

# REGISTRATION FORM

(Please read instructions overleaf)



Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code**
ARN-181211			E		

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.

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

<b>Folio No.</b>	<input type="text"/>	<b>Name of Sole / First Unit Holder</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>PAN/PEKRN DETAILS (mandatory) *If the First Applicant is a Minor, please state the details of Guardian. Please attach PAN proof.</b>					
<b>First/Sole Applicant</b>	<input type="text"/>	<b>Second Applicant</b>	<input type="text"/>	<b>Third Applicant</b>	<input type="text"/>

## 2. SYSTEMATIC WITHDRAWAL PLAN DETAILS

Scheme / Plan / Option <span style="border: 1px solid black; padding: 2px;">BARODA BNP Paribas</span>	
Frequency (Please ✓) <input type="checkbox"/> Weekly SWP <input type="checkbox"/> Monthly SWP <input type="checkbox"/> Quarterly SWP         Fixed Amount ₹ _____ OR <input type="checkbox"/> Capital Appreciation	
<b>SWP Date</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           Weekly SWP (Please ✓ any one only)  <input type="checkbox"/> 1st           <input type="checkbox"/> 7th*           <input type="checkbox"/> 15th           <input type="checkbox"/> 25th         </div> <div style="width: 45%;">           Monthly and Quarterly SWP (Please ✓ any one only)  <input type="checkbox"/> 1st of the month           <input type="checkbox"/> 7th* of the month           <input type="checkbox"/> 10th of the month           <input type="checkbox"/> 15th of the month           <input type="checkbox"/> 25th of the month           <input type="checkbox"/> 28th of the month         </div> </div>	
Registration Period From <span style="border: 1px solid black; padding: 2px;">M M / Y Y Y Y</span> To <span style="border: 1px solid black; padding: 2px;">M M / Y Y Y Y</span> OR <input type="checkbox"/> Perpetual* <span style="float: right;">* Default</span>	

### 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.

/// 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)**

<b>Dated</b>			
	First / Sole Applicant / Guardian	Second Applicant	Third Applicant

**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 &amp; Signature

### ISC Stamp, Date & Signature