Common Application Form (For Lumpsum and SIP)

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

Baroda BNP PARIBAS MUTUAL FUND

All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code++
ARN-183038			E		

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.

*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. ++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder

TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one)
- ◯ **I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)**
- ◯ **I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)**

1. EXISTING INVESTOR'S FOLIO NUMBER

Folio No. _____

The details in our records under the Folio number mentioned alongside will apply for this application.

2. APPLICANT'S INFORMATION (Non-Individual investors please fill Ultimate Beneficial Owner (UBO) details and submit with Application Form.

SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in ALPHABETS and use one box for on alphabet, leaving one box blank between two words, as it apears in your PAN Card ◯ Mr. ◯ Ms. ◯ M/s. ◯ Minor

Name: FIRST MIDDLE LAST
(Please mention Name as per PAN Card)

Date of Birth* / Incorporation	PAN / PEKRN	KYC Identification Number (KIN)	GSTIN
D D M M Y Y Y Y			

* Required for 1st holder/Minor

Guardian Details ◯ Mr. ◯ Ms. **(in case of First / Sole Applicant is a Minor) / Name of Contact Person (incase of non-individual Investors)**

Name: FIRST MIDDLE LAST
(Please mention Name as per PAN Card)

Date of Birth	PAN / PEKRN	KYC Identification Number (KIN)	Mobile No.
D D M M Y Y Y Y			

For Investment "on behalf of Minor" ◯ Birth Certificate ◯ School Certificate ◯ Passport ◯ Other **Relationship with Minor (Mandatory)** ◯ Father ◯ Mother ◯ Court Appointed Legal Guardian

Mailing Address					
City		State		**Pin Code (Mandatory)**	
Country		STD Code		Tel. Off.	

Overseas Address (Mandatory for NRI / FII Applicant)

Country Zip Code

GO GREEN (Default mode of Communication) ➔ **Mobile** _____ **E-Mail** _____

Status (Please ✓) ◯ Self ◯ Spouse ◯ Dependent Children ◯ Dependent Parents

Wherever email ID is registered an electronic Statement of Account (e-SOA) will be shared with the investor. In case you want to receive a physical statement, please request for the same separately

Investors are advised to give their email IDs or that of their family member and not third party so that the important communication from the Fund reaches them directly and in SMS. This will also prevent any unintended consequences that can arise out of providing third party email ids.

Tax Status: Individual	Non-Individual
◯ Resident ◯ NRI-Repatriation ◯ NRI-Non Repatriation ◯ Sole-Proprietorship ◯ Minor ◯ NRI-Minor ◯ PIO / OCI ◯ HUF ◯ Others (Please Specify) _____	◯ Company ◯ Trust ◯ Society / Club ◯ Partnership / LLP ◯ AOP / BOI ◯ FPI ◯ Non Profit Organisation ◯ Bank ◯ Government Body ◯ Others (Please Specify) _____

Occupation: ◯ Private Sector Service ◯ Public Sector Service ◯ Government Service ◯ Student ◯ Professional ◯ Housewife ◯ Business ◯ Retired ◯ Agriculturist ◯ Proprietorship ◯ Defence ◯ Others (Please Specify) _____

Gross Annual Income (₹) ◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ > 25 Lacs - 1 Crore ◯ > 1 Crore OR Net worth ₹ _____

Politically Exposed Person (PEP) Status : ◯ I am PEP ◯ I am Related to PEP ◯ Not Applicable

Second Applicant's Details **Mode of Holding (please ✓)** ◯ Joint# ◯ Anyone or Survivor (# Default, in case of more than one applicant and not ticked)

Name: ◯ Mr. ◯ Ms. FIRST MIDDLE LAST
(Please mention Name as per PAN Card)

Date of Birth	PAN / PEKRN	KYC Identification Number (KIN)	Mobile No.
D D M M Y Y Y Y			

Occupation ◯ Pvt. Sector Service ◯ Pub. Sector Service ◯ Gov. Service ◯ Housewife ◯ Student ◯ Professional ◯ Housewife ◯ Business ◯ Retired ◯ Defence ◯ Agriculturist ◯ Forex Dealer ◯ Others

Gross Annual Income (₹) ◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ > 25 Lacs - 1 Crore ◯ > 1 Crore OR Net worth ₹ _____

Politically Exposed Person (PEP) Status : ◯ I am PEP ◯ I am Related to PEP ◯ Not Applicable

Third Applicant's Details

Name: ◯ Mr. ◯ Ms. FIRST MIDDLE LAST
(Please mention Name as per PAN Card)

Date of Birth	PAN / PEKRN	KYC Identification Number (KIN)	Mobile No.
D D M M Y Y Y Y			

Occupation ◯ Pvt. Sector Service ◯ Pub. Sector Service ◯ Gov. Service ◯ Housewife ◯ Student ◯ Professional ◯ Housewife ◯ Business ◯ Retired ◯ Defence ◯ Agriculturist ◯ Forex Dealer ◯ Others

Gross Annual Income (₹) ◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ > 25 Lacs - 1 Crore ◯ > 1 Crore OR Net worth ₹ _____

Politically Exposed Person (PEP) Status : ◯ I am PEP ◯ I am Related to PEP ◯ Not Applicable

3. POWER OF ATTORNEY (PoA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of PoA Holder)

☐ First / Sole Applicant ☐ Second Applicant ☐ Third Applicant

☐ Mr. ☐ Ms. ☐ M/s. ☐ Others _____ Name of PoA Holder

PAN _____ **KYC Identification Number (KIN)** _____

Enclosed ☐ PAN card proof ☐ KYC Confirmation proof)

Signature of PoA Holder

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Application form received for purchase of units, subject to realization, verification and conditions

Mr. / Ms. / M/s. _____

Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option

ISC Stamp, Date & Signature

4. INVESTMENT & PAYMENT DETAILS : (Mandatory)

FOR ZERO BALANCE FOLIO & LUMPSUM : Please fill details below

☐ **Zero Balance** ☐ **Lumpsum (please fill details below)**

Scheme Name: Baroda BNP Paribas			Amount (₹)
Cheque No./UMRN:	Bank	Account No.	Payment Mode: ◯ Cheque ◯ NEFT ◯ RTGS ◯ OTM

FOR SIP / MULTIPLE SIP : Please fill details below and also fill SIP form

For Multiple SIP - investment can be made upto four Schemes with a single instrument. Multiple SIP Schemes to be mentioned in the below table and single instrument for the total consolidated amount favouring Baroda BNP Mutual Fund to be provided. Mention First SIP Cheque Details below and in SIP Form.

Scheme Name	Plan	Option	Amount
1. Baroda BNP Paribas	Direct / Regular		₹
2. Baroda BNP Paribas	Direct / Regular		₹
3. Baroda BNP Paribas	Direct / Regular		₹
4. Baroda BNP Paribas	Direct / Regular		₹
Total Amount (In Words)		Total Amount (In Figures)	

Cheque No./UMRN:	Bank:	Account No.	Payment Mode: ◯ Cheque ◯ NEFT ◯ RTGS ◯ OTM

Payment Type : ◯ Non-Third Party Payment ◯ Third Party Payment (Please attach "Third Party Declaration Form")

5. DEMAT ACCOUNT DETAILS

☐ National Securities Depository Ltd.
☐ Central Depository Services (India) Ltd.

Depository Participant Name _____

DP ID No. _____ Beneficiary Account No. _____

Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the Application Form. In case the form is not filled, the default option will be physical mode.

6. FIRST HOLDER'S BANK ACCOUNT DETAILS (Mandatory)

Bank Name _____

Ac. no. (In Figures) _____ A/c. Type ◯ Savings ◯ Current ◯ NRE ◯ NRO ◯ FCNR

Ac. no. (In Words) _____

Branch Address _____

State _____ City _____ Pin Code ☐☐☐☐☐☐

MICR Code ☐☐☐☐☐☐☐☐☐ (9 Digit No. next to your Cheque No.) **IFSC Code** ☐☐☐☐☐☐☐☐☐☐☐ (11 Digit No. appearing on Cheque)

Example for filling the Account No. 1 3 5 7 in words One Three Five Seven (Please attach copy of cancelled cheque)

7. FATCA DETAILS For Individual (Mandatory) Non Individual investors including HUF should Mandatorily fill separate FATCA detail form

Details under Foreign Tax Laws:	**First / Sole Applicant / Guardian**	**Second Applicant**	◯ **Third Applicant** ◯ **PoA**
Place & Country of Birth			
Nationality	◯ Indian ◯ US ◯ Others ___(Please Specify)___	◯ Indian ◯ US ◯ Others ___(Please Specify)___	◯ Indian ◯ US ◯ Others ___(Please Specify)___
Address Type	◯ Residential ◯ Registered Office ◯ Business	◯ Residential ◯ Registered Office ◯ Business	◯ Residential ◯ Registered Office ◯ Business
Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? ☐ **Yes** ☐ **No** **(If Yes, please provide information below)**			
Country of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick	Reason ◯ A ◯ B ◯ C ___(Please Specify)___	Reason ◯ A ◯ B ◯ C ___(Please Specify)___	Reason ◯ A ◯ B ◯ C ___(Please Specify)___

Reason A: The country where Account Holder is liable to pay tax does not issue TIN to its residents **Reason B:** No TIN Required (Select this only if the authorities of the respective country of tax residents do not require the TIN to be collected) **Reason C:** others, please specify the reason above

8. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section

1. **I/We do not wish to nominate**	**SIGNATURE(S)**	First / Sole Applicant	Second Applicant	Third Applicant

2. Having read and understood the instruction for Nomination, I / We hereby nominate the person(s) more particularly described hereunder in respect of the Units under the Folio held by me/us in the event of my death.

	Nominee Name	Relationship	Date of Birth^	Allocation %#	Guardian Signature^
Nominee 1					
Nominee 2					
Nominee 3					

^ In case Nominee is minor. # Please indicate the percentage of allocation / share for each of the nominees in whole numbers only without any decimals making a total of 100 per cent.

9. DECLARATION & SIGNATURES

I / We hereby confirm and declare as under:- I / We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. My application is in compliance with applicable Indian and foreign laws. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I am / we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time; and that I am / we are not applying on behalf of or as proxyholders of a person who is a US person. I am/ We are competent under the applicable laws and duly authorised where required,to make this investment in the above mentioned scheme. I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the provisions of the section of 'Who cannot Invest' and apply for allotment of Units of the Scheme(s) of Baroda BNP Paribas Mutual Fund ('Fund'). I/We hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds /income of mine only and I am / we are the rightful beneficial owner(s) of the funds and the resulting investments therefrom. The above mentioned investment does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions or of the provisions of any law in India including but not limited to The Income Tax Act, the Prevention of Money Laundering Act, 2002, The Prevention of Corruption Act, 1988 and /or any other relevant rules / guidelines notified in this regard or applicable laws enacted by the Government of India / any other regulatory body from time to time. I / we hereby understand and agree that if any of the aforesaid disclosures made / information provided by me / us is found to be contradictory or non-reliable to the above statements or if I / we fail to provide adequate and complete information, the AMC / Mutual Fund / Trustees reserve the right to not create a folio / account, reject the application / withhold the investments made by me / us and / or make disclosures and report the relevant details to the competent authority and take such other actions as may be required to comply with the applicable law as the AMC / Mutual Fund / Trustees may deem proper at their sole option.

I / We hereby authorise the Fund, AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / Fund's bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to disclose to such service providers as deemed necessary for conduct of business. I / We confirm that I / We do not have any existing Micro SIP / Investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year or a rolling period of one year. I / We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my / our transactions.

The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I / WE HEREBY CONFIRM THAT I / WE HAVE NOT BEEN OFFERED / COMMUNICATED ANY INDICATIVE PORTFOLIO AND / OR ANY INDICATIVE YIELD BY THE FUND / AMC / ITS DISTRIBUTOR FOR THIS INVESTMENT.

I / We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete and further agree to furnish such other further/additional information as may be required by the Baroda BNP Paribas Asset Management India Pvt Ltd (AMC) / Fund. I further undertake to advise the AMC / Mutual Fund/ Trustees promptly of any change in circumstance which causes the information contained herein to become incorrect and to provide the AMC /Mutual Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances.

I hereby declare that the AMC / Fund can provide my information to any institution / tax authorities / governmental body for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

To receive physical annual statements and scheme wise abridged report please tick here (✓) ☐

Additional declaration for NRIs only : I / We confirm that I am / We are Non-Resident of Indian Nationality / Origin and I / We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

Additional declaration for Foreign Nationals Resident in India only: I/We will redeem my / our entire investment/s before I / We change my / our Indian residency status. I / We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

Additional declaration for NRIs / PIO / OCIs only: I / We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. I / We confirm that my application is in compliance with applicable Indian and foreign laws. please (✓) ☐ Yes ☐ No If yes, (✓) ☐ Repatriation basis ☐ Non-Repatriation basis

Dated	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder

Baroda BNP PARIBAS MUTUAL FUND

BNP Paribas Asset Management India Private Limited
Crescenzo, 7th Floor, G-Block, Bandra Kurla Complex, Mumbai – 400051, Maharashtra, India.
Email Id- service@barodabnpparibasmf.in Board line no.- 022 69209600 • Toll Free no.- 1800 2670 189
Fax no.- 022 69209 460/470 Website URL- www.barodabnpparibasmf.in
CIN no.- U65991MH2003PTC142972

SMS

Simply send **SMS to 9212 132763 to avail the below facilities	
Balance	SMS BAL <space> last 6 digits of Folio No.
NAV	SMS NAV <space> last 6 digits of Folio No.
Statement thru Email	SMS ESOA <space> last 6 digits of Folio No.
Last 3 Transactions	SMS Transaction <space> last 6 digits of Folio No.

**SMS charges as per service provider applicable.

SIP REGISTRATION CUM NACH MANDATE FORM

Baroda BNP PARIBAS MUTUAL FUND

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

Please (✓) ☐ SIP Registration ☐ SIP Cancellation ☐ SIP - Change in Scheme ☐ SIP - Change in Bank Details

Distributor / Broker ARN	Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code++
ARN-183038					

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.

*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.
++ I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder

TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one)
- ◯ I confirm that I am a first time investor across Mutual Funds. (Rs. 150 deductible as Transaction Charge and payable to the Distributor)
- ◯ I confirm that I am an existing investor across Mutual Funds. (Rs. 100 deductible as Transaction Charge and payable to the Distributor)

1. APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected)

Folio No. ☐☐☐☐☐☐☐☐☐☐ Name of Sole / First Unit Holder First Name Middle Name Last Name

PAN/PEKRN DETAILS (mandatory) *If the First Applicant is a Minor, please state the details of Guardian. Please attach PAN proof.

First/Sole Applicant ☐☐☐☐☐☐☐☐☐☐ Second Applicant ☐☐☐☐☐☐☐☐☐☐ Third Applicant ☐☐☐☐☐☐☐☐☐☐

2. SYSTEMATIC INVESTMENT PLAN DETAILS ☐ SIP ☐ MULTI SIP

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	☐	MM/YYYY		☐ Half Yearly ☐ Yearly
Baroda BNP Paribas _____		DD or DAY	MM/YYYY	☐	MM/YYYY		☐ Half Yearly ☐ Yearly
Baroda BNP Paribas _____		DD or DAY	MM/YYYY	☐	MM/YYYY		☐ Half Yearly ☐ Yearly
Baroda BNP Paribas _____		DD or DAY	MM/YYYY	☐	MM/YYYY		☐ Half Yearly ☐ Yearly

Total Amount (in Words) _____ Total Amount (in Figures) _____

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

3. DECLARATION

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 / 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 funding 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, lightening, 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.

SIGNATURE(S)

First Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / POA Holder	Third Applicant / POA Holder

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Baroda BNP PARIBAS MUTUAL FUND

OTM Debit Mandate for NACH/Direct Debit

UMRN ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Date D D M M Y Y Y Y

Sponsor Bank Code _____ Utility Code _____

Tick (✓)

CREATE	✓
MODIFY	
CANCEL	

I/We hereby authorize BARODA BNP PARIBAS MUTUAL FUND to debit (tick✓) SB CA SB-NRE SB-NRO CC Other

Bank a/c number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

with Bank Name of customers bank IFSC ☐☐☐☐☐☐☐☐☐☐☐ or MICR ☐☐☐☐☐☐☐☐☐

an amount of Rupees _____ ₹

FREQUENCY ☒ ~~Mthly~~ ☒ ~~Qtly~~ ☒ ~~H-Yrly~~ ☒ ~~Yrly~~ ☑ As & when presented

DEBIT TYPE ☒ ~~Fixed Amount~~ ☑ 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
To	3 1	1 2	2 0 9 9

Or ☐ ~~Until Cancelled~~

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.