SYSTEMATIC WITHDRAWAL PLAN (SWP) 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

1. 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 | | | | | | | | | | |

2. SYSTEMATIC WITHDRAWAL PLAN DETAILS

Scheme / Plan / Option BARODA BNP Paribas

Frequency (Please ✓) ☐ **Weekly SWP** ☐ **Monthly SWP** ☐ **Quarterly SWP** **Fixed Amount ₹** _____ **OR** ☐ **Capital Appreciation**

SWP Date

Weekly SWP (Please ✔ any one only)
☐ 1st ☐ 7th* ☐ 15th ☐ 25th

Monthly and Quarterly SWP (Please ✔ any one only)
☐ 1st of the month ☐ 7th* of the month ☐ 10th of the month ☐ 15th of the month ☐ 25th of the month ☐ 28th of the month

Registration Period From M M / Y Y Y Y To M M / Y Y Y Y OR ☐ **Perpetual*** * Default

3. 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 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 proxyholders of a person who is a US person.

I / We hereby authorise the Fund, AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / Fund's bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to disclose to such service providers as deemed necessary for conduct of business.

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 BARODA BNP Paribas Asset Management India Pvt Ltd (AMC) / Fund. 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. I hereby declare that the AMC / Fund can provide my information to any institution / tax authorities / governmental body for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

SIGNATURE(S)

Dated	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

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

Systematic Withdrawal Plan (SWP)

Date : | | / | | / | | | | |

Received from Mr./Ms./M/s. _____

`SWP' application for redemption of Units; Scheme _____

Plan _____ Option _____

Amount Rs. _____ per ☐ Week ☐ Month ☐ Quarter

ISC Stamp, Date & Signature