

TRANSACTION SLIP FOR PURCHASE / SWITCH / REDEMPTION



| 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 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 |
|---|-------------------------------|------------------------------|

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)

Folio No. Name of the Unit Holder

ADDITIONAL PURCHASE REQUEST

Scheme Baroda BNP Paribas (Please mention scheme name) Plan Regular Direct

Option Growth IDCW*-Payout IDCW*-Reinvestment IDCW* Frequency (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly) *Income Distribution cum Capital Withdrawal

I/We would like to purchase units of the above mentioned scheme. Amount in Rs. (in figures)

Payment Options Cheque RTGS/NEFT Transfer OTM UPI Others

Instrument No. Bank Name Branch City

Please use below details for initiating RTGS/NEFT:

Bank Name: HDFC BANK • Bank Account Number: 00600350106284 • IFSC Code: HDFC0000060 • Account Name: Baroda BNP Paribas Mutual Fund Collection Account

SWITCH

From Scheme Baroda BNP Paribas (Please mention scheme name) Plan Regular Direct

Option Growth IDCW*-Payout IDCW*-Reinvestment IDCW* Frequency (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly) *Income Distribution cum Capital Withdrawal

Amount in Rs. (in figures) OR Units OR Entire Units

To Scheme Baroda BNP Paribas (Please mention scheme name) Plan^A Regular Direct

Option Growth IDCW*-Payout IDCW*-Reinvestment IDCW* Frequency (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly) *Income Distribution cum Capital Withdrawal

^AInvestors applying under Direct Plan must mention "Direct" against the Scheme name. Default Plan / Option will apply if the choice of Plan / Option is not indicated.

REDEMPTION

Scheme Baroda BNP Paribas (Please mention scheme name) Plan Regular Direct

Option Growth IDCW*-Payout IDCW*-Reinvestment IDCW* Frequency (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly) *Income Distribution cum Capital Withdrawal

Amount in Rs. (in figures) OR Units OR Entire Units

Amount in words IFSC (If not provided earlier)

Please credit the redemption proceeds to the following Bank Account which has been registered with you (Applicable only in case multiple banks are registered. Bank details are not required to be mentioned if the proceeds are required to be credited in the default bank mandate registered in the folio).

Bank Name Account No.

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 do not require the TIN to be collected 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

ADDITIONAL KYC DETAILS

| Particulars | First / Sole Applicant / Guardian | Second Applicant | Third Applicant |
|---|--|--|--|
| Occupation | <input type="radio"/> Pvt. Sector Service <input type="radio"/> Pub. Sector Service <input type="radio"/> Gov. Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Defence <input type="radio"/> Agriculturist <input type="radio"/> Proprietorship <input type="radio"/> Others | <input type="radio"/> Pvt. Sector Service <input type="radio"/> Pub. Sector Service <input type="radio"/> Gov. Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Defence <input type="radio"/> Agriculturist <input type="radio"/> Proprietorship <input type="radio"/> Others | <input type="radio"/> Pvt. Sector Service <input type="radio"/> Pub. Sector Service <input type="radio"/> Gov. Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Defence <input type="radio"/> Agriculturist <input type="radio"/> Proprietorship <input type="radio"/> Others |
| Gross Annual Income / Net Worth (₹) | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> > 25 Lacs - 1 Crore <input type="radio"/> > 1 Crore OR Net worth ₹ | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> > 25 Lacs - 1 Crore <input type="radio"/> > 1 Crore OR Net worth ₹ | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> > 25 Lacs - 1 Crore <input type="radio"/> > 1 Crore OR Net worth ₹ |
| Politically Exposed Person (PEP) Status | <input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable | <input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable | <input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable |

DECLARATION

I/We have read and understood the contents of the SID / SAI of the Scheme(s). I/We have not received nor have been induced by any rebate or gifts, directly or indirectly in making this investment. The money invested in the schemes is through legitimate sources and is not in contravention of any prevailing laws. 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 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.

Dated DD / MM / YYYY Sole / First / POA Holder / Guardian Second Account Holder Third Account Holder

BARODA BNP PARIBAS MUTUAL FUND - ACKNOWLEDGMENT SLIP

(To be filled in by the investor)

Received, subject to realization, verification and conditions, an application for

in folio no.

| Scheme Name | To Scheme (for switches) | Amount/ Units | Instrument no./ dated/ bank name |
|-------------|--------------------------|---------------|----------------------------------|
| | | | |



Stamp & Signature