## SIP REGISTRATION CUM NACH MANDATE FORM

Please read product labelling details available on cover page and the instructions before filling up the Application Form. Tick ( $\checkmark$ ) whichever is applicable, strike out whichever is not required.



			ker ARN	EUIN*		LG Code		RIA Code**
ofront commission shall be paid directly by the in	vestor to the AMF	I registered Distributors bas	sed on the investors' as	ssessment of v	arious factors ir	cluding the serv	vice rendered b	by the distributor.
We hereby confirm that the EUIN box has been intent y interaction or advice by the employee / relationship	ionally left blank by	me / us as this transaction is e	executed without					
twithstanding the advice of in-appropriateness, if any			er / sales person					
the distributor / sub broker. I/We, have invested in the Scheme(s) of your Mutua	I Fund under Direc <sup>i</sup>	Plan. I/We hereby give you m	y/our consent to					
are/provide the transactions data feed/ portfolio holdi all Schemes Managed by you, to the above mentione	ngs/ NAV etc. in re	spect of my/our investments u	nder Direct Plan				DA Holder Thi	
RANSACTION CHARGES for I confirm	that I am a first tir	ne investor across Mutual Fi	unds. (Rs. 150 deductib					
I. APPLICANT'S INFORMATIC		3			J	.,		
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N/PEKRN DETAILS (mandatory) *If the First Appli				N proof	Initiale Huma		L.(	ast Namo
rst/Sole Applicant		Second Applicant			Third Appli	ant		
2. SYSTEMATIC INVESTMENT			MULTI SI	→ → → ⊃				
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Scheme Name		SIP Amount	SIP Date / Day (For Weekly	Start Date	Perpetual*	End Date*	Top Up Amount	Top Up Frequency
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Baroda BNP Paribas			DD or DAY	MM/YYYY		MM/YYYY		Half Yearly Yearl
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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.

\_ 2. \_\_

Name as in bank records

Name as in bank records

\_ 3. \_

Name as in bank records

1. \_