ONE TIME MANDATE REGISTRATION FORM

(Applicable for Lumpsum Additional Purchases as well as SIP Registrations)

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 | | | | | | | | | | | | | | | | | |

◯ I have attached cancelled copy of cheque

3. DECLARATION

I / We declare that the particulars furnished here are correct. I / We authorize Baroda BNP Paribas Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments and/ or any lumpsum payments through an Electronic Debit arrangement / NACH as per my request from time to time. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I/ We hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Baroda BNP Pasribas Mutual Fund using this facility. I/ We request you to make provisions for me/ us and/ or an advisor authorized by me to be able to utilize this mandate for any transaction (not limited to SIP and/ or Lumpsum payments) in all the folios associated with my PAN mentioned above any mode of transaction available to me time to time from Baroda BNP Paribas Mutual Fund.

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 BANK MANDATE REGISTRATION 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. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors who wish to add a new bank account towards OTM facility may fill the form.
2. Investors, who have not registered for OTM facility, may fill in the OTM form and submit duly signed form with their name mentioned.
3. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form.
4. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
5. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Baroda BNP Paribas Mutual Fund.
6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
7. Utility Code of the Service Provider will be mentioned by Baroda BNP Paribas Mutual Fund
8. Tick on the respective option to select your choice of action and instruction.
9. Please mention the Name of Bank and Branch, IFSC/ MICR Code and also provide an original cancelled copy of the cheque of the same bank account registered in One Time Mandate.
10. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
11. As per NPCI Circular NPCI/NACH/OC No.012/2023-24, mandate can be registered for a maximum duration of 40 years. An investor has to mandatorily enter the ‘End Date’ of the mandate by filling the date for a maximum period of 40 years from the start date or less.
12. If the investor wishes to opt for more than one dates / frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented"
13. Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.
14. Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the OTM