Common Application Form

alongwith Cheque / DD No. / UTR No.

Drawn on (Bank)

(For Lumpsum / Systematic Investments)

BARODA PIONEER MUTUAL FUND

हैंक ऑफ़ बड़ौदा Bank of Baroda PIONEER

Please read product labeling details available on cover page and the instruction	ions before filling up the Application Form. Tick (\checkmark) which	ever is applicable, strike out whichever is	s not required. Sr. No.					
DISTRIBUTOR INFORMATION (Only empane	Iled Distributors / Brokers will be permitted to o	distribute Units of Baroda Pionee	r Mutual Fund)					
Distributor / Broker ARN	Sub-Broker Code	LG Code		EUIN				
Upfront commission shall be paid directly by the investor to the AMFI registered I/We hereby confirm that the EUIN box has been intentionally left blank by mu of in-appropriateness, if any, provided by the employee/relationship manager/sa	distributor, based on the investor's assessment of various fac e/us as this transaction is executed without any interaction or ales person of the distributor/sub broker.	advice by the employee/relationship managed by the	distributor. jer/sales person of the above dis	tributor/sub broker or notwithstanding the advice				
1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impre				e / POA Signature / Thumb Impression				
TRANSACTION CHARGES FOR APPLICAT	TIONS THROUGH DISTRIBUTORS (ONLY (Please refer Instruction	ons for filling up the A	pplication Form - VIII)				
I confirm that I am a First time investor across Mut (₹ 150 deductible as Transaction Charge and payable to the In case the subscription amount is ₹10,000/- or more and your distributor has opt	he Distributor)	I confirm that I am an exis (₹ 100 deductible as Transaction licable, from the purchase / subscription am	Charge and payable to th	e Distributor)				
Existing Folio Number								
FOREIGN ACCOUNT TAX COMPLIANCE AC US / Non -US Person Declaration for individuals (FATCA)* (* Mandata UWe hereby declare and agree that I am/we are not a "U.S. person" for Limited (*BPAMC'), will rely on and act on this statement to be true as pe BPAMC within 30 days of any change in my/our status as a U.S. person for federal income tax purposes.	77/) or U.S. federal income tax purposes and that I am/we ar er the details furnished by me/us. In the event of false sta	e not acting for, or on behalf of a U.S. p atement, BPAMC reserves the right to n	erson. I/We understand that B eject the application or termin	aroda Pioneer Asset Management Company ate my / our folio. Further, I/We agree to notify				
1st Applicant Signature / Guardian Signature / POA Signature / Thumb Impre			3rd Applicant Signature	e / POA Signature / Thumb Impression				
	se tick (\checkmark) this box and provide your TIN (Ta	x-payer identification Number) below or attach a W9	form.				
Individual US TIN	(OR) W9 Form attached	(please ✓) Country of Re	Please specify	Country of Birth Please specify				
Foreign Account Tax Compliance Act rela Non Country of Incorporation Please specifier		ase specify FATCA Classif	ication					
Individual GIIN	List of Signatories / Controlling per			1				
				-				
PAN DETAILS (Mandatory)	PAN # (Refer I	Instruction IV)		First Applicant (Mandatory, please ✓)				
First / Sole Applicant	Second Applicant		QFI PIO	HUF Trust FIIs Company				
Guardian*	Third Applicant		Sole Proprietorship	□ Society / □ NRI - Club □ Repatriation				
*If the First Applicant is a Minor, please state the details of Guardian. # F Occupation of the Applicant (Mandatory, please </td <td>Please attach PAN proof. Student Business Professional</td> <td>Housewife Retired Buil</td> <td>der Body Corporate</td> <td>□ Minor through guardian □ Repatriation</td>	Please attach PAN proof. Student Business Professional	Housewife Retired Buil	der Body Corporate	□ Minor through guardian □ Repatriation				
Public Co Listed Public Co Unlisted Defence Agriculture Forex Dealer Gov. Service Public Sector Foreign National Resident								
Gross Annual Income OR <1 L 1-5 L 5-10	0 L 🔄 10-25 L 🔄 >25 L 👩 🗌 <1 L	1-5 L 5-10 L 10-2		L - 1 Cr >1 Cr				
Net-worth* in ₹ (Lacks) s	on Date D D M M Y Y M	as on Date	D M M Y Y					
*Should not be older than one year Politically Exposed Person	(PEP) 🗌 Related to a PEP 🗧 Is the entity	involved in any of the following se						
Any other information	• Gaming/ Ga	ambling/ Lottery (casinos, betting syn	dicates) Yes No •	Money Lending/ Pawning Yes No				
MODE OF HOLDING Single OR	Joint OR Anyone or Survivor	Default Option: Joint						
SOLE / FIRST APPLICANT'S PERSONAL I	DETAILS (Please fill in ALPHABETS and use or	ne box for one alphabet, leaving one	e box blank between two w	ords, as it appears in your Bank Account)				
Name Mr Ms M/s								
Name of the contact person in case of Non-Individual								
Date of Birth (DOB) D D M M Y Y Y Y	Nationality (For Individuals)							
Guardian Name (if Sole/ First applicant is a Minor) Mr Mr								
		roof of DOB of Minor enclose	d (please √) □ Passpor	t Birth Certificate Other				
Address [P. 0. Box Address is not sufficient] (Indian address,	in case of NRIs/ FIIs)							
			City					
Pincode (Mandatory) State		Country						
Phone (Off.)	Fax No.		Mobile No.					
Phone (Res)	Email ID 1			~				
ACKNOWLEDGMENT SLIP (To be filled in by the i	nvestor)			~				
Received from Mr. / Ms. / M/s.			Sr. No					
an Application for scheme								
Option (please ✓) □ Growth □ Dividend □ Bon	nus Sub-option (please ✓) □ P	ayout 🗌 Reinvestment						

Dated

Amount ₹

Overseas Address (Mar	ndatory in cas	e of NRI	/ FII app	plicant, ir	addition t	to mailin	ig addre	ess)																				
State						Count	ry													Zip	Cod	е						
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