

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.



BARODA BNP PARIBAS BUSINESS CONGLOMERATES FUND (An open-ended equity scheme investing in equity and equity related securities of companies that are part of business conglomerates in India.)	Riskometer for the Scheme^{AA} 	Benchmark Riskometer 	NFO Opens : September 2, 2025 NFO Closes : September 15, 2025 Scheme re-opens : Within 5 business days from the date of allotment
Product labelling This product is suitable for investors who are seeking: • Long term wealth creation • Investment predominantly in equity and equity related securities of companies that are part of business conglomerates in India *Investors should consult their financial advisers if in doubt about whether the product is suitable for them. (^{AA} 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 AMFI Tier I Benchmark i.e. BSE Select Business Group TRI	

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	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, 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.

*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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1. EXISTING INVESTOR'S FOLIO NUMBER	Folio No.	The details in our records under the Folio number mentioned alongside will apply for this application.
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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	Pin Code (Mandatory)
Overseas Address (Mandatory for NRI Investors)	
Mailing Address	
Landmark	City
State	Pin Code (Mandatory)

4. KYC DETAILS (MANDATORY)	
A. Tax Status (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 ^A <input type="checkbox"/> Society ^A / Club <input type="checkbox"/> Partnership / LLP <input type="checkbox"/> AOP / BOI <input type="checkbox"/> FPI <input type="checkbox"/> Non Profit Organisation ^A <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Others	
^A 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. Occupation Details (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)	
C. Gross Annual Income (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)	
D. Politically Exposed Person (PEP) Status : (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 ✓) <input checked="" type="radio"/> Joint <input type="radio"/> Anyone or Survivor (Default)	
Name of 2nd Applicant (As per PAN) (Refer Instructions)	Date of Birth (Mandatory)
	D D M M Y Y Y Y
PAN (2nd Applicant)	CKYC - KIN
a. Occupation Details (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. Gross Annual Income (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	
c. Politically Exposed Person (PEP) Status : (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	
Name of 3rd Applicant (As per PAN) (Refer Instructions)	Date of Birth (Mandatory)
	D D M M Y Y Y Y
PAN (3rd Applicant)	CKYC - KIN
a. Occupation Details (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. Gross Annual Income (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	
c. Politically Exposed Person (PEP) Status : (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 & 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 BUSINESS CONGLOMERATES FUND	Plan : <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Option: <input type="checkbox"/> Growth <input type="checkbox"/> IDCW Reinvestment <input type="checkbox"/> 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 & 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) (* Default)

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 & 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
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Quick Checklist	<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
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NFO Combo Application 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.



BARODA BNP PARIBAS BUSINESS CONGLOMERATES FUND (An open-ended equity scheme investing in equity and equity related securities of companies that are part of business conglomerates in India.)	
Product labelling This product is suitable for investors who are seeking*: • Long term wealth creation • Investment predominantly in equity and equity related securities of companies that are part of business conglomerates in India *Investors should consult their financial advisers if in doubt about whether the product is suitable for them. (**The riskometer assigned is based on internal assessment of the scheme characteristics and the same may vary post NFO, when actual investments are made.)	Riskometer for the Scheme^{AA} Investors understand that their principal will be at Very High Risk
Benchmark Riskometer^{AA} Benchmark Riskometer is at Very High Risk AMFI Tier I Benchmark i.e. BSE Select Business Group TRI	

BARODA BNP PARIBAS OVERNIGHT FUND (An open-ended debt scheme investing in overnight securities. A Relatively Low Interest Rate Risk and Relatively Low Credit Risk)	
This product is suitable for investors who are seeking*: • Generate returns, commensurate with low risk and high level of liquidity. • Invest in overnight securities having maturity of one business day. *Investors should consult their financial advisers if in doubt about whether the product is suitable for them.	Riskometer for the Scheme 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.

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, 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.

*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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1. EXISTING INVESTOR'S FOLIO NUMBER	Folio No.		The details in our records under the Folio number mentioned alongside will apply for this application.
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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)	
A. Tax Status (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 ^A <input type="checkbox"/> Society ^A / Club <input type="checkbox"/> Partnership / LLP <input type="checkbox"/> AOP / BOI <input type="checkbox"/> FPI <input type="checkbox"/> Non Profit Organisation ^A <input type="checkbox"/> Bank <input type="checkbox"/> Government Body <input type="checkbox"/> Others	
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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 ✓) <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)	
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Net-worth in (Mandatory for Non-Individuals) Rs. as on D D M M Y Y Y Y (Not older than 1 year)	
D. Politically Exposed Person (PEP) Status : (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 ✓) <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)	
Name of 2nd Applicant (As per PAN) (Refer Instructions)	
Date of Birth (Mandatory)	
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a. Occupation Details (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)	
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Name of 3rd Applicant (As per PAN) (Refer Instructions)	
Date of Birth (Mandatory)	
D D M M Y Y Y Y	
PAN (3rd Applicant)	CKYC - KIN
a. Occupation Details (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)	
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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 & 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		Pin	
		IFSC code: (11 digit)	

8. A. INVESTMENT & 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 BUSINESS CONGLOMERATES FUND

From: BARODA BNP PARIBAS OVERNIGHT FUND	To: BARODA BNP PARIBAS BUSINESS CONGLOMERATES 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 & conditions of BARODA BNP PARIBAS BUSINESS CONGLOMERATES FUND.

9. NOMINATION - MANDATORY, Minor & 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) (* Default)

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 & 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@barodabnpbaribasmf.in	www.barodabnpbaribasmf.in	Board Line No.: 022 69209600 • Toll Free No.: 1800 2670 189
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Quick Checklist	<input type="checkbox"/> Name/s mentioned are as per PAN only	<input type="checkbox"/> Full scheme name, plan, option is mentioned	<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"/> Address, Email ID/Mobile are correctly mentioned	<input type="checkbox"/> Pay-In bank details and supportings are attached	<input type="checkbox"/> Non Individual investors should attach
	<input type="checkbox"/> KYC information provided for each applicant	<input type="checkbox"/> Nomination facility opted	<input type="checkbox"/> FATCA Details and Declaration Form <input type="checkbox"/> UBO Declaration Form
	<input type="checkbox"/> FATCA/CRS details provided for each applicant	<input type="checkbox"/> 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, 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.

*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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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 BUSINESS CONGLOMERATES 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"/> / <input type="text"/> Day	<input type="text"/>	<input type="text"/>		<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

1st SIP Cheque Details Cheque No. Date 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

To

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.

- 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:

- 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.

- Minimum Top-Up SIP Amount:**

₹ 100 and in multiples of ₹ 100 thereafter.

- 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.