ONE TIME MANDATE CANCELLATION FORM

Baroda BNP PARIBAS MUTUAL FUND

Distributor ARN / RIA Code	Sub Distributor ARN	Sub Distributor / RM Internal Code	EUIN*	LG Code	For Office use only (Time Stamp)

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, 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.

*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.

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

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. FIRST APPLICANT'S DETAILS

Name of First Applicant (In CAPITAL and as per PAN) (Refer Instructions) — Date of Birth (Mandatory - If Minor, attach proof) D D M M Y Y Y Y

Name of Guardian (if minor)/**POA/Contact Person** (As per PAN) (Refer Instructions) — Guardian is: ◯ Father ◯ Mother ◯ Court Appointed — Date of Birth (Guardian) D D M M Y Y Y Y

PAN (1st Applicant / Guardian) — CKYC - KIN

3. DECLARATION

I / We acknowledge that our cancellation request for the given OTM will discontinue all my/our registered SIPs under the given OTM. I/We would request you to cancel/stop deducting the SIP amount registered with you from my/our above stated OTM. I/We further understand that I/We will need to appropriately communicate to my/our bank about the cancellation request from which the periodic debits were authorized. I/We understand that my/our bank may apply bank charges for the said cancellation for which I/We would not hold the user institution / Baroda BNP Paribas Mutual Fund responsible.

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

ONE TIME MANDATE CANCELLATION FORM

(NACH / Direct Debit Mandate Form)(Applicable for Lumpsum Additional Purchases as well as SIP Registration)

UMRN — Date D D M M Y Y Y Y

Utility Code — ☑ Create ☒ Modify ☒ Cancel

Sponsor Bank Code — I/We hereby authorize **BARODA BNP PARIBAS MUTUAL FUND**

to debit (tick ✓) SB / CA / CC / SB-NRE / SB-NRO / Other — Bank A/c Number

With Bank — IFSC / MICR

an amount of Rupees — ₹

DEBT TYPE ☒ ~~Fixed Amount~~ ☑ Maximum Amount

FREQUENCY ☐ ~~Daily~~ ☐ ~~Weekly~~ ☐ ~~e Monthly~~ ☐ ~~Monthly~~ ☐ ~~Quarterly~~ ☐ ~~Half-Yearly~~ ☐ ~~Annually~~ ☑ As & When presented

Filio/PAN no. — Reference 1

1. I aggree 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 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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 authorised the debit. 4. I/We understand and accept that in case transactions initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instrument Act).

From D D M M Y Y Y Y

To*** D D M M Y Y Y Y

Phone No.

Signature of Account Holder — Signature of Account Holder — Signature of Account Holder

1. _____ 2. _____ 2. _____

***As per NPCI Circular effective from 01st April 2024. Maximum period of validity of this mandate is 40 years only.

TERMS & CONDITIONS

1. The investors can use this cancellation form to discontinue ONE TIME Mandate (OTM) registered in a given folio/account with Baroda BNP Paribas Mutual Fund
2. ONE TIME Mandate (OTM) cancellation request must be submitted 10 days in advance from next sip due date.
3. Investor has to mention same Bank Account number on this form which he had mentioned at time of registering OTM.
4. Investor needs to ensure that the details mentioned in the OTM Cancellation form are correctly filled in. In case of any ambiguity the OTM SIP Cancellation form is liable for rejection either at the collection point itself or subsequently after detailed scrutiny/verification at the back office of the Registrar.
5. In case of joint holders in the folio the form needs to be signed by either one of the holder or all the holders depending upon the mode of holding.