



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

| First Applicant/Guardian |                              |                            | 2nd Applicant               |       |         | 3rd Applicant            |                              |                            | POA                         |       |         |
|--------------------------|------------------------------|----------------------------|-----------------------------|-------|---------|--------------------------|------------------------------|----------------------------|-----------------------------|-------|---------|
| Place & Country of Birth | PLACE                        | COUNTRY                    | Place & Country of Birth    | PLACE | COUNTRY | Place & Country of Birth | PLACE                        | COUNTRY                    | Place & Country of Birth    | PLACE | COUNTRY |
| Nationality              | <input type="radio"/> Indian | <input type="radio"/> U.S. | <input type="radio"/> Other |       |         | Nationality              | <input type="radio"/> Indian | <input type="radio"/> U.S. | <input type="radio"/> 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 its 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:  Savings  Current  NRE  NRO  FCNR  Others

Branch:  Pin:  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** Plan:  Regular  Direct Option:  Growth  IDCW Reinvestment  IDCW Payout  
 IDCW Frequency:

Amount (₹):  Cheque No./UMRN:

Bank:  Account No.:  Payment Mode:  Cheque  NEFT  RTGS  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**

National Securities Depository Ltd.  Central Depository Services (India) Ltd.

Depository Participant Name:  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: (Mandatory in case Nomination is provided)

Name of Nominee(s)  Nomination Status^ (Yes/No)

| Number | Nominee Name | Share of Nominee (%) ** | Mandatory Details                  |                          |                                  | Postal Address                        | Additional Details^ **** |
|--------|--------------|-------------------------|------------------------------------|--------------------------|----------------------------------|---------------------------------------|--------------------------|
|        |              |                         | Relationship & Identity Number *** | Mobile Number & Email ID | DOB of Nominee and Guardian Name |                                       |                          |
| 1      | Nominee 1    |                         | Relationship<br>Identity Number    | Email ID<br>Mobile       |                                  | <input type="text"/><br>Guardian Name |                          |
| 2      | Nominee 2    |                         | Relationship<br>Identity Number    | Email ID<br>Mobile       |                                  | <input type="text"/><br>Guardian Name |                          |
| 3      | Nominee 3    |                         | Relationship<br>Identity Number    | Email ID<br>Mobile       |                                  | <input type="text"/><br>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 ^ Default

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.

|                                   |                  |                 |                    |
|-----------------------------------|------------------|-----------------|--------------------|
| Sole / First Applicant / Guardian | Second Applicant | Third Applicant | POA holder, if any |
|-----------------------------------|------------------|-----------------|--------------------|

**11. DECLARATION & SIGNATURES**

Having read and understood the contents of the Scheme Information Document (SID) and Statement of Additional Information (SAI), Key Information Memorandum (KIM), Instructions and addenda issued by Baroda BNP Paribas Mutual Fund (MF), I / We, hereby apply to the Trustee of MF for Units of the relevant Scheme and agree to abide by the terms and conditions, rules and regulations of the Scheme. I / We declare that the amount invested in the Scheme is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulation, Rule, Notification, Directions or any other applicable laws enacted by the Government of India or any Statutory Authority. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. Applicable to NRIs only: I/We confirm that I am/We are Non-Resident(s) of Indian Nationality.

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 |
|-----------------------------------|------------------|-----------------|--------------------|

Email Id : [service@barodabnpparibasmf.in](mailto:service@barodabnpparibasmf.in) | [www.barodabnpparibasmf.in](http://www.barodabnpparibasmf.in) | Board Line No.: 022 69209600 • Toll Free No.: 1800 2670 189

|                 |   |   |  |
|-----------------|---|---|--|
| 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="radio"/> UBO Declaration Form                                   |
|                 | <input type="checkbox"/> FATCA/CRS details provided for each applicant    | <input type="checkbox"/> Form is signed by all applicants                 |  |