

# Application Form STP / SWP



## Transaction Charges for Applications through Distributors only (Please section Instruction VII)

<input type="checkbox"/> I confirm that I am First time investor across Mutual Funds. <small>(Rs.150 deductible as Transaction Charge and payable to the Distributor)</small>	<input type="checkbox"/> I confirm that I am an existing investor across Mutual Funds. <small>(Rs. 100 deductible as Transaction Charge and payable to the Distributor)</small>
In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase / Subscription amount and payable to the distributor. Units will issued against the balance amount invested.	

Please read the instructions before filling the Application Form

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

Distributor / Broker ARN	<b>ARN-105519</b>	Sub-Broker Code		Employee Code	
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Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

## (Please note that the applicant details and mode of holding are as per the existing Folio Number)

Common Account No.

Name of Sole / First Unit Holder

## SYSTEMATIC TRANSFER PLAN (STP)

No. of units     Dividend     Capital Appreciation     Fixed Amount (Please tick one option only).

Folio No. \_\_\_\_\_ PAN \_\_\_\_\_ Enclosed (please ✓)     PAN copy     KYC

Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

Amount ₹ (in figures) \_\_\_\_\_ ₹ (in words) \_\_\_\_\_ **OR**

Units \_\_\_\_\_ **OR Dividend** \_\_\_\_\_

STP Frequency:  Monthly     Quarterly STP Period: Start From  End On  STP Date:  1st     10th     15th     25th

FROM Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

TO Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

## SYSTEMATIC WITHDRAWAL PLAN (SWP)

Fixed Amount     Capital Appreciation (Please tick one option only).

Folio No. \_\_\_\_\_ PAN \_\_\_\_\_ Enclosed (please ✓)     PAN copy     KYC

Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

Amount ₹ (in figures) \_\_\_\_\_ ₹ (in words) \_\_\_\_\_ **OR**

Units \_\_\_\_\_ **OR Dividend** \_\_\_\_\_

SWP Frequency:  Monthly     Quarterly SWP Period: Start From  End On  STP Date:  1st     10th     15th     25th

FROM Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

## DECLARATION AND SIGNATURES

I/We have read and understood the contents of the offer document/s to the Scheme/s including the sections on "Prevention of Money Laundering and Know Your Customers". I/We hereby apply to the Trustee of the Baroda Pioneer Mutual Fund for units of the Scheme as indicated above ("the Scheme") and agree to abide by the terms and conditions, of the Scheme/s and such other schemes into which my/our investment may be moved pursuant to any instalments received from me/us to sweep/switch the units as applicable to my/our investment including any further transaction under the Scheme. I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We further declare that the amount invested by me/us in the Scheme/s is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules and regulations or any statute or legislation or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.

I/We further confirm that I/We have the express authority from the relevant constitution to invest in the units of the Scheme and the Baroda Pioneer Mutual Fund, its Trustee and the Mutual Fund would not be responsible if the investment is ultra vires the relevant constitution.

I/We authorize AMC to reject the application, reverse the units, credited, restrain me/us from making any further investment in any of the Scheme/s of Baroda Pioneer Mutual Fund, recover / debit my / our folio(s) with the penal interest and take any appropriate action against me / us in case the cheque(s)/ payment instrument is / are returned unpaid by my / our bank for any reason whatsoever.

I/We hereby further agree that AMC can directly credit all the dividend pay outs and redemption amount to my / our bank details given herein, where AMC has such arrangement with my / our Bank.

\* STP / SWP - Payment should reach to ISC before 7 working days from the start of first STP / SWP.

\* Loads applicable as per scheme

\* For SWP - in case the payout date is not mentioned, the payroll will continue till the balance units reduced to zero.

For SIP - in case STP Period or end date is not given, STP units / amount will get switched out till it meets the minimum investment amount in switched in scheme.

\* In case the from date is not mentioned, it is treated as 1st day of the following month.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

**Applicable to NRIs only :**

I/We Confirm that I am / we are Non - Residents of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels or from funds in my / our Non-Residents External / Ordinary Account / FCNR Account.

Signature / Thumb Impression of Sole / 1st Applicant / POA Holder	Signature / Thumb Impression of 2nd Applicant / POA Holder	Signature / Thumb Impression of 3rd Applicant / POA Holder
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## ACKNOWLEDGMENT SLIP (To be filled in by the Applicant) **ARN-105519**

Investor Name \_\_\_\_\_

Folio No. \_\_\_\_\_ Dated:

STP /  SWP

Scheme / Plan / Option / Sub-Option \_\_\_\_\_ To (STP Only) \_\_\_\_\_

Amount ₹ \_\_\_\_\_

Signature, Stamp & Date