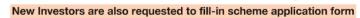
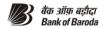
Micro SIP / SIP Auto Debit Facility







REGISTRATION CUM MA	NDATE FORM FOR ECS (DEBIT CLE	ARING / AUTO DE	EBIT)	
First SIP cheque and subsequent via Auto Debit in select cities only. (Please attach copy of cheque / cancelled cheque)				
 □ New Registration with BPMF □ Change in Bank Account for existing Registration with BPMF 				
Broker Code ARN-34	120 Sub Broker Code		Employee	Code
Upfront commission shall be paid of	directly by the investor to the AMFI registered Dist	ributors based on the in	vestors' assessment of various factors	s including the service rendered by the distributor.
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)			atus** (If yes attach proof) 0,000 and above. (Refer Instruction - Page 15)
First Applicant/ Guardian*	(Hele Maradan Fage 19,17)		Yes	□ No
Second Applicant			☐ Yes	□ No
Third Applicant			☐ Yes	□ 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.				
Investments exceeding As: 50,000 in a financial year.				
INVESTOR AND INVESTM	IENT DETAILS			
Sole / First Investor Name				
Folio/Application No.		Existing Investors ple	ease mention Folio Number	I I I I I I I I I I I I I I I I I I I
Scheme	Plan		Option and S	ub Option
Date of Birth First Applicant		ond Applicant	MMYYYY	Third Applicant D D M M Y Y Y Y
SIP AND BANK DETAILS				
Each SIP Amount (Rs.)	1	Frequency:	☐ Monthly (Default) ☐ Quar	terly Status: RI NRI
		Frequency.	World'lify (Deladily Qual-	igny Status III III
Amount in words				
1st SIP Cheque Details: Cheque No.: Cheque No.: Cheque Amount in Rs.: Cheque Date:				
SIP Auto Debit Dates: 1st 10th 15th 25th of the month. SIP Period: Start From DDMMYYYY End On DDMMYYYYY				
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 (BPMF) 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				
	IR 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 Baroad 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 Mututal 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				
	ornerus all the commissions (in the form of trail of a cheme is being recommended to me/us.	commission or any other	er mode), payable to nim for the diffe	erent competing scriemes of various intitual
1st A/c Holder's	2nd A/c Holde	r's	3rd A/c Ho	older's
Signature (As in Bank Records)	Signature (As in Bank Red	cords)	Signature (As in Bank	(Records)
FOR OFFICE USE ONLY	Not to be filled in by investor)	,		,
,	I we to be fined in by investory	1		
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 First Account Holder's Signature				
made from my/our below mention	ed bank account with your bank. I/We authorise	se the representative	(As in Bank Records)	
carrying this ECS/Auto Debit to a	account mandate Form to get it verified & execut	ted.	Second Account Holder's Signatu (As in Bank Records)	ıre
Pank			,	
Bank Account Number			Third Account Holder's Signature (As in Bank Records)	