TRANSACTION SLIP FOR PURCHASE / SWITCH / REDEMPTION

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)**

Folio No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Name of the Unit Holder**

☐ ADDITIONAL PURCHASE REQUEST

Scheme Baroda BNP Paribas (Please mention scheme name) Plan ☐ Regular ☐ Direct

Option ☐ Growth ☐ IDCW*-Payout ☐ IDCW*-Reinvestment **IDCW* Frequency** (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly) *Income Distribution cum Capital Withdrawal

I/We would like to purchase units of the above mentioned scheme. Amount in Rs. (in figures)

Payment Options ☐ Cheque ☐ RTGS/NEFT ☐ Transfer ☐ OTM ☐ UPI ☐ Others

Instrument No. Bank Name Branch City

☐ SWITCH

From Scheme Baroda BNP Paribas (Please mention scheme name) Plan ☐ Regular ☐ Direct

Option ☐ Growth ☐ IDCW*-Payout ☐ IDCW*-Reinvestment **IDCW* Frequency** (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly) *Income Distribution cum Capital Withdrawal

☐ Amount in Rs. (in figures) OR ☐ Units OR ☐ Entire Units

To Scheme Baroda BNP Paribas (Please mention scheme name) Plan^ ☐ Regular ☐ Direct

Option ☐ Growth ☐ IDCW*-Payout ☐ IDCW*-Reinvestment **IDCW* Frequency** (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly) *Income Distribution cum Capital Withdrawal

^Investors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option will apply if the choice of Plan / Option is not indicated.

☐ REDEMPTION

Scheme Baroda BNP Paribas (Please mention scheme name) Plan ☐ Regular ☐ Direct

Option ☐ Growth ☐ IDCW*-Payout ☐ IDCW*-Reinvestment **IDCW* Frequency** (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly) *Income Distribution cum Capital Withdrawal

Amount in Rs. (in figures) OR ☐ Units OR ☐ Entire Units

Amount in words IFSC (If not provided earlier) ☐☐☐☐☐☐☐☐☐☐☐

Please credit the redemption proceeds to the following Bank Account which has been registered with you (Applicable only in case multiple banks are registered. Bank details are not required to be mentioned if the proceeds are required to be credited in the default bank mandate registered in the folio).

Bank Name Account No.

FATCA DETAILS For Individual (Mandatory) Non Individual investors including HUF should Mandatorily fill separate FATCA detail form

Details under Foreign Tax Laws:	First / Sole Applicant / Guardian	Second Applicant	◯ Third Applicant ◯ PoA
Place & Country of Birth			
Nationality	◯ Indian ◯ US ◯ Others (Please Specify)	◯ Indian ◯ US ◯ Others (Please Specify)	◯ Indian ◯ US ◯ Others (Please Specify)
Address Type	◯ Residential ◯ Registered Office ◯ Business	◯ Residential ◯ Registered Office ◯ Business	◯ Residential ◯ Registered Office ◯ Business
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 of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick	Reason ◯ A ◯ B ◯ C (Please Specify)	Reason ◯ A ◯ B ◯ C (Please Specify)	Reason ◯ A ◯ B ◯ C (Please Specify)

Reason A: The country where Account Holder is liable to pay tax does not issue TIN to its residents do not require the TIN to be collected) **Reason B:** No TIN Required (Select this only if the authorities of the respective country of tax residents **Reason C:** others, please specify the reason above

ADDITIONAL KYC DETAILS

Particulars	First / Sole Applicant / Guardian	Second Applicant	Third Applicant
Occupation	◯ Pvt. Sector Service ◯ Pub. Sector Service ◯ Gov. Service ◯ Student ◯ Professional ◯ Housewife ◯ Business ◯ Retired ◯ Defence ◯ Agriculturist ◯ Proprietorship ◯ Others	◯ Pvt. Sector Service ◯ Pub. Sector Service ◯ Gov. Service ◯ Student ◯ Professional ◯ Housewife ◯ Business ◯ Retired ◯ Defence ◯ Agriculturist ◯ Proprietorship ◯ Others	◯ Pvt. Sector Service ◯ Pub. Sector Service ◯ Gov. Service ◯ Student ◯ Professional ◯ Housewife ◯ Business ◯ Retired ◯ Defence ◯ Agriculturist ◯ Proprietorship ◯ Others
Gross Annual Income / Net Worth (₹)	◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ > 25 Lacs - 1 Crore ◯ > 1 Crore OR Net worth ₹	◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ > 25 Lacs - 1 Crore ◯ > 1 Crore OR Net worth ₹	◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ > 25 Lacs - 1 Crore ◯ > 1 Crore OR Net worth ₹
Politically Exposed Person (PEP) Status	◯ I am PEP ◯ I am Related to PEP ◯ Not Applicable	◯ I am PEP ◯ I am Related to PEP ◯ Not Applicable	◯ I am PEP ◯ I am Related to PEP ◯ Not Applicable

DECLARATION

I/ We have read and understood the contents of the SID / SAI of the Scheme(s). I/ We have not received nor have been induced by any rebate or gifts, directly of indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. 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 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.

Dated	X Sole / First / POA Holder / Guardian	X Second Account Holder	X Third Account Holder

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BARODA BNP PARIBAS MUTUAL FUND - ACKNOWLEDGMENT SLIP

(To be filled in by the investor)

Baroda BNP PARIBAS MUTUAL FUND

Received, subject to realization, verification and conditions, an application for

in folio no.

Scheme Name	To Scheme (for switches)	Amount/ Units	Instrument no./ dated/ bank name

Stamp & Signature