

Common Application Form (For Lumpsum / Systematic Investments)

BARODA PIONEER MUTUAL FUND



Sr. No.

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.

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
ARN - 0186 / Bonanza					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 in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression	2nd Applicant Signature / POA Signature / Thumb Impression	3rd Applicant Signature / POA Signature / Thumb Impression
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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.

Existing Folio Number

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.

Status of the First Applicant (Mandatory, please ✓)	<input type="checkbox"/> BOI <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> Trust <input type="checkbox"/> FIs <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
<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	
Occupation of the Applicant (Mandatory, please ✓)	<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
<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	
Gross Annual Income OR Net-worth* in ₹ (Lacks)	<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
as on Date	D D M M Y Y Y Y
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a PEP	
Any other information	

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/ FIs)																	
															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.

Signature, Stamp & Date

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		<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	

SUBSCRIPTIONS TO BARODA PIONEER LIQUID FUND Subscriptions to Baroda Pioneer Liquid Fund, by NEFT / RTGS and credit to the collection account of the mutual fund after 2 pm up to 3 pm.* (please ✓ any one)
 Units to be allotted based on the closing NAV of the day immediately preceding the next business day*. Subscription amount to be credited to the registered default bank account of the investor on the day of credit.

FIRST HOLDER'S BANK ACCOUNT DETAILS (Mandatory) Refer Instruction III.

All communication / payments will be made to the first applicant, or to the Karta in case of HUF. Bank account details of first applicant required, without which the application is liable to be rejected.

Name of the Bank				Branch			
Account No. (in figures)				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 words)							
Bank Address							
Pincode		State		City			
MICR Code (9 digits)				Example for filling the Account No.		Ac. No.	
						1 3 5 7	
*IFSC Code for NEFT / RTGS				In words		One Three Five Seven	

*This is an 11 Digit Number, kindly obtain it from your Bank Branch.
 (Please attach copy of cancelled cheque)

REDEMPTION / DIVIDEND / REFUND PAYOUTS (Refer Instruction X for details)

SCHEME DETAILS (Please choose the Option and Sub-option for Investment, please read product labeling details available on Cover Page and Instruction before filling this section)

Scheme Name		Plan (✓)		<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B (Direct) <input type="checkbox"/> Zero Balance folio	
Option (✓)		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend		Sub-option (✓)	
		<input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment		Dividend Frequency (✓)	
				<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	

INVESTMENT DETAILS (Strike off whichever is not applicable)

GROSS AMOUNT (A) ₹		A		DD CHARGES (IF ANY) (B)		B		NET AMOUNT (CHEQUE / DD AMOUNT) ₹		A minus B	
MODE OF PAYMENT											
<input type="checkbox"/> Cheque <input type="checkbox"/> NEFT / RTGS <input type="checkbox"/> DD [(Bank Certificate / Third Party / DD Declaration Enclosed) (for Third Party Payment Refer Instruction VI(9))]											
Cheque / DD Details		A/c No.		A/c Type							
		Cheque / DD No.		Date		D D M M Y Y Y Y		Drawn on Bank			
In case of NEFT / RTGS payment		UTR No.									

DEMAT ACCOUNT DETAILS National Securities Depository Limited Central Depository Services (India) Limited

Depository Participant Name Mr / Ms / M/s											
DP ID No.				Client ID No.							

NOMINATION DETAILS (To be filled in by individuals singly or jointly. Mandatory only for Investors who opt to hold units in Non-Demat Form) Refer Instruction VII.

Name and Address of the Nominee(s)	Relationship between Nominee & Investor	Date of Birth	Name & Address of Guardian (to be furnished in case the nominee is minor)	Signature of Guardian / Nominee	Proportion (%) by which the units will be shared by each nominee (% to aggregate to 100%)
Nominee 1					
Nominee 2					
Nominee 3					

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 governing the Scheme. I/We hereby declare that I/We 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 contravention or evasion of any act, rule, regulation, notification or direction or any other applicable laws issued by the Government of India or any regulatory or statutory authority. I/We have understood the details of the Scheme and in the event "Know Your Customer" process is not completed by me/us to the satisfaction of the AMC, I/We hereby authorize the AMC to redeem the units invested in the Scheme, in favour of the first applicant at the applicable NAV prevailing on the date of such redemption and to undertake such other action with such funds as may be required by law. I/We hereby authorize Baroda Pioneer Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s)/Baroda Pioneer Mutual Fund bank(s) and/or Distributor/Broker/Investment Adviser.
 The APN holder has disclosed to me/us all the commission (in the form of trail commission or any other mode), payable to him/it for the 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 or indirectly, in making this investment. I/We declare that the information given in this application form is correct, complete and truly stated. If I/We have not ticked for not appointing a nominee, then the Application Form shall be processed as without nomination.
 Applicable for "Execution Only" transaction. I/We, the undersigned, hereby acknowledge and confirm that the above transaction is "Execution Only" as explained vide SEBI circular no. CIR/IMD/DF/13/2011 dated 22 August 2011. This investment is being made notwithstanding the advice of the appropriateness/inappropriateness of the same and the distributor has not charged any advisory fees on this transaction.
 Applicable for NRIs: I/We confirm that I am/we are Non-Residents of Indian nationality/origin but not residents of the United States and Canada and I/We hereby 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.

1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impression
 2nd Applicant Signature / POA Signature / Thumb Impression
 3rd Applicant Signature / POA Signature / Thumb Impression

Add convenience to your life with our value added service



Simply send **SMS to 9212 132763 to avail the below facilities

Balance	SMS BAL <space> last 6 digits of Folio No.
NAV	SMS NAV <space> last 6 digits of Folio No.
Statement thru Email	SMS ESOA <space> last 6 digits of Folio No.
Last 3 Transactions	SMS Transaction <space> last 6 digits of Folio No.

**SMS charges as per service provider applicable.



Investor can avail below facilities

1. NAV
2. Account Balance
3. Account Statement
4. Last 5 Transactions

For more details call : **1800-2670-189 (Toll Free)**
 Visit : www.barodapioneer.in

Details of Ultimate Beneficial Owner including additional FATCA & CRS information



Name of the entity

Type of address given at KRA Residential or Business Residential Business Registered Office
 Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes

Folio Number

PAN Date of incorporation

City of incorporation Country of incorporation

Entity Constitution Type (Please tick as appropriate) Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI Trust Liquidator
 Limited Liability Partnership Artificial Juridical Person Others specify

Please tick the applicable tax resident declaration:

1. Is "Entity" a tax resident of any country other than India Yes No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification Number %	Identification Type (TIN or Other, please specify)
<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="text"/>

%In case Tax Identification Number is not available, kindly provide its functional equivalent⁶.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

FATCA & CRS Declaration (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, Financial institution⁶ or Direct reporting NFE⁷ (please tick as appropriate)

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity

GIIN not available (please tick as applicable) Applied for

If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category¹⁰ Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

1	Is the Entity a publicly traded company ¹ (that is, a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange <input type="text"/>
2	Is the Entity a related entity ² of a publicly traded company (a company whose shares are regularly traded on an established securities market)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company <input type="text"/> Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company or <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange <input type="text"/>
3	Is the Entity an active ³ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/> Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code-refer 2c of Part D)
4	Is the Entity a passive ⁴ NFE	Yes <input type="checkbox"/> (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>

¹Refer 2a of Part D | ²Refer 2b of Part D | ³Refer 2c of Part D | ⁴Refer 3(ii) of Part D | ⁶Refer 1 of Part D | ⁷Refer 3(vii) of Part D | ¹⁰Refer 1A of Part D

UBO Declaration

Category (Please tick applicable category) Unlisted Company Partnership Firm Limited Liability Partnership Company Unincorporated association / body of individuals Private Trust
 Public Charitable Trust Religious Trust Others

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s).

Owner-documented FFI's⁵ should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E

Name	Beneficial owner / Controlling person	Tax ID Type	TIN or Other, please specify	Address	Include State, Country, PIN / ZIP Code & Contact Details			
Country	Tax Residency*	Beneficial Interest	in percentage	Address Type				
Tax ID No.	Or functional equivalent for each country*	Type Code ¹¹	of Controlling person					

1	Name	Tax ID Type	Address				
	Country	Type Code	Country				
	Tax ID No.*	Add. Type	<input type="checkbox"/> Residence	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	ZIP	State
2	Name	Tax ID Type	Address				
	Country	Type Code	Country				
	Tax ID No.*	Add. Type	<input type="checkbox"/> Residence	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	ZIP	State
3	Name	Tax ID Type	Address				
	Country	Type Code	Country				
	Tax ID No.*	Add. Type	<input type="checkbox"/> Residence	<input type="checkbox"/> Business	<input type="checkbox"/> Registered office	ZIP	State

If passive NFE, please provide below additional details.

(Please attach additional sheets if necessary)

PAN / Any other Identification Number	(PAN, Aadhar, Passport, Election ID, Govt. ID, Driving Licence NREGA Job Card, Others)	Occupation Type	Service, Business, Others	DOB	Date of Birth
City of Birth	Nationality	Gender	Male, Female, Other		
Country of Birth	Father's Name	Mandatory if PAN is not available			

1	PAN	Occupation Type	DOB	D	D	M	M	Y	Y
	City of Birth	Nationality	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____					
	Country of Birth	Father's Name							
2	PAN	Occupation Type	DOB	D	D	M	M	Y	Y
	City of Birth	Nationality	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____					
	Country of Birth	Father's Name							
3	PAN	Occupation Type	DOB	D	D	M	M	Y	Y
	City of Birth	Nationality	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____					
	Country of Birth	Father's Name							

Additional details to be filled by controlling persons with tax residency / permanent residency / citizenship / Green Card in any country other than India:

* To include US, where controlling person is a US citizen or green card holder

%In case Tax Identification Number is not available, kindly provide functional equivalent

⁴Refer 3(iii) of Part D | ⁵Refer 3(vi) of Part D | ¹¹Refer 3(iv) (A) of Part D

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as Investment Entities to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with Baroda Pioneer Mutual Fund or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification Number.

⁵It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

CERTIFICATION

I / We have understood the information requirements of this Form (read along with the FATCA & CRS Instructions) and hereby confirm that the information provided by me / us on this Form is true, correct, and complete. I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Name

Designation

Signature	Signature	Signature
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Date

Place