

EUIN DECLARATION FORM

(Please use separate form for each transaction)



Name of Investor	<input type="text"/>															
Folio No.	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>															

TRANSACTION DETAILS	Transaction Type: <input type="checkbox"/> Purchase <input type="checkbox"/> Switch <input type="checkbox"/> Systematic Registration								
Scheme Name, Plan & Option Baroda BNP Paribas									
Transaction Date: <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Amount: <input type="text"/> OR Units: <input type="text"/>
D	D	M	M	Y	Y	Y	Y		

1 (A) - Above transaction details to be filled and below declaration to be signed by the eligible unitholder(s):

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 inappropriateness, if any, provided by the employee/ relationship manager/ sales person of the distributor/ sub broker.*

Sole/First Applicant/Authorised Signatory/s	Second Applicant/Authorised Signatory/s	Third Applicant/Authorised Signatory/s
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OR

1 (B) - Above transaction details to be filled and signed by the Distributor:

Please update the EUIN for transaction as per the following details (only EUIN will be updated in our record)**:

BROKER CODE (ARN Code)	SUB-BROKER ARN CODE	EMPLOYEE UNIQUE IDENTIFICATION NO. (EUIN)	SUB-BROKER CODE (As allotted by ARN holder)
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Note:

* If investor has not provided EUIN in the application form, unitholder(s) needs to sign the above declaration.

** Investor investing through distributor shall mention EUIN on the form, if he/she has been advised by Sales Person/ Employee/Relationship Manager of the distributor or individual/sole proprietorship ARN holder.

Signature with ARN Name, Seal & Signature
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