## **Application Form STP / SWP**



Transaction Charges for Applica	tions through Distributors	only (Please section Instruc	ction VII)				
I confirm that I am First time in (Rs.150 deductible as Transaction Ch			Rs. 100 deductible as Trans	existing investor saction Charge and pa	across Mutua ayable to the Dist	al Funds. tributor)	
In case the subscription amount is ₹ 10,0 distributor. Units will issued against the bar		has opted to receive Transaction	Charges, the same are deductible	as applicable from th	e purchase / Sul	oscription amount and payable to the	
Please read the instructions before		m					
DISTRIBUTOR INFORMATI	ON (Only empanelled Di	stributors / Brokers will b	e permitted to distribute	Units of Baroda	Mutual Fund	l)	
Distributor / Broker ARN	130842	Sub-Broker Code		Employee	Code	E215826	
Upfront commission shall be paid direct	ctly by the investor to the AMFI	registered Distributors based of	on the investor's assessment of	various factors incli	uding the service	e rendered by the distributor.	
(Please note that the appli	cant details and mode	of holding are as per	the existing Folio Nun	nber)			
Common Account No.							
Name of Sole / First Unit Holde	er						
SYSTEMATIC TRANSFER	PLAN (STP)						
☐ No. of units ☐ Divide	end 🔲 Capital App	reciation	Amount (Please one ✓ opt	ion only).			
Folio No.	PAN	Enclosed (please ✓) ☐ PAN copy ☐ KYC					
Mobile No.	Em	ail					
Amount ₹ (in figures)	mount ₹ (in figures)         ₹ (in words)						
Units		OR Dividen	d				
STP Frequency: Monthly	Quarterly STP Period: Sta	rt From D D M M Y Y	Y Y End On D D M	MYYYY	STP Date:	☐ 1st ☐ 10th ☐ 15th ☐ 25th	
FROM Scheme		Plan		Option			
TO Scheme		Plan		Option			
EVETEMATIC WITHDRAW	AL DLAN (CMD)						
SYSTEMATIC WITHDRAW	al Appreciation (Please	e ✓ one option only)					
Folio No.		l	En	closed (please √)	□ PAN cor	DY □KYC	
Mobile No.		ail		cioseu (piease · )		, Likio	
Amount ₹ (in figures)						OR	
Units		OR Dividen	d			<u>-</u>	
SWP Frequency: Monthly	Quarterly <b>SWP Period:</b> Sta	rt From D D M M Y Y	Y Y End On D D M	MYYYY	STP Date:	□1st □ 10th □ 15th □ 25th	
FROM Scheme	, , , , , , , , , , , , , , , , , , , ,	Plan		Option			
	ATURES						
DECLARATION AND SIGN		ha Cahama/a imaludina dha acadi	one on "Drevention of Money Lov	andonina on d Knows V	(a	LIAMa harrahy anniy ta tha Tryataa af	
I/We have read and understood the contribe Baroda Mutual Fund for units of the Smoved pursuant to any instalments received.	Scheme as indicated above ["the	Scheme"] and agree to abide by	the terms and conditions, of the	Scheme/s and such	other schemes in	nto which my/our investment may be	
induced by any rebate or gifts, directly designed for the purpose of contravention	or indirectly, in making this inves	stment. I/We further declare that	the amount invested by me/us i	n the Scheme/s is d	erived through I	egitimate sources and is not held or	
from time to time.  I/We further confirm that I/We have the e		,					
the investment is ultra vires the relevant	constitution.					·	
I/We authorize AMC to reject the application penal interest and take any appropriate a	action against me / us in case the	cheque(s)/payment instrument	is / are returned unpaid by my / o	ur bank for any reaso	on whatsoever.	, , ,	
I/We hereby further agree that AMC can  * STP/SWP-Payment should reach	-	•	my / our bank details given herei	n, where AMC has s	uch arrangemer	it with my / our Bank.	
<ul> <li>Loads applicable as per scheme.</li> <li>For SWP - in case the payout date is</li> </ul>	not montioned, the navroll will c	ontinuo till the balance units rodu	end to zoro				
For SIP - in case STP Period or end date				n switched in schem	e.		
* In case the from date is not mention. The ARN holder has disclosed to me/us	•	-	mode), pavable to him for the diffe	erent competing Sch	emes of various	Mutual Funds from amongst which	
the Scheme is being recommended to mapplicable to NRIs only:		· · · · · · · · · · · · · · · · · · ·	,	, , , , , , , , , , , , , , , , , , , ,		<b>3</b>	
I/We Confirm that I am / we are Non - Re funds in my / our Non-Residents Externa			at the funds for subscription have	e been remitted from	abroad through	approved banking channels or from	
.aao in'ny 7 dai 14011-14651461118 EAREITE	, Staniary/1000unit/1 ONIVACC						
	1 1						
Signature / Thumb Impre:	ssion of Sole /	Signature / Thur	nb Impression of	5	Signature / Th	umb Impression of	
Signature / Thumb Impre: 1st Applicant / POA			nb Impression of / POA Holder	S		umb Impression of nt / POA Holder	
	Holder — — —	2nd Applicant		s			
1st Applicant / POA	Holder — — —	2nd Applicant		\$			
1st Applicant / POA	Holder — — —	2nd Applicant		<u> </u>			
ACKNOWLEDGMENT SLIP Investor Name Folio No.	Holder — — —	2nd Applicant					
ACKNOWLEDGMENT SLIP Investor Name	(To be filled in by the Ap	2nd Applicant  plicant)  Dated: D D M M		8			