

# Application Form (For Lumpsum and SIP)

Please read product labelling details available on cover page and the instructions before filling up the Application form. Tick (✓) whichever is applicable, strike out whichever is not required.



<b>BARODA BNP PARIBAS HEALTH AND WELLNESS FUND</b> (An open ended equity scheme investing in Pharma and Healthcare sector)	<b>Riskometer for the Scheme<sup>AA</sup></b>  Investors understand that their principal will be at Very High Risk	<b>Benchmark Riskometer</b>  Benchmark Riskometer is at Very High Risk As per AMFI Tier I Benchmark - BSE Healthcare TRI	<b>NFO Opens : June 09, 2025</b> <b>NFO Closes : June 23, 2025</b> <b>Scheme re-opens : Within 5 business day from the date of allotment</b>
<b>Product labelling</b> This product is suitable for investors who are seeking*: • Long term wealth creation • Investment predominantly in equity & equity related instruments of Pharma and Healthcare Companies. *Investors should consult their financial advisers if in doubt about whether the product is suitable for them. ( <sup>AA</sup> The riskometer assigned is based on internal assessment of the scheme characteristics and the same may vary post NFO, when actual investments are made.)			

All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

Distributor ARN / RIA Code	Sub Distributor ARN	Sub Distributor / RM Internal Code	EUIIN*	LG Code	For Office use only (Time Stamp)

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

I/We hereby confirm that the EUIIN 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.	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder
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<b>TRANSACTION CHARGES</b> for Rs. 10,000 and above (✓ any one)	<input type="checkbox"/> I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)
	<input type="checkbox"/> I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

<b>1. EXISTING INVESTOR'S FOLIO NUMBER</b>	Folio No.	The details in our records under the Folio number mentioned alongside will apply for this application.

## 2. FIRST APPLICANT'S DETAILS

Name of First Applicant (In CAPITAL and as per PAN) (Refer Instructions)		Date of Birth (Mandatory - If Minor, attach proof)
		D D M M Y Y Y Y
Name of Guardian (if minor)/POA/Contact Person (As per PAN) (Refer Instructions)		Guardian is: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed
		Date of Birth (Guardian)
		D D M M Y Y Y Y
PAN (1st Applicant / Guardian)	CKYC - KIN	
PAN of POA	CKYC - KIN (POA)	

## 3. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (AS PER KYC RECORDS) NRI Investors should mention their Overseas address (Refer instructions)

Email ID* (in capital)	*(default mode of communication)	
Mobile	+91	Tel. STD Code
Wherever email ID is registered an electronic Statement of Account will be shared with the investor. In case you want to receive a physical statement, please request for the same separately.		
Contact details belong to family due to investor being, <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child <input type="checkbox"/> Dependent Parent <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Guardian In case of Minor		
Address Type (Mandatory) <input type="checkbox"/> Residential & Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office		
Mailing Address		
Landmark	City	
State	Country	Pin Code (Mandatory)
Overseas Address (Mandatory for NRI Investors)		
Mailing Address		
Landmark	City	
State	Country	Pin Code (Mandatory)

## 4. KYC DETAILS (MANDATORY)

<b>A. Tax Status</b> (Please tick ✓) :	
Individual : <input type="checkbox"/> Resident <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Minor <input type="checkbox"/> NRI-Minor <input type="checkbox"/> PIO / OCI <input type="checkbox"/> Others	
Non-Individual : <input type="checkbox"/> Company <input type="checkbox"/> HUF <input type="checkbox"/> Trust <sup>A</sup> <input type="checkbox"/> Society <sup>A</sup> / Club <input type="checkbox"/> Partnership / LLP <input type="checkbox"/> AOP / BOI <input type="checkbox"/> FPI <input type="checkbox"/> Non Profit Organisation <sup>A</sup> <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Others	
<sup>A</sup> Trust/Societies/Section 8 companies to give below declaration : We are a "Non-Profit Organization" (NPO) which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the Section 8 of the Companies Act, 2013 (18 of 2013). <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please quote Registration No. of Darpan portal of Niti Aayog ( ) (If not registered already, please register immediately and confirm with the above information)	
<b>B. Occupation Details</b> (Please tick ✓) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Proprietorship <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify)	
<b>C. Gross Annual Income</b> (Please tick ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	
Net-worth in (Mandatory for Non-Individuals) Rs. as on D D M M Y Y Y Y (Not older than 1 year)	
<b>D. Politically Exposed Person (PEP) Status</b> : (Please tick ✓) <input type="checkbox"/> Not Applicable <input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person	

## 5. JOINT APPLICANTS (IF ANY) DETAILS Mode of Holding (Please tick ✓) ☐ Joint ☐ Anyone or Survivor (Default)

<b>Name of 2nd Applicant</b> (As per PAN) (Refer Instructions)		Date of Birth (Mandatory)
		D D M M Y Y Y Y
PAN (2nd Applicant)	CKYC - KIN	
<b>a. Occupation Details</b> (Please tick ✓) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify)		
<b>b. Gross Annual Income</b> (Please tick ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore		
<b>c. Politically Exposed Person (PEP) Status</b> : (Please tick ✓) <input type="checkbox"/> Not Applicable <input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person		
<b>Name of 3rd Applicant</b> (As per PAN) (Refer Instructions)		Date of Birth (Mandatory)
		D D M M Y Y Y Y
PAN (3rd Applicant)	CKYC - KIN	
<b>a. Occupation Details</b> (Please tick ✓) <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify)		
<b>b. Gross Annual Income</b> (Please tick ✓) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore		
<b>c. Politically Exposed Person (PEP) Status</b> : (Please tick ✓) <input type="checkbox"/> Not Applicable <input type="checkbox"/> I am Politically Exposed Person <input type="checkbox"/> I am Related to Politically Exposed Person		

## ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Application form received for purchase of units, subject to realization, verification and conditions					
Mr. / Ms. / M/s.					
Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option
					ISC Stamp, Date & Signature

## 6. FATCA AND CRS DETAILS (Non-Individual investors please fill separate UBO &amp; FATCA/CRS Form)

First Applicant/Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other		

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? ☐ Yes ☐ NO (If yes please provide information below.)

Country#	Tax Identification Number	Identification Type/Reason*	Country#	Tax Identification Number	Identification Type/Reason*	Country#	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.  
• 11 TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' & mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

## 7. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

Bank Name		Bank A/c No.	
LEI		A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others	
Branch		IFSC code: (11 digit)	

8. INVESTMENT & PAYMENT DETAILS ☐ Zero Balance ☐ Lumpsum (Please fill details below) ☐ SIP (Fill separate SIP form)

Scheme Name	BARODA BNP PARIBAS HEALTH AND WELLNESS FUND	Plan : <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option: <input type="radio"/> G <input type="radio"/> I <input type="radio"/> ID <input type="radio"/> / Reinvestment <input type="radio"/> IDCW Payout
Amount (₹)		Cheque No./UMRN:	
Bank		Account No.	Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS <input type="checkbox"/> OTM
Please use below details for initiating RTGS/NEFT: Bank Name: HDFC BANK • Bank Account Number: 00600350106284 • IFSC Code: HDFC0000060 • Account Name: Baroda BNP Paribas Mutual Fund Collection Account			

## 9. DEMAT ACCOUNT DETAILS

<input type="checkbox"/> National Securities Depository Ltd.	Depository Participant Name	
<input type="checkbox"/> Central Depository Services (India) Ltd.	DP ID No.	Beneficiary Account No.

Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the Application Form. In case the form is not filled, the default option will be physical mode.

## 10. NOMINATION - MANDATORY, Minor &amp; PoA holder cannot nominate and should not fill this section

☐ I/We wish to nominate: I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s).  
I / We want the details of my/ our nominee to be printed in the statement of account, provided to me/us by the AMC as follows: ☐ Name of Nominee(s) ☐ Nomination Status (Yes/No)

Mandatory Details						Additional Details ****																
Number	Nominee Name	Share of Nominee (%) **	Relationship & Identity Number ***	Mobile Number & Email ID	Postal Address	DOB of Nominee and Guardian Name																
1	Nominee 1		Relationship Identity Number	Email ID Mobile		<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="8">Guardian Name</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Guardian Name							
D	D	M	M	Y	Y	Y	Y															
Guardian Name																						
2	Nominee 2		Relationship Identity Number	Email ID Mobile		<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="8">Guardian Name</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Guardian Name							
D	D	M	M	Y	Y	Y	Y															
Guardian Name																						
3	Nominee 3		Relationship Identity Number	Email ID Mobile		<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="8">Guardian Name</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Guardian Name							
D	D	M	M	Y	Y	Y	Y															
Guardian Name																						

\*\* If % is not specified, then the assets shall be distributed equally amongst all the nominees. \*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable. \*\*\*\* DOB to be furnished only if nominee is minor. Guardian name is optional to be provided in case Nominee is Minor

☐ B. I/We do not wish to nominate : I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

## 11. DECLARATION &amp; SIGNATURES

I/We confirm that the information provided in this form is true & accurate. I/we hereby apply for units of the scheme having read and understood the content of the SID / KIM of the scheme and SAI of the Baroda BNP Paribas Mutual Fund (the "Fund"). I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve / is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I / we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/we hereby authorize the Mutual Fund, to refund/redeem the funds invested in the Scheme, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. I / we hereby confirm that I / we have not been offered / communicated any indicative portfolio and / or any indicative yield by the FUND / AMC/ its distributor for this investment. I / we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same. I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding INR 50,000 in a year (Applicable for Micro investment only.) with your fund house. For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct. I / We give my consent to Baroda BNP Paribas Asset Management India Pvt Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility. I / We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/ our Aadhaar number(s) (if provided) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN. I / We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete and further agree to furnish such other further/additional information as may be required by the AMC / Fund. I further undertake to advise the AMC / Fund/ Trustees promptly of any change in circumstance which causes the information contained herein to become incorrect and to provide the AMC / Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances. 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. I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supersede all previous nominations made by me/us in respect of the folio(s) mentioned above.

☐ To receive physical annual statements and scheme wise abridged report please tick here (\*)

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any
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Email Id : service@barodabnpparibasmf.in	www.barodabnpparibasmf.in	Board Line No.: 022 69209600 • Toll Free No.: 1800 2670 189
<b>Quick Checklist</b> <input type="checkbox"/> Name/s mentioned are as per PAN only <input type="checkbox"/> Address, Email ID/Mobile are correctly mentioned <input type="checkbox"/> KYC information provided for each applicant <input type="checkbox"/> FATCA/CRS details provided for each applicant	<input type="checkbox"/> Full scheme name, plan, option is mentioned <input type="checkbox"/> Pay-In bank details and supportings are attached <input type="checkbox"/> Nomination facility opted <input type="checkbox"/> Form is signed by all applicants	<input type="checkbox"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used. <input type="checkbox"/> Non Individual investors should attach <input type="checkbox"/> FATCA Details and Declaration Form <input type="checkbox"/> UBO Declaration Form

Please read product labelling details available on cover page and the instructions before filling up the Application form. Tick (✓) whichever is applicable, strike out whichever is not required.



**All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.**

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

## 6. FATCA AND CRS DETAILS (Non-Individual investors please fill separate UBO &amp; FATCA/CRS Form)

First Applicant/Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Nationality <input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Other		

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? ☐ Yes ☐ NO (If yes please provide information below.)

Country#	Tax Identification Number	Identification Type/Reason*	Country#	Tax Identification Number	Identification Type/Reason*	Country#	Tax Identification Number	Identification Type/Reason*
1			1			1		
2			2			2		
3			3			3		

# Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. TIN etc.

• 11 TIN is not available or mentioned, please mention reason as: 'A' if the country does not issue TINs to its residents; 'B' &amp; mention why you are unable to obtain a TIN; 'C' if the authorities of the country of tax residence entered above do not require the TIN to be disclosed.

## 7. BANK ACCOUNT DETAILS (Avail Multiple Bank Registration Facility)

Bank Name		Bank A/c No.	
LEI		A/C Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others	
Branch		IFSC code: (11 digit)	

## 8. A. INVESTMENT &amp; SOURCE OF FUNDS DETAILS

Scheme Name	BARODA BNP PARIBAS OVERNIGHT FUND	Plan : <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Reinvestment
Amount (₹)		Cheque No./UMRN:	
Bank		Account No.	Payment Mode: <input type="checkbox"/> Cheque <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS <input type="checkbox"/> OTM
Payment Type : <input type="checkbox"/> Non-Third Party Payment <input type="checkbox"/> Third Party Payment (Please attach "Third Party Declaration Form")			
Please use below details for initiating RTGS/NEFT:			
Bank Name: HDFC BANK • Bank Account Number: 00600350106284 • IFSC Code: HDFC0000060 • Account Name: Baroda BNP Paribas Mutual Fund Collection Account			

## 8. B. SWITCH - Auto Switch will happen on the Closing date of NFO - BARODA BNP PARIBAS HEALTH AND WELLNESS FUND

From: BARODA BNP PARIBAS OVERNIGHT FUND	To: BARODA BNP PARIBAS HEALTH AND WELLNESS FUND
Plan, Options, IDCW Frequency will be as per the details mentioned in 8A.	Plan : <input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan
<input type="checkbox"/> All units OR Amount ₹	Option : <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> IDCW Payout

I/We hereby request you to switch units / amount as stated above from Baroda BNP Paribas Overnight Fund (to the extent of amount invested through this application form including Reinvestment of IDCW if any), subject to the terms &amp; conditions of BARODA BNP PARIBAS HEALTH AND WELLNESS FUND.

## 9. NOMINATION - MANDATORY, Minor &amp; PoA holder cannot nominate and should not fill this section

☐ I/We wish to nominate: I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account / folio in the event of my / our demise, as trustee and on behalf of my / our legal heir(s).I/ We want the details of my/ our nominee to be printed in the statement of account, provided to me/us by the AMC as follows: ☐ Name of Nominee(s) ☐ Nomination Status (Yes/No)

Mandatory Details					Additional Details ****																	
Number	Nominee Name	Share of Nominee (%) **	Relationship & Identity Number ***	Mobile Number & Email ID	Postal Address	DOB of Nominee and Guardian Name																
1	Nominee 1		Relationship Identity Number	Email ID Mobile		<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="8">Guardian Name</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Guardian Name							
D	D	M	M	Y	Y	Y	Y															
Guardian Name																						
2	Nominee 2		Relationship Identity Number	Email ID Mobile		<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="8">Guardian Name</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Guardian Name							
D	D	M	M	Y	Y	Y	Y															
Guardian Name																						
3	Nominee 3		Relationship Identity Number	Email ID Mobile		<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="8">Guardian Name</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Guardian Name							
D	D	M	M	Y	Y	Y	Y															
Guardian Name																						

\*\* If % is not specified, then the assets shall be distributed equally amongst all the nominees. \*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4 digits). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable. \*\*\*\* DOB to be furnished only if nominee is minor. Guardian name is optional to be provided in case Nominee is Minor

☐ B. I/We do not wish to nominate : I/ We hereby confirm that I/ We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

## 10. DECLARATION &amp; SIGNATURES

I/We confirm that the information provided in this form is true & accurate. I/We hereby apply for units of the scheme having read and understood the content of the SID / KIM of the scheme and SAI of the Baroda BNP Paribas Mutual Fund (the "Fund"). I have read and understood the terms, conditions, details, rules and regulations governing the scheme. I/We hereby declare that the amount invested in the scheme is through legitimate source only and does not involve / is not designed for the purpose of the contravention of any Act, Rules, Regulations, Notifications or Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/we have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Mutual Fund, I/we hereby authorize the Mutual Fund, to refund/redeem the funds invested in the Scheme, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law. I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registrar or otherwise. I / we hereby confirm that I / we have not been offered / communicated any indicative portfolio and / or any indicative yield by the FUND / AMC/ its distributor for this investment. I/ we authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to the Fund, its Sponsor, AMC, trustees, their employees/RTAs or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to SEBI, the Financial Intelligence Unit-India, the tax/revenue authorities in India or outside India wherever it is legally required and other such regulatory/investigation agencies or such other third party, on a need to know basis, without any obligation of advising me/us of the same.

I/We confirm that I/We do not have any existing Micro SIP/Lumpsum investments which together with the current application will result in aggregate investments exceeding INR 50,000 in a year (Applicable for Micro investment only.) with your fund house.

For NRIs only - I / We confirm that I am/ we are Non Residents of Indian nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/ our Non Resident External / Non Resident Ordinary / FCNR account. I/We confirm that details provided by me/us are true and correct.

I/ We give my consent to Baroda BNP Paribas Asset Management India Pvt Limited and its agents to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotional/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/ our Aadhaar number(s) (if provided) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/ We hereby provide my/our consent for sharing/disclosing of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

I/ We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete and further agree to furnish such other further/additional information as may be required by the AMC / Fund. I further undertake to advise the AMC / Fund/ Trustees promptly of any change in circumstance which causes the information contained herein to become incorrect and to provide the AMC / Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances. I / We have understood the information requirements of this Form (read along with the FATCA &amp; 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 &amp; CRS Terms and Conditions below and hereby accept the same.

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supersede all previous nominations made by me/us in respect of the folio(s) mentioned above.

☐ To receive physical annual statements and scheme wise abridged report please tick here (✓)

Sole / First Applicant / Guardian	Second Applicant	Third Applicant	POA holder, if any
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Email Id : service@barodabnpbaribasmf.in	www.barodabnpbaribasmf.in	Board Line No.: 022 69209600 • Toll Free No.: 1800 2670 189
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Quick Checklist	<input type="radio"/> Name/s mentioned are as per PAN only	<input type="radio"/> Full scheme name, plan, option is mentioned	<input type="radio"/> Additional documents provided if investor name is not pre-printed on payment cheque or if Demand Draft is used.
	<input type="radio"/> Address, Email ID/Mobile are correctly mentioned	<input type="radio"/> Pay-In bank details and supportings are attached	<input type="radio"/> Non Individual investors should attach
	<input type="radio"/> KYC information provided for each applicant	<input type="radio"/> Nomination facility opted	<input type="radio"/> FATCA Details and Declaration Form <input type="radio"/> UBO Declaration Form
	<input type="radio"/> FATCA/CRS details provided for each applicant	<input type="radio"/> Form is signed by all applicants	



# SIP REGISTRATION CUM NACH MANDATE FORM

Please read product labelling details available on cover page and the instructions before filling up the Application Form.

☐ Existing OTM (Please mention UMRN no of existing OTM) ☐ New Mandate (Please fill OTM form below)



Distributor ARN / RIA Code	Sub Distributor ARN	Sub Distributor / RM Internal Code	EUIN*	LG Code	For Office use only (Time Stamp)

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' 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.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder
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TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one)	<input type="checkbox"/> I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)
	<input type="checkbox"/> I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

## 1. EXISTING INVESTOR'S FOLIO NUMBER

Folio No.

Name of Sole / First Unit Holder  First Name  Middle Name  Last Name

## 2. SYSTEMATIC INVESTMENT PLAN DETAILS

Frequency (Please ✓) ☐ Daily SIP ☐ Weekly SIP ☐ Monthly SIP\* ☐ Quarterly SIP

Scheme Name	Plan	Option	SIP Amount	SIP Date / Day#	Start Date	End Date**	Top Up Amount	Top Up Frequency
BARODA BNP PARIBAS HEALTH AND WELLNESS FUND	<input type="checkbox"/> Direct <input type="checkbox"/> Regular	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW Payout <input type="checkbox"/> IDCW Reinvestment		<input type="text"/> D <input type="text"/> D / <input type="text"/> Day	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	<input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

1st SIP Cheque Details Cheque No.  Date  D  D  M  M  Y  Y  Y  Y Amount:  \* Default

SIP can be registered in maximum four Schemes with a single instrument. 1st SIP Cheque should be the total consolidated amount across all SIPs and should be favouring **Baroda BNP Paribas Mutual Fund**

\*\* SIP tenure can be registered upto a maximum of 40 years.

# Select any date between 1-31 for monthly and quarterly frequency. Either 5 or 20 for fortnightly frequency and any day Monday-Friday for Weekly frequency.

## 3. DECLARATION

I / We declare that the particulars furnished here are correct. I / We authorize Baroda BNP Paribas Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH as per my request from time to time. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I/ We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Baroda BNP Paribas Mutual Fund using this facility. I/ We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Baroda BNP Paribas Mutual Fund.

## SIGNATURE(S)

First Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder
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## OTM Debit Mandate for NACH/Direct Debit

Tick (✓) ☒ CREATE ☐ MODIFY ☐ CANCEL

I/We hereby authorize **BARODA BNP PARIBAS MUTUAL FUND** to debit (tick✓) ☒ SB ☒ CA ☒ SB ☒ NRE ☒ SB ☒ NRD ☒ CC ☐ Other

Bank a/c number

with Bank  Name of customers bank  IFSC  or MICR

an amount of Rupees  ₹

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

PAN  Phone No.

Folio  Email ID

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

Maximum period of validity of this mandate is 40 years only

PERIOD

From  D  D  M  M  Y  Y  Y  Y

To  D  D  M  M  Y  Y  Y  Y

Signature Primary Account holder  Signature of 1st Joint holder  Signature of 2nd Joint holder

Maximum period of validity of this mandate is 40 years only 1.  Name as in bank records 2.  Name as in bank records 3.  Name as in bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions 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.

## INSTRUCTIONS

- The SIP Registration Form should be completed in English and in Block Letters only. Please tick (✓) in the appropriate box (□), where boxes have been provided. The SIP Enrolment Form, complete in all respects, should be submitted to any of the Official Points of Acceptance of Transactions.
- Minimum SIP Amount and in multiples thereafter:

Scheme	Daily (INR)	Weekly (INR)	Fortnightly (INR)	Monthly (INR)	Quarterly (INR)
Schemes mentioned below defined as "Schemes Eligible for Fortnightly Frequency"	500 and 1 thereafter		250 and 1 thereafter		1500 and 1 thereafter
Schemes, other than those mentioned below defined as "Schemes Eligible for Fortnightly Frequency" and ELSS	500 and 1 thereafter		Not Eligible	500 and 1 thereafter	1500 and 1 thereafter
ELSS	500 and 500 thereafter		Not Eligible	500 and 500 thereafter	

**Schemes Eligible for Fortnightly Frequency :** BBNPP Dividend Yield Fund, BBNPP Flexi Cap Fund, BBNPP Focused Fund, BBNPP Large & Midcap Fund, BBNPP Large Cap Fund, BBNPP Multi Cap Fund, BBNPP Value Fund, BBNPP Aggressive Hybrid Fund, BBNPP Arbitrage Fund, BBNPP Balanced Advantage Fund, BBNPP Conservative Hybrid Fund, BBNPP Equity Savings Fund, BBNPP Multi Asset Fund, BBNPP Nifty 50 Index Fund, BBNPP Children's Fund, BBNPP Retirement Fund

### Minimum number of Instalments

For Daily, Weekly, Fortnightly and Monthly frequency: 6 instalments

For Quarterly frequency: 4 instalments

Accordingly, the provision of criteria of Minimum Application Amount of the scheme shall not apply to such applications using the SIP facility.

### 3. Applicable Load Structure for SIP

**Entry Load:** Nil

The provisions of Exit Load as applicable to the normal investments as on the date of Registration will be applicable to fresh SIP investments.

- The investor will have the right to discontinue SIP at any time he or she so desires by providing a written request to this effect at least 2 days prior to the subsequent SIP date. SIP cancellation request will be processed within two working days from the date of submission of a valid request. However, if the next SIP date falls within ten days from the request date, the debit will occur for that installment and SIP will be ceased from the subsequent month.
- Fortnightly SIP frequency is available only in selected schemes. Trigger dates for Fortnightly SIP frequency are 5 and 20.
- The registration period of SIP will be as per the instruction given by the investor. In case of any ambiguity in registration period or if the end date of SIP is not mentioned, the default period for SIP will be 40 years.
- In case investor has not selected any frequency or in case of any ambiguity, monthly frequency shall be considered as default option. Similarly, 7th day shall be considered as default Trigger date.
- In case of no credit receipt/ failed debit instalment for Daily, Weekly, Monthly SIP for 3 consecutive instalments, SIP will be ceased. In case of no credit receipt/ failed debit instalment for Quarterly SIP for 2 consecutive instalments, SIP will be ceased.
- In case of minor application, AMC will register standing instructions till the date of the minor attaining majority, though the instructions may be for a period beyond that date. Prior to minor attaining majority, AMC shall send advance notice to the registered correspondence address advising the guardian and the minor to submit an application form along with prescribed documents to change the status of the account to "major". The account shall be frozen for operation by the guardian on the day the minor attains the age of majority and no fresh transactions shall be permitted till the documents for changing the status are received.
- The Trustee / AMC reserves the right to change / modify the terms of the SIP.
- If no start date is mentioned by the investors, the SIP will be registered to start from a period after 30 days from the date of submission of the application form.
- Daily SIP shall be triggered and processed on all Business Days only.
- Investors can choose any preferred date of the month as SIP debit date. In case the chosen

date falls on a non-business day, the SIP will be processed on the immediate next business day. In case chosen date is not available in a particular month, the SIP will be processed on the last business day of the month.

- The amount mentioned on the first cheque should be equal to the combined SIP instalment amount mentioned against all the Schemes in the Form. Accordingly, the first cheque amount will get invested in multiple Schemes as mentioned in the form. In case of mismatch, the transaction is liable to be rejected. Further, investor should ensure that the amount mentioned on the OTM is equal to the total consolidated amount across all schemes mentioned as per the form.
- If a Micro SIP application is found such that the registration of the application will result in the aggregate of all investments made by the investor in a financial year exceeding Rs. 50,000 or where there is any deficiency in the application form or any supporting document. In case the first Micro SIP instalment is processed (as the cheque may be banked), and the application / supporting document is found to be defective, such Micro SIP will be ceased for future instalments. No refunds shall be made for the units already allotted. Investor, can however, redeem the units if so desired.
- The investor agrees to abide by the terms and conditions of NACH facilities of Reserve Bank of India (RBI) NPCI(National Payment Corporation of India). Investor will not hold Baroda BNP Paribas Mutual Fund, Baroda BNP Paribas Asset Management Company Limited (the AMC), Baroda BNP Paribas Trust Limited (the Trustee), its registrars and other service providers responsible and/or liable if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles for NACH or any other reason/fault not attributable to Baroda BNP Paribas Mutual Fund/the AMC/the Trustee. Baroda BNP Paribas Mutual Fund reserves the right to reject any SIP application without assigning any reason thereof.

### The terms and conditions for availing the 'Top-Up SIP' shall be as follows:

#### 1. Frequency for Top-Up SIP

##### (i) For Monthly SIP:

- Half Yearly Top-Up SIP: Under this option, the amount of investment through SIP installment shall be increased by amount chosen by Investor post every 6th SIP installment.
- Yearly Top-Up SIP: Under this option, the amount of investment through SIP installment shall be increased by amount chosen by Investor post every 12th SIP installment.

##### (ii) For Quarterly SIP:

- Yearly Top-Up SIP: Under this option, the amount of investment through SIP installment shall be increased by amount chosen by Investor post every 4th SIP installment. In case the investor who has registered under Quarterly SIP opts for Half Yearly Top-Up SIP, the same shall be registered and processed as Yearly Top-Up SIP.

#### 2. Minimum Top-Up SIP Amount:

₹ 100 and in multiples of ₹ 100 thereafter.

#### 3. Default Top-Up SIP Frequency and amount:

##### For all open ended schemes, other than Baroda BNP Paribas ELSS Fund:

In case the investor fails to specify either the frequency or amount for Top-Up SIP, the same shall be deemed as Yearly Top-Up SIP and ₹ 100 respectively and the application form shall be processed accordingly.

##### For Baroda BNP Paribas ELSS Fund:

In case the investor fails to specify either the frequency or amount for Top-Up SIP, the same shall be deemed as Yearly Top-Up SIP and ₹ 500 respectively and the application form shall be processed accordingly.

In case the investor fails to specify both, i.e. the frequency for Top-Up SIP and amount for Top-Up SIP, the application form may be processed as conventional SIP, subject to it being complete in all other aspects.

- Top-Up SIP shall be available for SIP Investments only through NACH / Direct Debit Facility only.
- Top Up facility shall only be available for Monthly and Quarterly SIP frequency
- Top-Up SIP facility can be availed by the investors only at the time of registration of SIP or renewal of SIP. The Top-up details cannot be modified once enrolled. In order to make any changes, the investor needs to cancel the existing SIP and enroll for a fresh SIP with Top-up option
- Investors should ensure the amount mentioned in the OTM is on the higher side to be able to accommodate the increase as and when the top up amount is triggered. In case the OTM amount is lesser than the base amount + top up amount for any trigger in future, the SIP with Top-Up Facility will stand cancelled.

## COMMON CHECKLIST

### Please ensure that :

- I. Please ensure that your Application Form is complete in all respect and signed by all applicants:
  - Name, Address and Contact Details are mentioned in full.
  - Status of First/Sole Applicant is correctly indicated.
  - Bank Account Details are entered completely and correctly.
  - Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment.
  - Please attach proof of KYC Compliance status if not already validated.
  - Appropriate Plan / Option is selected.
  - If units are applied by more than one applicant, Mode of Operation of account is indicated.
- II. Your investment Cheque is drawn in favour of **'the Specific Scheme A/c. PAN'** or **'the Specific Scheme A/c Investor Name'** dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.
- III. Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

Documents		Companies / Trusts / Societies / Partnership Firms / LLP / Fils*	FPI	NRI / OCI / PIO	Minor	Investments through Constituted Attorney
1.	Board/ Committee Resolution / Authority Letter	✓				
2.	List of Authorised Signatories with Specimen Signature(s) ®	✓	✓			✓
3.	Notarised Power of Attorney					✓
4.	Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable			✓		
5.	PAN Proof	✓	✓	✓	✓#	✓
6.	KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvindia.com)	✓	✓	✓	✓#	✓
7.	Proof of Date of Birth				✓	
8.	Proof of Relationship with Guardian				✓	
9.	PIO / OCI Card (as applicable)			✓		
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI		✓		✓	

® Should be original or true copy by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

\* For Fils, copy of SEBI registration certificate should be provided.

# If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.

## SIP AUTO DEBIT - CHECKLIST

- I. Please ensure that if you are an existing investor, you have quoted your Folio No. in the SIP Application Form.
- II. Investment Scheme / Plan / Option in which you wish to do systematic investments is clearly indicated in the SIP Application Form.
- III. The SIP Amount, the SIP Frequency, your preferred SIP Date and Period are clearly indicated in the SIP Application Form.
- IV. Your First SIP Cheque from the same bank from which you wish your Auto-Debits to happen is enclosed and the cheque details are clearly indicated in the SIP Auto Debit Facility Form.
- V. Your Bank Account Details are correctly and completely furnished including the 9 Digit MICR Code.
- VI. Cancelled Cheque leaf of the Bank Account mentioned in the SIP Auto Debit (ECS) Account to be attached.
- VII. In case of current account, please affix company's seal at columns "ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)" and AUTHORISATION OF BANK ACCOUNT HOLDER section.
- VIII. Authorisation of Bank Account is signed in the same manner as your signatures in Bank Records.

## MICRO INVESTMENT - CHECKLIST

**Documents required for Micro SIP applications (any one of the following):**

Ref. No.	Documents
I.	Voter Identity Card
II.	Driving License
III.	Government / Defence identification card
IV.	Passport
V.	Photo Ration Card
VI.	Photo Debit Card
VII.	Employee ID cards issued by companies registered with Registrar of Companies
VIII.	Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament
IX.	ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks.
X.	Senior Citizen / Freedom Fighter ID card issued by Government.
XI.	Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI.
XII.	Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL).
XIII.	Any other photo ID card issued by Central Government / State Governments /Municipal authorities / Government organizations like ESIC / EPFO.

In addition to the photo identification documents prescribed above, a copy of the proof of address which is self attested and also attested by the ARN Holder will be required.

## CHECKLIST FOR “APPLICATIONS ON BEHALF OF MINOR”

I.	Birth certificate of the minor, or School leaving certificate / Mark sheet issued by Higher Secondary Board of respective states, ICSE, CBSE etc., or Passport of the minor, or Any other suitable proof evidencing the date of birth of the minor / relationship.
II.	Copy of PAN of Guardian.
III.	KYC acknowledgement of Guardian.



**APPLICATION SUPPORTED BY BLOCKED AMOUNT (ASBA) FORM**

Please read ASBA instructions before filling the Form

**BARODA BNP PARIBAS HEALTH AND WELLNESS FUND**

(An open ended equity scheme investing in Pharma and Healthcare sector)

NFO Opens : June 09, 2025

NFO Closes : June 23, 2025

Scheme re-opens : Within 5 business day from the date of allotment

**Product labelling**

<b>This product is suitable for investors who are seeking*:</b> <ul style="list-style-type: none"> <li>Long term wealth creation</li> <li>Investment predominantly in equity &amp; equity related instruments of Pharma and Healthcare Companies.</li> </ul> <p>*Investors should consult their financial advisers if in doubt about whether the product is suitable for them.</p> <p>(^^The riskometer assigned is based on internal assessment of the scheme characteristics and the same may vary post NFO, when actual investments are made.)</p>	<b>Riskometer for the Scheme^^</b> <p>Investors understand that their principal will be at Very High Risk</p>	<b>Benchmark Riskometer</b> <p>Benchmark Riskometer is at Very High Risk As per AMFI Tier I Benchmark - BSE Healthcare TRI</p>
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Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code**

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' 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.

\*\* I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

**TRANSACTION CHARGES FOR APPLICATIONS THROUGH DISTRIBUTORS ONLY**[Please (✓) any one] ☐ confirm that I am a first time investor across Mutual Funds. ☐ I confirm that I am an existing investor in Mutual Funds.

☐ In case the purchase/ subscription amount is Rs. 10,000 or more and your Distributor has opted in to receive Transaction Charges, the same are deductible as applicable from the purchase / subscription amount and payable to the Distributor. Transaction Charges in case of investments through SIP / Micro SIP are deductible only if the total commitment of investment (i.e. amount per SIP / Micro SIP installment x No. of installments) amounts to Rs. 10,000/- or more and shall be deducted in 3-4 installments. Units will be issued against the balance amount invested. Upfront commission shall be paid directly by the investor to the ARN Holder (AMFI registered Distributor) based on the investors' assessment of various factors including the service rendered by the ARN Holder.

Sign Here Sole/First Applicant/Guardian/Karta	Sign Here Second Applicant	Sign Here Third Applicant
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**1. APPLICANT'S PERSONAL DETAILS (IN BLOCK LETTERS)**

First / Sole Applicant	Second Applicant / Guardian / PoA Holder	Third Applicant
Name <input type="text"/>	<input type="text"/>	<input type="text"/>
PAN <input type="text"/>	<input type="text"/>	<input type="text"/>

Applicants must ensure that the sequence of the names as mentioned in the application form matches with that of beneficiary account held with the Depository Participant.

**2. DETAILS OF BANK ACCOUNT FOR BLOCKING OF FUNDS**

Bank Account Number <input type="text"/>	Bank Name <input type="text"/>
Bank Address <input type="text"/>	
Account to be blocked (Rs. in figures) <input type="text"/>	Account to be blocked (Rs. in words) <input type="text"/>

Sub-Plan(s) / Option(s)	Amount (in Rs.)	ISIN
Regular Plan - Growth		
Regular Plan - IDCW Reinvestment		
Regular Plan - IDCW Payout		
Direct Plan - Growth		
Direct Plan - IDCW Reinvestment		
Direct Plan - IDCW Payout		
Total Amount		

**3. DEMAT ACCOUNT DETAILS (MANDATORY) Please (✓)**

NSDL	DP Name <input type="text"/>	DP ID <input type="text"/>	Beneficiary Account No. <input type="text"/>
CDSL	DP Name <input type="text"/>	Beneficiary Account No. <input type="text"/>	

The investors shall receive payments of Redemption/Dividend proceeds in the Bank Account linked to the Demat A/c as mentioned above.

**ACKNOWLEDGEMENT SLIP**  
(To be filled by the Applicant)**BARODA BNP PARIBAS HEALTH AND WELLNESS FUND**

(An open ended equity scheme investing in Pharma and Healthcare sector)

Received from <input type="text"/>	
ASBA Form Dated <input type="text"/>	Amount to be Blocked (Rs.) <input type="text"/>
SCSB (Bank & Branch) <input type="text"/>	Bank Account No. <input type="text"/> Submission Date <input type="text"/>

... continued overleaf

#### 4. DECLARATIONS & SIGNATURES

##### General Declaration:

I/We am/are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I/We confirm that my application is in compliance with applicable Indian and foreign laws. I /We hereby confirm and declare as under:-

- (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents (i.e. Scheme Information Document, Statement of Additional Information and Key Information Memorandum) and apply for allotment of Units of the Baroda BNP Paribas Health And Wellness Fund ('the Scheme') of Baroda BNP Paribas Mutual Fund ('the Fund') indicated above.
- (2) I/We am/are eligible Investor(s) as per the scheme related documents and am/are authorised to make this investment as per the Constitutive documents / authorization(s). The amount invested in the Scheme is derived through legitimate sources only and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directives of the provisions of the Income Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws enacted by the Government of India from time to time. I/We confirm that the funds invested in the Scheme, legally belongs to me/us. In event "Know Your Customer" process is not completed by me/us to the satisfaction of the Fund, I/we hereby authorize the Fund, to redeem the funds invested in the Scheme, in favour of the applicant, at the applicable NAV prevailing on the date of such redemption and undertake such other action with such funds that may be required by the law.
- (3) I / We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment.
- (4) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the Baroda BNP Paribas Asset Management Private Limited (AMC) / the Fund and undertake to inform the AMC / the Fund/Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time.
- (5) That in the event, the above information and/or any part of it is/are found to be false/ untrue/misleading, I/We will be liable for the consequences arising therefrom.
- (6) I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to the Fund, its Sponsor/s, Trustees, AMC, its employees, agents and third party service providers, SEBI registered intermediaries for single updation / submission, any Indian or foreign statutory, regulatory, judicial, quasijudicial authorities / agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us.
- (7) If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the AMC / the Fund, their appointed service providers or representatives responsible. I/We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions.
- (8) The ARN holder (AMFI registered Distributor) has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.
- (9) I/We do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors only).
- (10) I / We confirm that I / We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada.
- (11) I/WE HEREBY CONFIRM THAT I/WE HAVE NOT BEEN OFFERED/ COMMUNICATED ANY INDICATIVE PORTFOLIO AND/ OR ANY INDICATIVE YIELD BY THE FUND / AMC / ITS DISTRIBUTOR FOR THIS INVESTMENT.

##### Applicable to NRIs only :

I / We confirm that I am / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I / We confirm that the details provided by me / us are true and correct.

##### ASBA Authorizations:

- 1) I/We hereby undertake that I/We am/are an ASBA applicant(s) as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements) (Amendment) Regulations, 2011.
- 2) In accordance with ASBA process provided in the SEBI (Issue of Capital and Disclosure Requirements) (Amendment) Regulations, 2011, I/We authorize (a) the SCSB to do all acts as are necessary to make an application in the NFO of the Baroda BNP Paribas Health And Wellness Fund, including uploading of application details, blocking the amount to the extent mentioned above in the "Details of Bank Account for Blocking of Funds" or unblocking of funds in the bank account maintained with the SCSB specified in the form, transfer of funds to the nominated Baroda BNP Paribas Mutual Fund Bank Account on receipt of instruction from the Registrar to the New Fund Offer after finalisation of allotment entitling me/us to receive Units on such transfer of funds. (b) Registrar to the Baroda BNP Paribas Mutual Fund to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the ASBA Form, upon allotment and to transfer the requisite money to Baroda BNP Paribas Mutual Fund's nominated Bank account.
- 3) In case the amount available in the bank account specified in the ASBA Form is insufficient for blocking the amount equivalent to the application money, the SCSB shall reject the application.
- 4) If the DP ID, Beneficiary ID or PAN furnished by me/us in the ASBA Form is incorrect or incomplete, the application shall be rejected and Baroda BNP Paribas Asset Management Private Limited. (Investment Manager to Baroda BNP Paribas Mutual Fund), their appointed service providers and the SCSBs representatives shall not be liable for losses, if any.

Date  Place

Sign Here	Sign Here	Sign Here
Sole/First Applicant/Guardian/Karta	Second Applicant	Third Applicant

**Note:** To be signed as per mode of operation of the Bank Account

#### ASBA INSTRUCTIONS

- A. Self Certified Syndicate Bank (SCSB): SCSB is a bank which offers the facility of applying through the ASBA process.  
For the complete list of SCSBs with details of controlling/designated branches please refer to websites : <http://www.sebi.gov.in> , <http://www.nseindia.com> and <http://www.bseindia.com>.
- B. Investors Demat Account details:
  - It is mandatory to provide Demat Account details in ASBA Application Form as the units will be credited in the Demat Account specified in ASBA Application Form.
  - Applicant should ensure that the Demat Accounts specified in the ASBA Application Form are active i.e. not frozen or suspended.
  - Applicant to note that in case the DP-ID, beneficiary account no. or PAN provided in the ASBA Application Form are incorrect or do not match with the records of Depositories (NSDL or CDSL), the applications will be rejected.
- C. Bank Account details:
  - Applicants should provide Bank Account details from which the application amount is to be blocked along with Bank & Branch name and application amount.
  - Applicant should maintain sufficient balance in the Bank Account in which application amount is to be blocked. In case of insufficient funds in the specified Bank Account the application is liable to be rejected.
  - Applicant can make application for maximum upto 5 ASBA Applications from a single Bank Account with a Bank.
  - It may be noted that no application will be accepted for subscription to units of schemes of Baroda BNP Paribas Mutual Fund where such application is accompanied by Third Party Payment other than the exceptions allowed. 'Third-Party Payment' means a payment made through instruments issued from a bank account other than that of bank account of first named applicant/investor. Please refer to point no. 8 of the General Instructions for details.

**For Non Individuals**  
**FATCA, CRS & Ultimate Beneficial Owner (UBO)**

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 No.

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 equivalent\$.

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   
(Please Refer to para 3(vii) exemption code for U.S persons under part D of FATCA instructions and definitions)

**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 institution<sup>3</sup> ☐ or ☐ Direct reporting NFE<sup>4</sup> (please tick as appropriate)

Global Intermediary Identification Number (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-category<sup>10</sup>  ☐ 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 <sup>1</sup> (that is, a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	<input type="checkbox"/> Yes (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 of a publicly traded company (a company whose shares are regularly traded on an established securities market) <input type="checkbox"/> No	<input type="checkbox"/> Yes (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 <input type="text"/>
3.	Is the Entity an active <sup>1</sup> Non-Financial Entity (NFE) <input type="checkbox"/> No	<input type="checkbox"/> Yes (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"/> (Mention code-refer 2c of Part D)
4.	Is the Entity a passive <sup>2</sup> NFE	<input type="checkbox"/> Yes (If yes, please fill UBO declaration in the next section.) Nature of Business <input type="text"/>

<sup>1</sup> Refer 2 of Part D | <sup>2</sup> Refer 3(ii) of Part D | <sup>3</sup> Refer 1(i) of Part D | <sup>4</sup> Refer 3 (vi) of Part D

## PART C

### 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).

Details	UBO1	UBO2	UBO3
Name			
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>	<input type="text"/> Zip <input type="text"/> State <input type="text"/> Country <input type="text"/>
Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business	<input type="checkbox"/> Residence <input type="checkbox"/> Registered office <input type="checkbox"/> Business
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Father's Name (Mandatory if PAN is not available)			
City of Birth			
Country of birth			
Occupation Type	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
Nationality			
UBO Type Code <sup>11</sup>			
Country of Tax residency*			
Tax ID No. <sup>5</sup>			
Tax ID Type			
Percentage of Holding (%) <sup>6</sup>			
Politically Exposed Person (PEP) Status <sup>12</sup>	<input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable	<input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable	<input type="checkbox"/> PEP <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable

# 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

<sup>11</sup> Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

<sup>12</sup> PEP : PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g Heads of States or of Governments ,senior politicians senior Government/Judicial/military officers, senior executives of state owned corporations ,important political party officials, etc.

### 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 BNP Paribas 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.

\$ It 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

### 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 above and hereby accept the same.

Name	<input type="text"/>
Designation	<input type="text"/>
Dated	
Place	Signature

## PART D FATCA INSTRUCTIONS & DEFINITIONS

1. (i) Financial Institution (FI) - The term FI means any financial institution that is a Depository Institution, Custodial Institution, Investment Entity or Specified Insurance company, as defined.
  - (ii) Depository institution: is an entity that accepts deposits in the ordinary course of banking or similar business.
  - (iii) Custodial institution is an entity that holds as a substantial portion of its business, financial assets for the account of others and where its income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of
    - (i) The three financial years preceding the year in which determination is made; or
    - (ii) The period during which the entity has been in existence, whichever is less.
  - (iv) Investment entity is any entity:
    - (a) That primarily conducts a business or operates for or on behalf of a customer for any of the following activities or operations for or on behalf of a customer
      - (i) Trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading; or
      - (ii) Individual and collective portfolio management; or
      - (iii) Investing, administering or managing funds, money or financial asset or money on behalf of other persons;
    - or
    - (b) The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described above.

An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of :

    - (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made;
    - or
    - (ii) The period during which the entity has been in existence.

The term "Investment Entity" does not include an entity that is an active non-financial entity as per codes 04, 05, 06 and 07 - refer point 2).
  - (v) Specified Insurance Company: Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.
- FI not required to apply for GIIN: Refer Rule 114(5) of Income Tax Rules, 1962 for the conditions to be satisfied as "non-reporting financial institution and Guidance issued by CBDT in this regard.

### A. Reasons why FI not required to apply for GIIN:

Code	Sub-category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors, Investment Managers & Executing Brokers
07	Exempt collective investment vehicle
08	Trust
09	Non-registering local banks
10	FFI with only Low-Value Accounts
11	Sponsored investment entity and controlled foreign corporation
12	Sponsored, Closely Held Investment Vehicle

2. Active Non Financial Entity (NFE) (any one of the following) : Refer explanation (A) to 114F(6) of Income tax Rules, 1962 for details :

Code	Sub-category
01	Less than 50 percent of the NFE's gross income for the preceding financial year is passive income and less than 50 percent of the assets held by the NFE during the preceding financial year are assets that produce or are held for the production of passive income;
02	The stock of the entity is regularly traded on an established securities market or the non-financial entity is a related entity of an entity. The stock of which is regularly traded on an established securities market.
03	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
04	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for this status if the entity functions as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
05	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
06	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
07	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
08	Any NFE that fulfills all of the following requirements: <ul style="list-style-type: none"> <li>• It is established and operated in India exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in India and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare;</li> <li>• It is exempt from income tax in India;</li> <li>• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> </ul>

The applicable laws of the NFE's country or territory of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and

The applicable laws of the NFE's country or territory of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's country or territory of residence or any political subdivision thereof.

Explanation.- For the purpose of this sub-clause, the following shall be treated as fulfilling the criteria provided in the said sub-clause, namely :-

- (i) an Investor Protection Fund referred to in clause (23EA);
- (ii) a Credit Guarantee Fund Trust for Small Industries referred to in clause 23EB; and
- (iii) an Investor Protection Fund referred to in clause (23EC), of section 10 of the Act;

### 3. Other definitions

#### (i) Related entity

An entity is a 'related entity' of another entity if either entity controls the other entity, or the two entities are under common control For this



purpose, control includes direct or indirect ownership of more than 50% of the votes and value in an entity.

(ii) Passive NFE

The term passive NFE means

- (i) any non-financial entity which is not an active non-financial entity including a publicly traded corporation or related entity of a publicly traded company; or
- (ii) an investment entity defined in clause 1 (iv)(b) of these instructions
- (iii) a withholding foreign partnership or withholding foreign trust;
- (iii) Passive income

The term passive income includes income by way of :

- (1) Dividends,
- (2) Interest
- (3) Income equivalent to interest,
- (4) Rents and royalties, other than rents and royalties derived in the active conduct of a business conducted, at least in part, by employees of the NFE
- (5) Annuities
- (6) The excess of gains over losses from the sale or exchange of financial assets that gives rise to passive income
- (7) The excess of gains over losses from transactions (including futures, forwards, options and similar transactions) in any financial assets,
- (8) The excess of foreign currency gains over foreign currency losses
- (9) Net income from swaps
- (10) Amounts received under cash value insurance contracts

But passive income will not include, in case of a non-financial entity that regularly acts as a dealer in financial assets, any income from any transaction entered into in the ordinary course of such dealer's business as such a dealer.

(iv) Controlling persons

Controlling persons are natural persons who exercise control over an entity and includes a beneficial owner under sub-rule (3) of rule 9 of the Prevention of Money-Laundering Rules, 2005 (Maintenance of Records). In determining the beneficial owner, the procedure specified in the following circular as amended from time to time shall be applied, namely :-

- (i) DBOD.AML.BC NO 71/14.01.001/2012-13, issued on the 18th January, 2013 by the Reserve Bank of India; or
- (ii) CIR/MIRSD/2/2013, issued on the 24th January, 2013 by the Securities and Exchange Board of India; or
- (iii) IRDA/SDD/GDLC/CIR/019/02/2013, issued on the 4th February, 2013 by the Insurance Regulatory and Development Authority.

In the case of a trust, the controlling person means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than a trust, controlling person means persons in equivalent or similar positions.

Where no natural person is identified the identity of the relevant natural person who holds the position of senior managing official.

(A) Controlling Person Type:

Code	Sub-category
01	CP of legal person-ownership
02	CP of legal person-other means
03	CP of legal person-senior managing official
04	CP of legal arrangement-trust-settlor
05	CP of legal arrangement-trust-trustee
06	CP of legal arrangement-trust-protector
07	CP of legal arrangement-trust-beneficiary
08	CP of legal arrangement-trust-other
09	CP of legal arrangement-Other-settlor equivalent
10	CP of legal arrangement-Other-trustee equivalent
11	CP of legal arrangement-Other-protector equivalent
12	CP of legal arrangement-Other-beneficiary equivalent
13	CP of legal arrangement-Other-other equivalent
14	Unknown

(v) Specified U.S. person – AU.S. person other than the following:

- (i) a corporation the stock of which is regularly traded on one or more established securities markets;
- (ii) any corporation that is a member of the same expanded affiliated group, as defined in section 1471(e)(2) of the U.S. Internal Revenue Code, as a corporation described in clause (i);
- (iii) the United States or any wholly owned agency or instrumentality thereof;
- (iv) any State of the United States, any U.S. Territory, any political subdivision of any of the foregoing, or any wholly owned agency or instrumentality of any one or more of the foregoing;
- (v) any organization exempt from taxation under section 501(a) of the U.S. Internal Revenue Code or an individual retirement plan as defined in section 7701(a)(37) of the U.S. Internal Revenue Code;
- (vi) any bank as defined in section 581 of the U.S. Internal Revenue Code;
- (vii) any real estate investment trust as defined in section 856 of the U.S. Internal Revenue Code;
- (viii) any regulated investment company as defined in section 851 of the U.S. Internal Revenue Code or any entity registered with the U.S. Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a-64);
- (ix) any common trust fund as defined in section 584(a) of the U.S. Internal Revenue Code;
- (x) any trust that is exempt from tax under section 664(c) of the U.S. Internal Revenue Code or that is described in section 4947(a)(1) of the U.S. Internal Revenue Code;
- (xi) a dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any State;
- (xii) a broker as defined in section 6045(c) of the U.S. Internal Revenue Code; or
- (xiii) any tax-exempt trust under a plan that is described in section 403(b) or section 457(g) of the U.S. Internal Revenue Code.

(vi) Direct reporting NFE

A direct reporting NFFE means a NFFE that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

(vii) Exemption code for U.S. persons (Refer 114F(9) of Income Tax Rules, 1962 for details).

Code	Sub-category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).
B	The United States or any of its agencies or instrumentalities.
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i).
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i).
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.
G	A real estate investment trust.
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.
I	A common trust fund as defined in section 584(a).
J	A bank as defined in section 581.
K	A broker.
L	A trust exempt from tax under section 664 or described in section 4947(a)(1).
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan.

# THIRD PARTY PAYMENT DECLARATION FORM

Third Party Payment Declaration Form should be completed in **English** and in **BLOCK LETTERS** only.

(Please read the Third Party Payment Rules and Instructions carefully before completing this Form)

## 1. BENEFICIAL INVESTOR INFORMATION

Folio No.

Application No.

NAME OF FIRST/SOLE APPLICANT (BENEFICIAL INVESTOR)

## 2. THIRD PARTY INFORMATION (Refer Instruction No. 3 )

NAME OF THIRD PARTY (PERSON MAKING THE PAYMENT)

PAN#

KIN

KYC\*\* [Please tick (✓)] (Mandatory for any amount) ☐ Attached

Please attach PAN Proof. Refer instruction No. 6. \*\* Refer instruction No. 8.

NAME OF CONTACT PERSON & DESIGNATION (in case of non-Individual Third Party)

Designation

MAILING ADDRESS (P.O. Box Address may not be sufficient)

CITY

STATE

PIN CODE

CONTACT DETAILS

STD Code

Tel.: Off.

Tel.: Res.

Mobile

Fax

Email

RELATIONSHIP OF THIRD PARTY WITH THE BENEFICIAL INVESTOR (Refer Instruction No. 3) [Please tick (✓) as applicable]

Status of the Beneficial Investor	<input type="checkbox"/> FPI <input type="checkbox"/> Client	<input type="checkbox"/> Employee(s)	<input type="checkbox"/> Agent/ Distributor/ Dealer
Relationship of Third Party with the Beneficial Investor	Custodian - SEBI Registration No. of Custodian  Registration Valid Till <input type="text"/>	Employer	Corporate Body
Declaration by Third Party	I/We declare that the payment is made on behalf of FPI/ Client and the source of this payment is from funds provided to us by FPI/ Client.	I/We declare that the payment is made on behalf of employee(s) under Systematic Investment Plans or as lump sum / one-time subscription, through Payroll or deductions out of expense reimbursements	I/We declare that the payment is made on behalf of Agent/ Distributor/ Dealer under Systematic Investment Plans or as lump sum/ one-time subscription, in lieu of commission or incentive payable for sale of goods/ services.

## 3. THIRD PARTY PAYMENT DETAILS (REFER INSTRUCTION NO. 4)

Mode of Payment [Please tick (✓)]	Mandatory Enclosure(s)
Cheque <input type="checkbox"/>	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.
Pay Order Banker's Cheque <input type="checkbox"/>	Certificate from the Issuing Banker stating the Bank Account Holder's Name and Bank Account Number debited for issue of the instrument or Copy of the acknowledgement from the bank, wherein the instructions to debit carry the bank account details and name of the third party as an account holder are available or Copy of the passbook/bank statement evidencing the debit for issuance of the instrument.
RTGS NEFT Fund Transfer <input type="checkbox"/>	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.

Amount	in figures (Rs.)	in words
Cheque/PO/UTR No.		Cheque/PO/RTGS Date
Pay- in Bank A/c No.		
Name of the Bank		
Branch		Bank City
Account Type [Please tick (✓)]	<input type="checkbox"/> SAVINGS <input type="checkbox"/> CURRENT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> OTHERS _____ (please specify)	