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.



(An open ended equity scheme investing in Pharma and Healthcare sector)	Riskometer for the Scheme ^{^^}	Benchmark Riskometer	
Product labelling			
This product is suitable for investors who are seeking*: Long term wealth creation 			NFO Opens : June 09, 2025
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.	Riskometer	Riskometer	NFO Closes : June 23, 2025 Scheme re-opens : Within 5 business
(^M The riskometer assigned is based on internal assessment of the scheme characteristics and the same may vary post NFO, when actual investments are made.)	Investors understand that their principal will be at Very High Risk	Benchmark Riskometer is at Very High Risk As per AMFI Tier I Benchmark - BSE Healthcare TF	day from the date of allotment
All sections should be completed in English and in BLOCK LETTERS with blue or b Distributor ARN / RIA Code Sub Distributor ARN Sub Distributo	black ink only. r / RM Internal Code	EUIN* LG Code	For Office use only (Time Stemp)
Distributor ARN / RIA Code Sub Distributor ARN Sub Distributo	r / 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 Distributor	s based on the investors' as	sessment of various factors inclu	ding the service rendered by the distributor.
*I/We hereby confirm that the EUIN box has been intentionally left blank by me / us as is executed without any interaction or advice by the employee / relationship ma person of the above distributor / sub broker or notwithstanding the advice of in-app any, provided by the employee / relationship manager / sales person of the distributor	nager / sales ropriateness, if	Sole Applicant an / POA Holder rised Signatory Hol	
TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one) I confirm that I am a first time investor across			
1. EXISTING INVESTOR'S FOLIO NUMBER Folio No.		The details in our	records under the Folio number will apply for this application.
2. FIRST APPLICANT'S DETAILS Name of First Applicant (In CAPITAL and as per PAN) (Refer Instructions)			ate of Birth (Mandatory - If Minor, attach proof)
Neme of Cuerdian (if wines)/IDOA/Content Demon (Apper DAN) /Defer leatrutions)	ardian iau 🗖 Eathar 🗖 Ma		D D M M Y Y Y Y
Name of Guardian (if minor)/POA/Contact Person (As per PAN) (Refer Instructions) Gu	ardian is: Father Mo	ther Court Appointed [D D M Y Y Y
PAN (1st Applicant / Guardian)	CKYC CKYC - KIN		
3. CONTACT DETAILS AND CORRESPONDENCE ADDRESS (AS PER K			verseas address (Refer instructions)
Email ID* (in capital)			*(default mode of communication)
	Code		
Wherever email ID is registered an electronic Statement of Account will be shared with the Contact details belong to family due to investor being , Self Spouse Details Address Type (Mandatory) Residential & Business Residential Business	pendent Child Depend		
Mailing Address Landmark		City	
State Country			Mandatory)
Overseas Address (Mandatory for NRI Investors)			
Mailing Address Landmark		City	
State Country		Pin Code	Mandatory)
 4. KYC DETAILS (MANDATORY) A. Tax Status (Please tick ✓) : 			
Individual : Resident NRI-Repatriation NRI-Non Repatriation Sole-Prop	orietorship Minor NF	RI-Minor 🗋 PIO / OCI 🔲 Other	s
Non-Individual :)I FPI Non Profit Org	ganisation^ Bank Govern	nent Body
Company HUF Trust^ Society^ / Club Partnership / LLP AOP / BC ^ Trust/Societies/Section 8 companies to give below declaration : We are a "Non-Profit Orgnization" (NPO) which has been constituted for religious or charitable p trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legis	ourposes referred to in clause lation or a Company registere	(15) of section 2 of the Income-tax ad under the Section 8 of the Compa	Act, 1961 (43 of 1961), and is registered as a nies Act, 2013 (18 of 2013). □YES □NO
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□Company HUF □Trust^ □Society^ / Club □Partnership / LLP □AOP / BC ^ Trust/Societies/Section 8 companies to give below declaration : We are a "Non-Profit Orgnization" (NPO) which has been constituted for religious or charitable p We are a "Non-Profit Orgnization" (NPO) which has been constituted for religious or charitable p trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legis If yes, please quote Registration No. of Darpan portal of Niti Aayog B. Occupation Details (Please tick ✓) □Private Sector Service □ Public Sector Se □ Proprietorship □Housewife □Student □Defence □Forex Dealer □O C. Gross Annual Income (Please tick ✓) □Below 1 Lac □1-5 Lacs □5-10 Lac Net-worth in (Mandatory for Non-Individuals) Rs.	Purposes referred to in clause lation or a Company registere (If not registered thers (Please specify) s ☐ 10-25 Lacs ☐ >22 as on ☐ l am Politically Exposed Per lease tick ✓) ☐ Joint CKYC vice ☐ Government Ser am Politically Exposed Pe am Politically Exposed Per cKYC vice ☐ Government Ser an Politically Exposed Per an Politically Exposed Per cKYC	(15) of section 2 of the Income-tax d under the Section 8 of the Compa f already, please register immediate vice Business Profess 5 Lacs-1 crore >1 crore Anyone or Survivor (De Anyone or Survivor (De C Anyone or Survivor (De C C Anyone or Survivor (De C C C C C C C C C C C C C	Act, 1961 (43 of 1961), and is registered as a nies Act, 2013 (18 of 2013). YES NO y and confirm with the above information) onal Agriculturist Retired (Not older than 1 year) ally Exposed Person fault) Date of Birth (Mandatory) D M M Y Y Y Y onal Agriculturist Retired ally Exposed Person Date of Birth (Mandatory) D M M Y Y Y Y Onal Agriculturist Retired
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		Applicant/Guard				2nd Appl		-ATCA/CRS Form	-	Applicant	POA
Place & C	ountry of Bi		COUNTRY	Place & 0	Country of Bir		PLACE	COUNTRY	Place & Country of B		COUNTRY
Nationalit	y 🔲 Indian	U.S. Other		Nationali	ty 🔲 Indian	U.S.	Other		Nationality Indian	U.S. Othe	er
Are you a t	ax resident ((i.e. are you assess	ed for Tax) in any c	ther country	/ outside India	 ?Yes		f yes please provide	information below.)		
-	untry#	Tax Identification Number	Identification Type/Reason•	-	ountry#	Ta Identifio Num	x cation	Identification Type/Reason•	Country#	Tax Identification Number	Identification Type/Reason•
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2				2					2		
3 # Please i	ndicate all C	ountries other the	n India, in which	3	sident for tax		associa	ted Taxnaver Identi	3 fication Number and i	t's Identification tv	ne eq. TIN etc.
 11 TIN is authorities 	onot availab of the coun		lease mention rea e entered above o	ason as: 'A' do not requi	if the country re the TIN to	does no	t issue T		; 'B' & mention why yo		
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	8. INVESTMENT & PAYMENT DETAILS Zero Balance Lumpsum (Please fill details below) SIP (Fill separate SIP form)										
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Investor willing	ng to invest in [Demat option, may prov		Statement enal	bling us to match	the Demat		· _	Form. In case the form is n	ot filled, the default op	tion will be physical mode.
10. NOM	INATION -	MANDATORY, M	linor & PoA hold	er cannot n	ominate and	should n	ot fill thi	s section			
						/us by the A			vent of my / our demise, as minee(s) Nominatio	n Status (Yes/No)	lf of my / our legal heir(s). dditional Details ****
Number		Nominee Name		Share of Iominee (%) **	Relationship &	Identity Num	iber ***	Mobile Number & Email I	D Postal Addre	ess DOB o	of Nominee and Guardian Name
1	Nominee 1				Relationship Identity Number	,		mail ID Iobile			
2	Nominee 2				Relationship Identity Number		E	mail ID Iobile			an Name
3	Nominee 3				Relationship Identity Number	,		mail ID Iobile			
** If % is not	specified, ther	the assets shall be di	stributed equally amo	ngst all the nor	minees. *** Pro	ovide only n	umber: PA	N or Driving Licence or	Aadhaar (last 4 digits). Cop ded in case Nominee is Mir	by of the document is	an Name not required. However, in
B. I/We d	o not wish to n	ominate : I/ We hereby	confirm that I/ We do no	t wish to appoint	t any nominee(s) f	for my mutua	I fund units	held in my / our mutual fu	nd folio and understand the is	sues involved in non ap	
		ase of death of all the acc N & SIGNATUR		legal heirs would	d need to submit a	Il the requisite	e documents	s issued by Court or other s	such competent authority, base	ed on the value of assets	s held in the mutual fund folio.
have read and the contravent we have not re me/us to the si may be requiri indicative port such informati Unit-India, the I/We confirm ti For NRIs only account. I/We I/ We give my transactions/ r I/ We hereby the Aadhaar A mutual fund (s I / We declare to advise the / change in circ also confirm ti I/We have rea mentioned abo	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 context 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 detained that the amount invested in the Scheme is through legilimate source only and does not involve / is not designed for the purpose of he contrivention of any Act, Rules, Regulations, Storigations or Bher Chone Tax Act, Anti Money Laundering Laws, Anti Corruption Laws or any other applicable laws encated by the Overment of India from time to time. I/We hereby agree to consent the AMC to share my transaction details to the registered investment advisor (RIA) through the registar or otherwise. I / we hereby confirm that I we have not been offered / communicated any be required by the FUND IAMC/ Its distributor for this investment. I / we authorize you ol disclose, share, remit in any form, mode or manner, all / any of the information provided by the FUND IAMC/ Its distributor for this investment. I / we authorize you ol disclose, share, remit in any form, node or manner, all / any of the information provided by the FUND IAMC/ Its distributor for this investment. I / we authorize you ol disclose, share, remit in any form, mode or manner, all / any of the information provided by the FUND IAMC/ Its distributor for this investment. I / we authorize you ol disclose, share, remit in any form, node or manner, all / any of the information provided by the FUND IAMC/ Its distributor for this investment i / we authorize you ol disclose, share, remit in any form, node or manner, all / any of the information provided by the FUND IAMC/ Its distributor for this investment is accurate any located the equipted by mel / submitted by investment for the investment is accurate any locate the equipted by the FUND IAMC/ Its distributor for this invested in the scheme and prov										
Sole	/ First App	licant / Guardian		Second Ap	plicant			Third Applican	t	POA holde	er, if any
Emai	l Id : servi	ce@barodabnpj	oaribasmf.in	www.b	arodabnpp	aribasm	f.in	Board Line No	o.: 022 69209600 •	Toll Free No.: 1	1800 2670 189

Email	Id : service@barodabnpparibasmf.in	www.barodabnpparibasmf.in	Board L	ine No.: 022 69209600 • Toll Free No.: 1800 2670 189						
Quick Checklist เ⊗ื	 Name/s mentioned are as per PAN only Address, Email ID/Mobile are correctly mentioned KYC information provided for each applicant FATCA/CRS details provided for each applicant 	 Full scheme name, plan, option is r Pay-In bank details and supporting Nomination facility opted Form is signed by all applicants 		Additional documents provided if investor n payment cheque or if Demand Draft is used Non Individual investors should attach FATCA Details and Declaration Form						

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



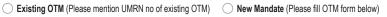
And page and dequity scheme investing in Pharma and Healthcare sector) Product lasuitable for investors who are seeking": Overnight securities. A Relatively Low Interest Rate Risk and Relatively Low Credit Risk) This product is suitable for investors who are seeking": Colspan="2">Overnight securities. A Relatively Low Interest Rate Risk and Relatively Low Credit Risk) • Investment predominantly in equity & equity related instruments of Pharma and Healthcare Companies. Imestors understand that their principal will be at Very High Risk for them. Imestors understand that their principal will be at Very High Risk for them. Imestors understand that their principal will be at Very High Risk for them. Investors should consult their financial advisers if in doubt about whether the product is suitable for them. Investors should consult their financial advisers if in doubt about whether the product is suitable for them. Investors understand that their principal will be at LOW RISK. All sections should be completed in English and in BLOCK LETTERS with blue or black ink only. 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. First / Sole Applicant / POA Holder Third Applicant / POA Holder '// We hereby confirm that the EUIN box has been intentionally left blank by me / us
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Healthcare Companies. ¹ Investors should consult their financial advisers if in doubt about whether the product is suitable for them. (^A 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 ARN Sub Distributor ARN Sub Distributor ARN I 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 distributor / sub broker on the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker on the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker on the investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) TRANSACTION CHARGES for Rs. 10,000 and above (<' any one)
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same may vary post NFO, when actual investments are made.) Image: Construction of the construction o
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. *// 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 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 / POA Holder / Authorised Signatory Third Applicant / POA Holder / Holder TRANSACTION CHARGES for Rs. 10,000 and above (I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) The details in our records under the Folio number 1 EXISTING INVESTOR'S EQUID NUMBER Folio No The details in our records under the Folio number
*//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. TRANSACTION CHARGES for Rs. 10,000 and above (< any one) I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) 1 EXISTING INVESTOR'S FOLIO NUMBER Folio No
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TRANSACTION CHARGES for Rs. 10,000 and above (< any one)
Rs. 10,000 and above (✓ any one) 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.
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
Name of Guardian (if minor)/POA/Contact Person (As per PAN) (Refer Instructions) Guardian is: Father Mother Court Appointed Date of Birth (Guardian)
D D M M Y Y Y PAN (1st Applicant / Guardian) CKYC - KIN I
PAN of POA CKYC - KIN (POA) I
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, Self Spouse Dependent Child Dependent Parent Dependent Sibling Guardian In case of Minor Address Type (Mandatory) Residential & Business 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) Image: Country 4. KYC DETAILS (MANDATORY) Image: Country Image: Country Image: Country
A. Tax Status (Please tick ✓):
Individual : Resident NRI-Repatriation NRI-Non Repatriation Sole-Proprietorship Minor NRI-Minor PIO / OCI Others
Company HUF Trust^ Society^ / Club Partnership / LLP AOP / BOI FPI Non Profit Organisation^ Bank Government Body Others
^A Trust/Societies/Section 8 companies to give below declaration : We are a "Non-Profit Orgnization" (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). YES 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. Occupation Details (Please tick ✓) Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
Proprietorship Housewife Student Defence Forex Dealer Others (Please specify)
C. Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore =1
D. Politically Exposed Person (PEP) Status : (Please tick 🗸) 🗌 Not Applicable 🛄 I am Politically Exposed Person 🗍 I am Related to Politically Exposed Person
5. JOINT APPLICANTS (IF ANY) DETAILS Mode of Holding (Please tick ✓) Joint Anyone or Survivor (Default)
Name of 2nd Applicant (As per PAN) (Refer Instructions) Date of Birth (Mandatory) D D M M Y Y Y
PAN (2nd Applicant) CKYC - KIN I
a. Occupation Details (Please tick ✓) Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
b. Gross Annual Income (Please tick \checkmark) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore
c. Politically Exposed Person (PEP) Status : (Please tick \checkmark) Not Applicable I am Politically Exposed Person I am Related to Politically Exposed Person Name of 3rd Applicant (As per PAN) (Refer Instructions)
PAN (3rd Applicant) CKYC - KIN CKYC - KIN a. Occupation Details (Please tick \checkmark) Private Sector Service Public Sector Service Government Service Business Professional Agriculturist Retired
Housewife Student Forex Dealer Others (Please specify)
b. Gross Annual Income (Please tick √) ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs-1 crore ☐ >1 crore c. Politically Exposed Person (PEP) Status : (Please tick √) ☐ Not Applicable ☐ I am Politically Exposed Person ☐ I am Related to Politically Exposed Person
b. Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore c. Politically Exposed Person (PEP) Status : (Please tick ✓) Not Applicable 1 am Politically Exposed Person I am Related to Politically Exposed Person
b. Gross Annual Income (Please tick ✓) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

6. FATC	A AND C	RS DETAILS (I	Non-Individual	investors	please fill se	eparate	UBO &	FATCA/CRS	Form)			
		Applicant/Guard				2nd App	licant			L	3rd Appli	cant	POA
Place & C	ountry of Bi	rth PLACE	COUNTRY	Place &	Country of Bir	rth	PLACE	COUNTR	RY	Place & Country	of Birth	PLACE	COUNTRY
Nationality	n 🗍 Indian	U.S. Othe	r	Nationali	ity 🔲 Indian	U.S.	Othe	r		Nationality	idian 🔲 U.	S. Othe	er
Are you a ta	ax resident (i.e. are you assess	sed for Tax) in any	other country	y outside India	? 🔲 Yes	ΩNO	(If yes please p	orovide	information below	v.)		
Cou	ntry#	Tax Identification Number	Identification Type/Reason		ountry#	Ta Identifi Num	ication	Identificati Type/Reas		Country#	lde	Tax entification Number	Identification Type/Reason•
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			an India, in which please mention re										/pe eg. TIN etc. /btain a TIN; 'C' if the
		· · ·	ce entered above		,				,	-	,,,		, -
7. BANI	(ACCOUN	IT DETAILS (Av	ail Multiple Ban	k Registrati	on Facility)								
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LEI								A/C Type	Sa 🗋	ivings Currei	nt 🔲NRE	NR0	FCNR Others
Branch					Pin			IFSC cod	de: (11	digit)			
8. A. IN	VESTMEN	IT & SOURCE	OF FUNDS DE	TAILS									
Scheme N	ame BAR		BAS OVERNIGH	T FUND			Plan :	Regular [Direct	Option:	Growth	IDCW Rein	vestment
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	s OR Amou						ption :	Growth		DCW Reinvestm	ent 🔽	IDCW Pay	out
I/We hereby	request you t	o switch units / amo	unt as stated above f BNP PARIBAS HEAL	rom Baroda Bl	NP Paribas Over	night Fund	I (to the ex	ktent of amount in	nvested	through this applic	ation form inc	luding Reinvo	estment of IDCW if any),
			Minor & PoA hold			should n	not fill th	is section					
-		- ,											
I/We wis	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)								in the ev	ent of mv / our dem	ise. as trustee	and on behal	f of my / our legal heir(s).
				. ,						·			f of my / our legal heir(s).
				. ,		/us by the A v Details	AMC as fo		e of Non	ninee(s) Nom		s (Yes/No)	f of my / our legal heir(s). dditional Details **** f Nominee and Guardian Name
I/ We want th		y/ our nominee to be		ent of account	, provided to me Mandatory	/us by the A v Details Identity Nun	AMC as fo	ollows: 🔲 Name	e of Non	ninee(s) Nom	ination Status	s (Yes/No) A DOB c	dditional Details **** of Nominee and Guardian Name
I/ We want th	e details of m	y/ our nominee to be		ent of account	, provided to me, Mandatory Relationship &	/us by the <i>F</i> r Details Identity Nun	AMC as fo	Mobile Number &	e of Non	ninee(s) Nom	ination Status	s (Yes/No) A DOB c Guardia	dditional Details **** f Nominee and Guardian Name M M Y Y Y Y an Name M M Y Y Y Y
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[○] FATCA Details and Declaration Form ○ UBO Declaration Form

SIP REGISTRATION CUM NACH MANDATE FORM

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





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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.
- 2. 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"		and 1 eafter	250 and 1	thereafter	1500 and 1 thereafter
Schemes, other than those mentioned below defined as "Schemes Eligible for Fortnightly Frequency" and ELSS		and 1 eafter	Not Eligible	500 and 1 thereafter	1500 and 1 thereafter
ELSS		nd 500 eafter	Not Eligible	500 and 50	00 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.

- 4. 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 incase 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 installments, SIP will be ceased. In case of no credit receipt/ failed debit instalment for Quarterly SIP for 2 consecutive installments, SIP will be ceased
- 9. 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 shall be permitted till the documents for changing 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.
- 10. The Trustee / AMC reserves the right to change / modify the terms of the SIP.
- 11. 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.
- 12. Daily SIP shall be triggered and processed on all Business Days only.
- 13. 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.

- 14. 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
- 15. 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.
- 16. 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:

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:

a. 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.

- 4. Top-Up SIP shall be available for SIP Investments only through NACH / Direct Debit Facility only.
- 5. 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 accomodate 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 :

Ι.

- 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 / FIIs*	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.cvlindia.com)	~	~	~	√#	~			
7.	Proof of Date of Birth				~				
8.	Proof of Relationship with Guardian				\checkmark				
9.	PIO / OCI Card (as applicable)			~					
10.	Certificate of registration granted by Designated Depository Participant on behalf of SEBI		~		\checkmark				
Should be original or true copy by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable. For FIIs, 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							
Ι.	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.							
Х.	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.							
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

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*I/We her of the abo ++ I/We, I	ommission shall eby confirm that ove distributor / nave invested in vestments unde	t the EUIN b sub broker o the Schem	box has be or notwiths le(s) of you	en inte tanding ur Mutu	ntionally g the adv al Fund u	left blan rice of in under D	nk by m i-approp irect Pl	e / us a priatene an. I/W	as this tr ess, if a 'e hereb	ransa iny, p oy qiv	action is provided ve you n	execut by the ny/our o	ted wi empl	ithout a oyee / r ent to sh	ny inter elations are/pro	action ship m vide th	or adv anagei ne tran:	rice by / sale sactior	the en s persons data	nployee on of th feed/	e / rela ne disti	tionsh ributor	ip man / sub b	ager / s proker.	sales p		
TRAM	ISACTION										_	RIBU	UT0	RS C	ONLY												
In cas amount a x No. of in	() any one] se the purchase nd payable to th installments) am to the ARN Holde	 subscription Distributor ounts to Rs 	r. Transact . 10,000/-	is Rs. 7 ion Cha or more	10,000 or arges in c e and sha	more a case of in all be de	nd you nvestm educted	r Distrib ents thi I in 3-4	outor ha rough S installm	is opt SIP / N nents	ted in to Vicro SI 5. Units	receive P are d will be	e Trar educt	nsactior tible onl d again	y if the t st the b	es, the otal co alance	same ommitn amou	are de nent of int inve	eductib invest	le as a ment (i Upfron	pplicat .e. am	ount p	er SIP /	/ Micro	SIP in	stallmer	
	Sole/Firs	Sign He t Applicant/		Karta						Se	Sign H cond Ap										Sign Third A	Here pplica	nt				
1. AP	PLICANT	S PERS	ONAL	DET	AILS	(IN B	LOC	K LE	TTE	RS)																
		First /	Sole Ap	plica	nt			Sec	ond A	vppl	icant	/ Gua	rdia	n / Po	A Holo	der				т	hird	Appl	icant				
Name																											
PAN																											
Applicant	s must ensure tl	hat the sequ	ience of th	e name	es as me	ntioned	in the a	applicat	tion forn	n mə	atches w	ith that	of be	eneficia	ry accoi	unt he	d with	the De	eposito	ry Part	icipant	t.					
2. DE	TAILS OF	BANK /	ACCOL	JNT	FOR E	BLOC	KIN	g of	FUN	NDS	5																
Bank Acc	ount Number											Bank	Name	•													
Bank Add	ress																										
Account (Rs. in fig	to be blocked gures)								ount to t in word		ocked																
Sub-Pla	an(s) / Option(s)								Amc	ount (in	Rs.)									ISI	N					
Regular	Plan - Growth																										
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Total An	-	out																									
	MAT ACC	OUNT D	ETAIL	S (M	ANDA	TOR	Y) Pl	ease	(√)																		
NSDL	DP Name							DP ID	Ι	N							Bene Acco	eficiar ount N	y lo.								
CDSL	DP Name							Benef Accou	ficiary unt No.																		
The inves	tors shall receiv	e payments	of Redem	nption/[Dividend	proceed	ds in the	e Bank	Accoun	ıt link	ed to th	ie Dem	at A/c	as me	ntioned	above											
	Baroda P PARIBAS										WLED									·							
(An open	DA BNP PAF ended equity so)																			
Received						1.																					
ASBA For		DDI	M M Y	Ý	ΥΥ	Amou	nt to be	Blocke	ed (Rs.)														B.4		17	V	
SCSB (Ba	ank & Branch)								Bank A	ACCOI	unt No.							8	Submis	sion Da	ate 💷	U v		M Y	Y	T Y	

BNP PARIBAS

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 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 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 instructions 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.

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 o	f the entity													
Type of	address given at KRA Residential or Busin	ness Residential Business Registered Office												
"Addres	s of tax residence would be taken as available	in KRA database. In case of any change, please approach KRA & notify the changes"												
Folio No	D.													
PAN		Date of incorporation												
City of i	ncorporation	Country of incorporation												
Entity C		Partnership Firm HUF Private Limited Company Public Limited Company Society AOP/BOI												
Please 1	L tick the applicable tax resident declaration:	Trust 🗌 Liquidator 🔲 Limited Liability Partnership 🔲 Artificial Juridical Person 🔲 Others specify												
1. ls "E		an India Yes No (If yes, please provide country/ies in which the entity is a resident for tax purposes and the												
	Country	Tax Identification Number % Identification Type (TIN or Other, please specify)												
[%] In cas	e Tax Identification Number is not available, kir	dly 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.												
		ence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here												
		rsons under part D of FATCA instructions and definitions)												
	A & CRS Declaration please consult y	our Professional Tax Advisor for further Guidance on FATCA &CRS classification.												
We are Financia	a, Global Intermediary al institution ³	Identification Number (GIIN)												
or		ave a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your												
Direct re	eporting NFE ⁴													
(please	tick as appropriate) Name of sponsoring													
GIIN no	t available (please tick as applicable)	lied for												
If the en	tity is a financial institution,	t to apply for - please specify 2 digits sub-category ¹⁰ Not obtained - Non-participating FI												
PART	B (please fill any one as appropriate "to be f	illed by NFEs other than Direct Reporting NFEs")												
1.	Is the Entity a publicly traded company1(that a company whose shares are regularly traded													
	on an established securities market)	Name of stock exchange												
2.	Is the Entity a related entity of a publicly trade	d Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is												
	company (a company whose shares are regularly traded on an established securities	regularly traded)												
	market)	Name of listed company												
	1	No Nature of relation: Subsidiary of the Listed Company or Controlled by a Listed Company												
3.	Is the Entity an active1 Non-Financial Entity	Yes (If yes, please fill UBO declaration in the next section.)												
	(NFE)	Nature of Business												
	ים	Please specify the sub-category of Active NFE (Mention code-refer 2c of Part D)												
4.	Is the Entity a passive ² NFE	Yes (If yes, please fill UBO declaration in the next section.)												
		Nature of Business												

 1 Refer 2 of Part D $\,$ I $\,^2$ Refer3(ii) of Part D $\,$ I $\,^3$ Refer1(i) of Part D $\,$ I $\,^4$ 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											
Address											
	Zip	Zip	Zip								
	State	State	State								
	Country	Country	Country								
Address Type	Residence Registered office	Residence Registered office	Residence Registered office								
	Business	Business	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	Male Female Others										
Father's Name (Mandatory if PAN is not available)											
City of Birth											
Country of birth											
Occupation Type	Service Business	Service Business	Service Business								
Nationality											
UBO Type Code ¹¹											
Country of Tax residency*											
Tax ID No. ^s											
Tax ID Type											
Percentage of Holding (%) [^]											
Politically Exposed Person (PEP) Status ¹²	PEP Related to PEP Not Applicable	PEP Related to PEP	PEP Related to PEP								

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

^ Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

¹² PEP : PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g Heads of Sates 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																							
Designation																							
Dated																							
Place							C	atur	e					Si	ure						ure		

PART D FATCA INSTRUCTIONS & DEFINITIONS

- (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.
 - 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 it's income attributale 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
 - 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

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;
- (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 GIN: Refer Rule 114(5) of Income Tax Rules, 1962 for the conditions to be satisfied as "non-reporting financial institution and Guidance issued by CBDTin 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										

 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:
 - 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;
 - · It is exempt from income tax in India;
 - It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;

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
- 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:
 - 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).
В	The United States or any of its agencies or instrumentalities.
С	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	Areal estate investment trust.
Н	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	Acommon trust fund as defined in section 584(a).
J	Abank as defined in section 581.
K	Abroker.
L	Atrust exempt from tax under section 664 or described in section 4947(a)(1).
М	Atax 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.				A	pplicat	ion No) .																				
NAME OF FIRST/SOLE	E APPLICANT (E	BENEFICIAI		STOR	र)																						
2. THIRD PARTY I	NFORMATIO	N (Refer I	nstru	ction	No. 3	3)																					
NAME OF THIRD PAR	TY (PERSON M	AKING THE	PAYM	ENT)																							
PAN#		KI	N											K	YC*	* [Ple	ease	tick (√)] (N	/landa	atory	for a	ny an	nount)	Attac	hed
Please attach PAN Proof. Refer instruction No. 6. ** Refer instruction No. 8.																											
NAME OF CONTACT PERSON & DESIGNATION (in case of non-Individual									y)																		
Designation																											
MAILING ADDRESS (F	20 Box Address	may not be	suffici	ent)																							
				TATE																PIN							
								1 1													00						
		STD Cod																									
Tel.: Off.		7	: Res.									bile															
Fax		Em																									
RELATIONSHIP OF TH	IRD PARTY WI	TH THE BEI	NEFICI	IAL IN	IVEST	DR (Re	eter Ir	nstru	ction	No	. 3) [I	Pleas	se tio	ck (v	⁄)a	s ap	plica	able									
Status of the Beneficial Investor		FPI	Clier	nt			Employee(s)										Agent/ Distributor/ Dealer										
Relationship of Third Party with	Custodian - SE	ı	Employer										Corporate Body														
the Beneficial Investor	Registration Val																										
Declaration by Third Party	I/We declare tha FPI/ Client and funds provided	the source	of this	paym		from														De s or n lie	aler · as u of						
3. THIRD PARTY F	PAYMENT DE	TAILS (R	EFER	INS	TRUC	CTIOI	N NC). 4)																			
Mode of Payment [Pl	ease tick (√)]	Mandator	v Encl	osure	e(s)																						
Cheque		In case the	e acco	unt nu	umber a																						
Pay Order Banker's Cheque	B	Certificate the instrum and name for issuand	nent or of the	Copy third p	of the party a	ackno is an a	wledg	eme	ent fro	om t	the ba	ank,	whe	rein	the	insti	ructi	ons	to de	ebit c	arry	the	ban	k ac	cour	nt de	tails
RTGS NEFT		Copy of th	e Instr	uction	to the	Bank	statinę	g the	e Bar	ık A	ccoui	nt Nu	umbe	er w	hich	n has	be	en d	ebite	ed.							
Fund Transfer																											
Amount	in figures (Rs.)						in	word	ls																		
Cheque/PO/UTR No.								С	heq	ue/P0)/RT	GS	Dat	е													
Pay- in Bank A/c No.																											
Name of the Bank																											
Branch									Bank City																		
Account Type [Please tick (✓)]	SAVINGS	CURRE	NT	NRE		NRO	🗖 F	CNF	× L	0	THEF	RS _											(plea	se s	peci	fy)