A/c as mentioned on the application form should be submitted along with other requirement.
4. The bank mentioned in the ECS request must participate in local MICR clearing. MICR code starting and/or ending with '000' are not valid for ECS.
5. The AMC, the Registrar and other service providers shall not be responsible and liable for any damages/compensation for any loss, damage, etc. incurred by the investor. The investor assumes the entire risk of using this facility and takes full responsibility.
6. The SIP cancellation request shall be submitted 21 working days prior to the SIP date.
7. For change in Bank mandate, the request must be submitted 30 days prior to the SIP date.
8. Existing investors who wish to restart are required to submit SIP Auto Debit form duly signed by the bank account holder(s), indicating the existing Folio No. & investment details in the SIP Form & submit the same along with the copy of a cancelled cheque / photo copy drawn on the same bank account registered in the Auto Debit Form.
9. Dates for investing through SIP route / withdrawing through the SWP route : 1st / 10th / 15th and 25th of every month. SIP can be done for ₹ 1,000/- p.m. (Monthly Frequency) or ₹ 1,500/- per Calendar Quarter (Quarterly Frequency).
10. There should be a minimum of 15 days between the 1st & 2nd SIP cheque. In case of lesser difference of minimum required days, the 1st SIP cheque will be deposited on the subsequent month.(For e.g. - The first application cheque dated 25th December & the investor opting for SIP date as 1st January will be taken into the account on 1st February).
11. Cancellation of SIP request should be submitted before 21 days from the processing date of SIP. For example - The request to be forwarded on or before 4th of January, 2009, for the cancellation of SIP on 25th January, 2009. If not then it will be considered only for the next month SIP Date.
12. The Registrar will reject a Micro SIP application where it is found that the registration of the application will result in the aggregate of Micro SIP installments in a financial year exceeding ₹ 50,000 or where there are deficiencies in supporting documents.
13. Rejected applications will be sent back to investors with a deficiency memo.
14. In case the first Micro SIP installment is processed (as the cheque may be banked), and the application is found to be defective, the Micro SIP registration will be ceased for future installments. No refunds to be made for the units already allotted. Investor will be sent a communication to this effect. However, redemptions shall be allowed.

### INSTRUCTION

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (Maximum length - 20 Alpha Numeric Characters).
2. Date in DD/MM/YYYY format.
3. Sponsor Bank IFSC / MICR code, left padded with zeroes where necessary (Maximum length - 11 Alpha Numeric Characters).
4. Utility Code of the Service Provider (Maximum length - 18 Alpha Numeric Characters).
5. Name of Service Provider.
6. Tick on box to select type of actions to be initiated.
7. Tick on box to select type of actions to be affected.
8. Customer's legal account number, left padded with zeroes. (Maximum length - 35 Alpha Numeric Characters).
9. Name of the Bank and Branch.
10. IFSC / MICR code of customer bank. (Maximum length - 11 Alpha Numeric Characters).
11. Amount payable for service or maximum amount per transaction that could be processed, in words.
12. Amount in figures, similar to the amount mentioned in words (Maximum length 13 digit Numeric, in paise).
13. Service Provider generated consumer reference number.
14. Service Provider generated Scheme / Plan reference number.
15. Tick on box to select frequency of transaction.
16. Validity of mandate with dated in DD/MM/YYYY format.
17. Names of customer/s and signatures as well as seal of Company (where required). (Maximum length of Name - 40 alpha Numeric Characters).
18. Undertaking of customer.
19. Permanent ID of customer e.g. PAN/Aadhaar No.
20. Telephone no. with STD code of customer.
21. 10 digit mobile number of customer.
22. Mail ID of customer.