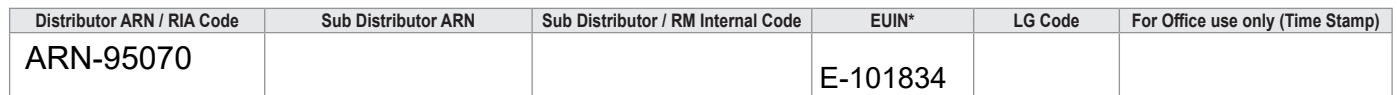


Please read product labelling details available on cover page and the instructions before filling up the Application Form.



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.

|                                                             |                                                                                                                                                                |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TRANSACTION CHARGES for<br>Rs. 10,000 and above (✓ any one) | <input type="radio"/> I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor) |
|                                                             | <input type="radio"/> I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)  |

[illegible]

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    | <input type="checkbox"/> | MM/YYYY    |               | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly |
| Baroda BNP Paribas _____ |            | DD or DAY                   | MM/YYYY    | <input type="checkbox"/> | MM/YYYY    |               | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly |
| Baroda BNP Paribas _____ |            | DD or DAY                   | MM/YYYY    | <input type="checkbox"/> | MM/YYYY    |               | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly |
| Baroda BNP Paribas _____ |            | DD or DAY                   | MM/YYYY    | <input type="checkbox"/> | MM/YYYY    |               | <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly |

1st SIP Cheque Details Cheque No. \_\_\_\_\_ Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Amount: \_\_\_\_\_ \* Default

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

\*\* SIP tenure can be registered upto a maximum of 40 years. Perpetual SIP would be registered for a period of 40 years

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.

I/We undertake to keep sufficient funds in the running account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond Bank's reasonable control and which has the effect of preventing the performance of the contract by the Bank. I/We acknowledge that no separate intimation will be received from Bank in case of non-execution of the instructions for any reasons whatsoever.

|                                                                   |                               |                              |
|-------------------------------------------------------------------|-------------------------------|------------------------------|
| First Applicant / Guardian / POA Holder /<br>Authorised Signatory | Second Applicant / POA Holder | Third Applicant / POA Holder |
|-------------------------------------------------------------------|-------------------------------|------------------------------|

|                                                                                                                                                          |   |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------|---|-------------------------------------------|--|--------------------------------------------|--|------------------------------------------|--|---------------------------------------------------------|--|------------|--|--------------------------------------------------|--|----------------------------------------------------|--|------------------------------|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|--|-----------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|                                                                        |   | UMRN                                      |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  | Date                         |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>OTM Debit Mandate for NACH/Direct Debit</b>                                                                                                           |   | Sponsor Bank Code                         |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  | Utility Code                 |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                          |   | BARODA BNP PARIBAS MUTUAL FUND            |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  | to debit (tick✓)             |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tick (✓)                                                                                                                                                 |   | I/We hereby authorize                     |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  | SB CA SB-NRE SB-NRO CC Other |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table><tr><td>CREATE</td><td>✓</td></tr><tr><td>MODIFY</td><td></td></tr><tr><td>CANCEL</td><td></td></tr></table>                                      |   | CREATE                                    | ✓ | MODIFY                                    |  | CANCEL                                     |  | Bank a/c number                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CREATE                                                                                                                                                   | ✓ |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MODIFY                                                                                                                                                   |   |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CANCEL                                                                                                                                                   |   |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| with Bank                                                                                                                                                |   | Name of customers bank                    |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  | IFSC                         |  |  |  |  |  |  |  | or MICR |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| an amount of Rupees                                                                                                                                      |   |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  | ₹         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| FREQUENCY                                                                                                                                                |   | <input checked="" type="checkbox"/> Mthly |   | <input checked="" type="checkbox"/> Qtrly |  | <input checked="" type="checkbox"/> H-lyly |  | <input checked="" type="checkbox"/> Yrly |  | <input checked="" type="checkbox"/> As & when presented |  | DEBIT TYPE |  | <input checked="" type="checkbox"/> Fixed Amount |  | <input checked="" type="checkbox"/> Maximum Amount |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PAN                                                                                                                                                      |   |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  | Phone No. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Folio                                                                                                                                                    |   |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  | Email ID  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. |   |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| PERIOD                                                                                                                                                   |   |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| From                                                                                                                                                     |   | D D                                       |   | M M                                       |  | Y Y                                        |  | Y Y                                      |  | Y Y                                                     |  | Y Y        |  | Y Y                                              |  | Y Y                                                |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| To                                                                                                                                                       |   | D D                                       |   | M M                                       |  | Y Y                                        |  | Y Y                                      |  | Y Y                                                     |  | Y Y        |  | Y Y                                              |  | Y Y                                                |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Maximum period of validity of this mandate is 40 years only                                                                                              |   |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature Primary Account holder      Signature of 1st Joint holder      Signature of 2nd Joint holder                                                   |   |                                           |   |                                           |  |                                            |  |                                          |  |                                                         |  |            |  |                                                  |  |                                                    |  |                              |  |  |  |  |  |  |  |         |  |  |  |  |  |  |  |           |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. Name as in bank records      2. Name as in bank records      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.

## INSTRUCTIONS

- The SIP Registration Form should be completed in English and in Block Letters only. Please tick (✓) in the appropriate box (□), where boxes have been provided. The SIP Enrolment Form, complete in all respects, should be submitted to any of the Official Points of Acceptance of Transactions.
- Unit Holders can register SIP in up to 4 different schemes using single Multi SIP Registration Form.
- Existing unit holders are required to submit only the SIP Registration Form. Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing folio number.
- New investors who wish to register for SIP are required to fill the Common Application Form and SIP Application Form. New investors are advised to read the Key Information Memorandum(s) and Scheme Information Document carefully before investing and the same are available with the ISCs / distributors.
- Minimum amount and installments required for various SIP frequencies offered to investors is as below:  
For all open ended non-liquid schemes, other than Baroda BNP Paribas ELSS Fund:  
Daily Systematic Investment Facility (DSIF), Weekly Systematic Investment Facility (WSIF) and Monthly Systematic Investment Facility (MSIF): Minimum INR 500 and in multiples of INR 1 thereafter per installment for a minimum of 6 Installments  
Quarterly Systematic Investment Facility (QSIF): Minimum INR 1500 and in multiples of INR 1 thereafter per installment for a minimum of 4 Installments  
For Baroda BNP Paribas ELSS Fund: Minimum INR 500 and in multiples of INR 500 thereafter per installment. Minimum Installments for DSIF, WSIF, MSIF will be 6 installments and for QSIF 4 installments  
Accordingly, the provision of criteria of Minimum Application Amount of the scheme shall not apply to such applications using the SIP facility.
- Applicable Load Structure for SIP**  
**Entry Load:** Nil  
The provisions of Exit Load as applicable to the normal investments as on the date of Registration will be applicable to fresh SIP investments.
- Separate SIP Registration Forms are required to be filled for DSIF, WSIF, MSIF and QSIF.
- Investors have the right to discontinue the SIP facility at any time by sending a written request to any of the Official Points of Acceptance of Transactions. Such notice should be received at least 14 days prior to the due date of the next cheque. On receipt of such request, the SIP facility will be terminated.
- The registration period of SIP will be as per the instruction given by the investor. In case the SIP is selected for a Perpetual period, the SIP will be registered for a period of 40 years. Further, investors will have to submit SIP cancellation request to discontinue the SIP. In case of any ambiguity in registration period or if the end date of SIP is not mentioned, the default period for SIP will be perpetual.
- In case investor has not selected any frequency or in case of any ambiguity, monthly frequency shall be considered as default option. Similarly, 7th day shall be considered as default Trigger date. In case of any ambiguity in the enrolment form, the SIP registration request shall be liable to be rejected.
- In case of minor application, AMC will register standing instructions till the date of the minor attaining majority, though the instructions may be for a period beyond that date. Prior to minor attaining majority, AMC shall send advance notice to the registered correspondence address advising the guardian and the minor to submit an application form along with prescribed documents to change the status of the account to "major". The account shall be frozen for operation by the guardian on the day the minor attains the age of majority and no fresh transactions shall be permitted till the documents for changing the status are received.
- The Trustee / AMC reserves the right to change / modify the terms of the SIP.
- If no start date is mentioned by the investors, the SIP will be registered to start from a period after 30 days from the date of submission of the application form.
- DSIF shall be triggered and processed on all Business Days only.
- Investors can choose any preferred date of the month as SIP debit date. In case the chosen date falls on a non-business day, the SIP will be processed on the immediate next business day. In case chosen date is not available in a particular month, the SIP will be processed on the last business day of the month.
- The SIP will be discontinued automatically if payment is not received for three successive

instalments

- The amount mentioned on the first cheque should be equal to the combined SIP instalment amount mentioned against all the Schemes in the Form. Accordingly, the first cheque amount will get invested in multiple Schemes as mentioned in the form. In case of mismatch, the transaction is liable to be rejected. Further, investor should ensure that the amount mentioned on the OTM is equal to the total consolidated amount across all schemes mentioned as per the form
- If a Micro SIP application is found such that the registration of the application will result in the aggregate of all investments made by the investor in a financial year exceeding Rs. 50,000 or where there is any deficiency in the application form or any supporting document In case the first Micro SIP instalment is processed (as the cheque may be banked), and the application / supporting document is found to be defective, such Micro SIP will be ceased for future instalments. No refunds shall be made for the units already allotted. Investor, can however, redeem the units if so desired.
- The investor will not hold Baroda BNP Paribas Mutual Fund, its registrars and other service providers responsible if the transaction is delayed or not effected or the investor bank account is debited in advance or after the specific SIP date due to various clearing cycles of NACH Debit/ Local/Bank holiday. Baroda BNP Paribas Mutual Fund, its registrars and other service providers shall not be held responsible or liable for damages / compensation / loss incurred by the investor as a result of using the SIP NACH / Direct Debit facility. The investor assumes the entire risk of using this facility and takes full responsibility.

**The terms and conditions for availing the 'Top-Up SIP' shall be as follows:**

- Frequency for Top-Up SIP**  
(i) **For Monthly SIP:**
  - Half Yearly Top-Up SIP: Under this option, the amount of investment through SIP installment shall be increased by amount chosen / designated by Investor post every 6th (sixth) SIP installment.
  - Yearly Top-Up SIP: Under this option, the amount of investment through SIP installment shall be increased by amount chosen / designated by Investor post every 12th (twelfth) SIP installment.
- (ii) **For Quarterly SIP:**
  - Yearly Top-Up SIP: Under this option, the amount of investment through SIP installment shall be increased by amount chosen / designated by Investor post every 4th (fourth) SIP installment. In case the investor who has registered under Quarterly SIP opts for Half Yearly Top-Up SIP, the same shall be registered and processed as Yearly Top-Up SIP.
- Minimum Top-Up SIP Amount:**  
₹ 100 and in multiples of ₹ 100 thereafter.
- Default Top-Up SIP Frequency and amount:**  
**For all open ended non-liquid schemes, other than Baroda BNP Paribas ELSS Fund:**  
In case the investor fails to specify either the frequency or amount for Top-Up SIP, the same shall be deemed as Yearly Top-Up SIP and ₹ 100 respectively and the application form shall be processed accordingly.  
**For Baroda BNP Paribas ELSS Fund:**  
In case the investor fails to specify either the frequency or amount for Top-Up SIP, the same shall be deemed as Yearly Top-Up SIP and ₹ 500 respectively and the application form shall be processed accordingly.  
In case the investor fails to specify both, i.e. the frequency for Top-Up SIP and amount for Top-Up SIP, the application form may be processed as conventional SIP, subject to it being complete in all other aspects.
- Top-Up SIP shall be available for SIP Investments only through NACH / Direct Debit Facility only. Top-Up SIP shall not be available under SIP facility availed by Investors through Standing Instructions or investing through Channel Partners or through Stock Exchange Platforms.
- Top-Up SIP facility shall not be available under Weekly SIP option.
- Top-Up SIP facility can be availed by the investors only at the time of registration of SIP or renewal of SIP.
- Investors should note that for modification of any of the details of Top-Up SIP details, the existing SIP with Top-Up facility shall be required to be cancelled and investor would be required to register a fresh SIP with modified Top-Up facility details.
- Investors should ensure the amount mentioned in the OTM is on the higher side to be able to accommodate the increase as and when the top up amount is triggered. In case the OTM amount is lesser than the base amount + top up amount for any trigger in future, the SIP with Top-Up Facility will stand cancelled.

**Declaration:** I / We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH / ECS / Direct Debit / Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I / We further hereby agree and acknowledge that I / we will not hold the AMC and/or responsible for any delay and / or failure in debiting my bank account for reasons not attributable to the negligence and / or misconduct on the part of the AMC I / We hereby declare and confirm that, irrespective of my / our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I / We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my / our aforementioned bank account(s). I / We hereby agree to abide by the terms and conditions that may be intimated to me / us by the AMC / Bank with respect to the NACH / ECS / Direct Debit / SI from time to time.

**Authorisation to Bank:** This is to inform that I / We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my / our investments in the Schemes of Baroda BNP Paribas Mutual Fund shall be made from my / our above mentioned bank account with your Bank. I / We hereby authorize the representatives of Baroda BNP Paribas Asset Management India Private Limited, Investment Manager to Baroda BNP Paribas Mutual Fund carrying this mandate form to get it verified and executed. I / We authorize the Bank to debit my / our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my / our participation in NACH / ECS / Direct Debit / SI.