SYSTEMATIC TRANSFER PLAN (STP) / IDCW SWEEP

REGISTRATION FORM (Please read instructions overleaf)

Baroda BNP PARIBAS MUTUAL FUND

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code++
ARN-169080			E334451		

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

*I/We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker.

++ 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.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder

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)**
- ☐ **I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)**

APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected)

Folio No. ☐☐☐☐☐☐☐☐☐☐☐☐ **Name of Sole / First Unit Holder** First Name Middle Name Last Name

PAN/PEKRN DETAILS (mandatory) *If the First Applicant is a Minor, please state the details of Guardian. Please attach PAN proof.

First/Sole Applicant ☐☐☐☐☐☐☐☐☐☐ Second Applicant ☐☐☐☐☐☐☐☐☐☐ Third Applicant ☐☐☐☐☐☐☐☐☐☐

STP / IDCW SWEEP DETAILS

	Transfer From (Transferor Scheme)	Transfer To (Transferee Scheme)
Name of Scheme		
Plan		
Option		

Frequency (Please ✓ any one): ☐ Daily STP ☐ Weekly STP ☐ Fortnightly STP ☐ Monthly STP (Default) ☐ Quarterly STP ☐ IDCW Sweep

STP Date

Daily STP	Weekly STP	Fortnightly STP	Monthly and Quarterly STP (Please ✓ any one only)
Daily Interval (all Business Days)	1st, 7th, 15th and 25th	☐ 1st and 15th ☐ 7th* and 25th*	☐ 1st of the month ☐ 7th* of the month ☐ 10th of the month ☐ 15th of the month ☐ 25th of the month ☐ 28th of the month *Default.

Registration Period From D D M M Y Y Y Y To D D M M Y Y Y Y

Fixed Amount Rs. _____ OR ☐ Capital Appreciation (Not for Daily STP / IDCW Sweep)

DECLARATION

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme of Baroda BNP Paribas Mutual Fund, I / We hereby apply to Baroda BNP Paribas Mutual Fund for units of the Scheme and agree to abide by terms and conditions, rules and regulation of the Scheme.

I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We hereby declare that I am / we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time; and that I am / we are not applying on behalf of or as proxy holders of a person who is a US person. I/We hereby declare that I am/ We are competent under the applicable laws and duly authorised where required, to make this investment in the above mentioned scheme.

I/We hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds /income of mine/the HUF / the Company / Trust/ Partnership only and I am / we are the rightful beneficial owner(s) of the funds and the resulting investments therefrom. The above mentioned investment does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions or of the provisions of any law in India including but not limited to The Income Tax Act, the Prevention of Money Laundering Act, 2002, The Prevention of Corruption Act, 1988 and /or any other relevant rules/ guidelines notified in this regard or applicable laws enacted by the Government of India / any other regulatory body from time to time. I / we hereby understand and agree that if any of the aforesaid disclosures made/ information provided by me/us is found to be contradictory or non-reliable to the above statements or if I / we fail to provide adequate and complete information, the AMC / Mutual Fund / Trustees reserve the right to reject the application / withhold the investments made by me / us and/or make disclosures and report the relevant details to the competent authority and take such other actions as may be required to comply with the applicable law as the AMC/ Mutual Fund/ Trustees may deem proper at their sole option. 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.

I hereby confirm that Baroda BNP Paribas Mutual Fund/Baroda BNP Paribas Asset Management India Private Limited and its empanelled brokers/distributors has/have not given any indicative portfolio and indicative yield in any manner whatsoever.

Applicable for Foreign tax laws and KYC details: I/We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I further undertake to advise the AMC /Mutual Fund/ Trustees promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide the AMC /Mutual Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances.

Applicable to NRIs only : I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

If NRI, (please ✓) ☐ Repatriation basis ☐ Non-Repatriation basis

SIGNATURE(S)

Dated	First Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder

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ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) — Baroda BNP Paribas Mutual Fund

Systematic Transfer Plan (STP)

Date: ☐☐/☐☐/☐☐☐☐

Received from

Mr./Ms./M/s. _____ 'STP' application for transfer of Units;

From Scheme _____

Plan _____ Option _____

To Scheme _____

Plan _____ Option _____

☐ Fixed STF ☐ Capital Appreciation STF (not for Daily STP) per ☐ Day ☐ Week ☐ Fortnight ☐ Month ☐ Quarter

ISC Stamp, Date & Signature