

Common Application Form (For Lumpsum / Systematic Investments)



Sr. No.:

Please refer the instructions while filling the Application Form. Tick (✓) Whichever is applicable. (Strike out which is not required)

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of Baroda Pioneer Mutual Fund)

Distributor / Broker ARN	ARN-0988	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.

Existing Folio Number: _____

SIP Form Attached

PAN AND KYC COMPLIANT STATUS DETAILS (Mandatory)

	PAN # (Refer Instruction IV)	KYC Compliant Status** (attach proof) (Refer Instruction IV)
First Sole / Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 Minor, then please state the details of Parent / Guardian. # Please attach PAN proof. **Refer Instruction IV

Occupation of the applicant (Mandatory, please ✓)	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Housewife	<input type="checkbox"/> Retired
	<input type="checkbox"/> Sports person	<input type="checkbox"/> Politics	<input type="checkbox"/> NGO	<input type="checkbox"/> PIO	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Proprietorship
	<input type="checkbox"/> Partnership	<input type="checkbox"/> HNI	<input type="checkbox"/> Public Co. - Listed	<input type="checkbox"/> Public Co. - Unlisted	<input type="checkbox"/> Societies	<input type="checkbox"/> Charity
	<input type="checkbox"/> Fil	<input type="checkbox"/> Builder	<input type="checkbox"/> Consultant	<input type="checkbox"/> Others		
Tax status of the Applicant (Mandatory, please ✓)	<input type="checkbox"/> Individual RI	<input type="checkbox"/> Individual NRI	<input type="checkbox"/> Hindu Undivided Family (HUF)	<input type="checkbox"/> Company	<input type="checkbox"/> Firm	
	<input type="checkbox"/> Association of Persons	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Association of Persons (Trusts)	<input type="checkbox"/> Body of Individual	<input type="checkbox"/> Artificial Juridical Person	
Income Status of the applicant	<input type="checkbox"/> up to ₹ 5 lakh	<input type="checkbox"/> ₹ 5 lakh to ₹ 25 lakh	<input type="checkbox"/> ₹ 25 lakh to ₹ 1 crore	<input type="checkbox"/> ₹ 1 crore to ₹ 5 crore	<input type="checkbox"/> ₹ 5 crore & above	

SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in LETTERS use one box for one alphabet leaving one box blank between two words, as it appears in your Bank Account)

Name Mr Ms _____

Name of the contact Person in case of Non-Individual _____

Date of Birth

Guardian Name (if Sole/ First applicant is a Minor) Mr Ms M/s _____

Natural Guardian (Father & Mother) Legal Guardian (Court appointed Guardian)

Address [P. O. Box Address is not sufficient] (Indian address in case of NRIs/ Fils) _____

City _____ Pincode (Mandatory) _____

State _____ Country _____

Contact Details : Phone O _____ Extn. _____ Fax _____

R _____ Mobile _____

E-mail 1 _____

E-mail 2 _____

I/We wish to receive the following via e-mail in lieu of physical document(s) (Please ✓) Account Statement Annual Report Other Communication

Overseas Address (Mandatory in case of NRI/ Fill applicant in addition to mailing address) _____

State _____ Country _____ Zip code _____

I/We confirm that I am/we are non-residents of Indian nationality/origin & that I/We have remitted funds from abroad through approved banking channels or from funds in my/our NRE/ FCNR Account.

JOINT APPLICANT'S DETAILS

Name Mr Ms _____

SECOND APPLICANT

Date of Birth Status: (✓) RI NRI

THIRD APPLICANT

Name Mr Ms _____

Date of Birth Status: (✓) RI NRI

Mode of Holding (please ✓) Single OR Joint OR Anyone or Survivor *Default Option: Joint*

NAME OF POWER OF ATTORNEY HOLDER (POA) (If investment is being made by a Constituted Attorney)

Name Mr Ms M/s _____

PAN _____ KYC Compliance proof

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Received from Mr. / Ms. / M/s. _____
 an application for Scheme _____

Plan _____ Option _____ Sub-option _____

alongwith Cheque / DD No. _____ Dated _____ Drawn on (Bank) _____

Amount (Rs.) _____

Sr. No.:

Signature, Stamp & Date

