

REGISTRATION FORM



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

*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.

manager / sales person or 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.

Folio No. Name of Sole / First Unit Holder First Name Middle Name Last Name

PAN/PEKRN DETAILS (mandatory) *If the First Applicant is a Minor, please state the details of Guardian. Please attach PAN proof.

First/Sole Applicant Second Applicant Third Applicant

Scheme / Plan / Option

BARODA BNP Paribas

Frequency (Please ✓)

☐ Weekly SWP
☐ Monthly SWP
☐ Quarterly SWP

Fixed Amount ₹

OR

☐ Capital Appreciation

SWP Date

Weekly SWP (Please ✓ any one only)

☐ 1st
☐ 7th*
☐ 15th
☐ 25th

Monthly and Quarterly SWP (Please ✓ any one only)

☐ 1st of the month
☐ 7th* of the month
☐ 10th of the month
☐ 15th of the month
☐ 25th of the month
☐ 28th of the month

Registration Period

From

/

To

/

OR

☐ Perpetual*

* Default

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.

I / 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.

**BARODA BNP Paribas Mutual Fund**

Date: / /

Received from Mr./Ms./M/s. _____

'SWP' application for redemption of Units: Scheme

Plan	Option
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Amount Rs. _____ per ☐ Week ☐ Month ☐ Quarter

ISC Stamp, Date & Signature

ISC Stamp, Date & Signature
