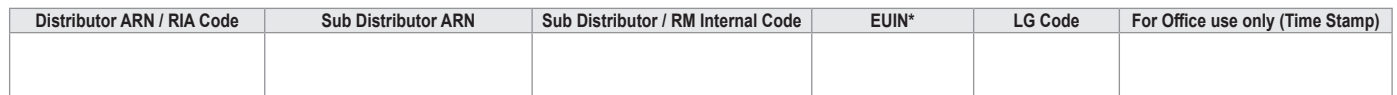


Please read product labelling details available on cover page and the instructions before filling up the Application Form.



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 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 Sole / First Unit Holder	First Name	Middle Name	Last Name

Frequency (Please ✓) ☐ Daily SIP ☐ Weekly SIP ☐ Monthly SIP ☐ Quarterly SIP

Scheme Name	SIP Amount	SIP Date / Day (For Weekly)	Start Date	Perpetual*	End Date**	Top Up Amount	Top Up Frequency
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
Baroda BNP Paribas _____		DD or DAY	MM/YYYY	☐	MM/YYYY		☐ Half Yearly ☐ Yearly

For Multi SIP - SIP can be registered in maximum four Schemes with a single instrument. 1st SIP Cheque should be the total consolidated amount across all SIPs and should be favouring Baroda BNP Paribas Mutual Fund

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit /Standing Instruction and that my payment towards my investment in Baroda BNP Paribas Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit /Standing Instruction. 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 Baroda BNP Paribas Mutual Fund / Baroda BNP Paribas Asset Management India Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

First Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder
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Utility Code	
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to debit (tick✓)	SB	CA	SB-NRE	SB-NRO	CC	Other
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[illegible]

an amount of Rupees		₹
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₹	
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DEBIT TYPE ☒ Fixed Amount ☒ Maximum Amount

Phone No.

Email ID	
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Maximum period of validity of this mandate is 40 years only

From	D	D	M	M	Y	Y	Y	Y
To	D	D	M	M	Y	Y	Y	Y

Signature of 2nd Joint holder

**Maximum period of validity of this mandate
is 40 years only**

3 Name as in bank records

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.