SIP REGISTRATION CUM NACH MANDATE FORM

Please read product labelling details available on cover page and the instructions before filling up the Application Form. Tick (\checkmark) whichever is applicable, strike out whichever is not required.



Ise (<) SIP Registration SIP Cancellation Distributor / Broker ARN Sub-Br	oker Code Sub-Bro	oker Arkin	EUIN*		LG Code		RIA Code**
ARN-181211		Ε					
nt commission shall be paid directly by the investor to	the AMFI registered Distributors ba	ased on the investors'	assessment of v	arious factors in	cluding the serv	vice rendered b	y the distributor.
hereby confirm that the EUIN box has been intentionally let teraction or advice by the employee / relationship manage hstanding the advice of in-appropriateness, if any, provider distributor / sub broker. Ve, have invested in the Scheme(s) of your Mutual Fund un /provide the transactions data feed/ portfolio holdings/ NAV Schemes Managed by you, to the above mentioned Mutual	er / sales person of the above distributo d by the employee / relationship manag nder Direct Plan. I/We hereby give you n / etc. in respect of my/our investments u	or / sub broker or ger / sales person my/our consent to under Direct Plan	First / Sole Appli / Guardian / POA I / Authorised Sign	lolder	nd Applicant / PC	DA Holder Thi	rd Applicant / POA Holder
ANSACTION CHARGES for I confirm that I am	n a first time investor across Mutual F	unds. (Rs. 150 deduc					
	n an existing investor across Mutual F				ayable to the Dis	stributor)	
. APPLICANT'S INFORMATION (Man	idatory, if left blank, the a	pplication is lia	ible to be re	jected)			
	lame of Sole / First Unit Holder	First Name	A.N	Middle Name		La	ist Name
N/PEKRN DETAILS (mandatory) *If the First Applicant is a st/Sole Applicant	Second Applicant	ardian. Please attach	AN proof.	Third Applic	ant		
. SYSTEMATIC INVESTMENT PLAN		MULTI SIP					
equency (Please ✓) Daily SIP Weekly SIP							
Scheme Name	SIP Amount	SIP Date / Day (Fo Weekly	r Start Date	Perpetual*	End Date	Top Up Amount	Top Up Frequency
aroda BNP Paribas		DD or DAY	MM/YYYY		MM/YYYY		Half Yearly Yearly
Baroda BNP Paribas		DD or DAY	MM/YYYY		MM/YYYY		Half Yearly Yearly
Baroda BNP Paribas		DD or DAY	MM/YYYY		MM/YYYY		Half Yearly Yearly
Baroda BNP Paribas		DD or DAY	MM/YYYY		MM/YYYY		Half Yearly Yearly
tal Amount (in Words)				_ Total Amount (i	n Figures)		
			nount:	across all SIPs an	ud should be favo	uring Baroda BN	* Defaul P Paribas Mutual Fund
Multi SIP - SIP can be registered in maximum four Schemes I DECLARATION s is to inform that I/We have registered for the RBI's Electron made from my/our below mentioned bank account with your eby declare that the particulars given above are correct and ayed or not effected at all for reasons of incomplete or incom-	with a single instrument. 1st SIP Cheque ic Clearing Service (Debit Clearing) / D bank. IWe authorise the representative express my willingness to make payme ct information, IWe would not hold the	Direct Debit /Standing Ir carrying this ECS (De ents referred above thr e user institution respon	solidated amount struction and that bit Clearing) / Dire bugh participation i ssible. I /We will al	my payment towa ct Debit / Standin n ECS (Debit Cle	ards my investme g Instruction man aring) / Direct De	ent in Baroda BN Idate Form to ge ebit /Standing Ins	P Paribas Mutual Fund P Paribas Mutual Fund shal t it verified & executed. I/We struction. If the transaction is
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This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit.