

# Micro SIP / SIP Auto Debit Facility

New Investors are also requested to fill-in scheme application form



## REGISTRATION CUM MANDATE FORM FOR ECS (DEBIT CLEARING / AUTO DEBIT)

First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)

New Registration with BPFM  Change in Bank Account for existing Registration with BPFM

Broker Code | **ARN-34120** | Sub Broker Code | | Employee Code | |

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.

## PAN AND KYC COMPLIANT STATUS DETAILS (Mandatory)

	PAN # (Refer Instruction - Page 15, IV)	KYC Compliant Status** (If yes attach proof) KYC Mandatory for investment of Rs. 50,000 and above. (Refer Instruction - Page 15)	
First Applicant/ Guardian*		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Second Applicant		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Third Applicant		<input type="checkbox"/> Yes	<input type="checkbox"/> No

\*If the First Applicant is a Minor, then please state the details of Parent / Guardian. # Please attach PAN proof. \*\* Refer Instruction - Page 15, IV

## MICRO SIP (Only for Micro SIP - for aggregate investment not exceeding 50,000 in a financial year)

Photo Identification document enclosed (please refer page 18)

I/ We declare hereby that we do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a financial year.

Signature

## INVESTOR AND INVESTMENT DETAILS

Sole / First Investor Name | |  
 Folio/Application No. | | Existing Investors please mention Folio Number | |  
 Scheme | | Plan | | Option and Sub Option | |  
 Date of Birth First Applicant | D D M M Y Y Y Y | Second Applicant | D D M M Y Y Y Y | Third Applicant | D D M M Y Y Y Y |

## SIP AND BANK DETAILS

Each SIP Amount (Rs.) | | Frequency:  Monthly (Default)  Quarterly Status:  RI  NRI  
 Amount in words | |  
 1st SIP Cheque Details: Cheque No.: | | Cheque Amount in Rs.: | | Cheque Date: | D D M M Y Y Y Y |  
 SIP Auto Debit Dates:  1st  10th  15th  25th of the month. SIP Period: Start From | D D M M Y Y Y Y | End On | D D M M Y Y Y Y |

SIP date should be either 1st / 10th / 15th / 25th (Note: Cheque should be drawn on bank details provided below) (Note: Please allow minimum one month for auto debit to register and start). I hereby, authorise Baroda Pioneer Mutual Fund (BPFM) and their authorised service providers, to debit my following bank account by ECS (Debit Clearing) / auto debit to account for collection of SIP payments.

## PARTICULARS OF BANK ACCOUNT

Account holder Name as in Bank Account | |  
 Bank Name | |  
 Branch Name | | City | |  
 Account Type  Savings  Current  Cash  Credit  NRO  NRNR  NRE  
 Account No. (in figures) | |  
 Account No. (in words) | |  
 9 Digit MICR Code (Mandatory) | |  
 In Words | |

I/We hereby declare that the particulars given above are correct & express my willingness to make payments referred above through participation in ECS / Auto Debit. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Barod Pioneer Asset Management Company Limited, about any changes in my bank account. I/We have read & agreed to the terms & conditions mentioned overleaf.

To - The Trustee, Baroda Pioneer Mutual Fund, Mumbai. Having read & understood the contents of Offering Circular of Baroda Pioneer Mutual Fund Scheme/s, I/We hereby apply for the respective Units of Baroda Pioneer Mutual Fund Scheme/s at NAV based resale price & agree to abide by terms, conditions, rules & regulations of scheme/s.

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.

1st A/c Holder's Signature (As in Bank Records)	2nd A/c Holder's Signature (As in Bank Records)	3rd A/c Holder's Signature (As in Bank Records)
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## FOR OFFICE USE ONLY (Not to be filled in by investor)

Recorded on | | Scheme Code | |  
 Recorded by | | Credit A/c Number | |  
 Bank use Mandate Ref. No. | | Customer Ref. No. | |

## AUTHORISATION OF THE BANK ACCOUNT HOLDER (To be signed by the account holder)

This is to inform I/We have registered for the RBI's Electronics Clearing Service (Debit Clearing) / Auto Debit Facility and that my payment towards my investment in Baroda Pioneer Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS/Auto Debit to account mandate Form to get it verified & executed.

Bank Account Number

First Account Holder's Signature (As in Bank Records)
Second Account Holder's Signature (As in Bank Records)
Third Account Holder's Signature (As in Bank Records)

(To be signed by all holders if mode of operation is Joint)