South Gujarat ARN:	54854	СКҮС	BAR	ODA PIONEER	MUTUAL FUND								
Know Your Client							B	बैंक ऑफ़ बड़ौदा Bank of Baroda	PIONEER				
Application Form (Fo	r Individuals only)		New					I					
(Please fill the form in English an Fields marked with '□' are manda			•	YC Number									
		КҮС Туре* 🗌	Normal (P.	AN is mandatory) [] PAN Ex	empt Investor	S (Refer instru	ction K)					
1. Identity Details (Please re	efer instruction A at the e	end)											
PAN		Please enclose a	a duly attest	ed copy of you	ur PAN Card								
	Prefix	FirstName			Middle Nam	e		Last Name)				
Name* (same as ID proof)													
Maiden Name (If any*)													
Father / Spouse Name*													
Mother Name*													
Date of Birth*		YYY							Photo				
		<u>· · · · · · ·</u> · · · · · · · · · · · ·		-1-] - -				r noto				
Gender*	∐ M- Male —		_ F-Fem 	ale _] T-Transg	ender							
Marital Status*	Married	L	Unmarı	ied	Others		_						
Citizenship*	IN- Indian		Others	– Country		Coun	try Code ∟						
Residential Status*	Resident Individual	I	Non Re	sident Indian									
• • • • •	Foreign National			of Indian Orig									
Occupation Type*	S-Service Priv		Public S Self Em		Governme	ent Sector	e 🗌 Stud		ignature/				
	B-Business			ployed ategorised									
2. Dreaf of Identify (Dol)* (f	_			-	nofor instruc	tion C 8 K at th	o ond)						
Proof of Identity (Pol)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end) Certified copy of <u>any one</u> of the following Proof of Identity [Pol] needs to be submitted)													
A- Passport Number					Passport E	Expiry Date	D D -	M M - Y	YYY				
B- Voter ID Card							<u> </u>						
D- Driving Licence					Driving Lic	ence Expiry D	ate 🗅 🗅 –	M M - Y	YYY				
🗌 E- Aadhaar Card													
□ F- NREGA Job Card													
\Box Z- Others (any docume	nt notified by the centra	ral government)			Ident	tification Numb	ber						
3. Proof of Address (PoA)*													
3.1 Current / Permanent	/ Overseas Address Deta	ails (Please see in	nstruction D	at the end)									
Address													
Line 1*		+ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$											
Line 2						City / Town /	Villago*						
District*	7	ip / Post Code*				' <u> </u>							
			0		State/	UT Code		ndian Motor Veh					
State/UT*			Country*				Country C		as per ISO 3166				
Address Type* R (Certified copy of any one	esidential / Business	Address (PoA)		Bus Bus		L Registe	ered Office		nspecified				
Proof of Address*	or the renewing river e		110000 10 1	o ousnintou,	/								
Passport Number					Passport E	Expiry Date	D D -	М М — Ү	YYY				
□ Voter ID Card			L										
Driving Licence					Driving Lic	ence Expiry D	ate 🗅 🗅 –	М М — Ү	YYY				
🗌 Aadhaar Card			_										
NREGA Job Card													
Others (any document i	notified by the central g	government)			Ident	tification Numb	ber						
3.2 Correspondence / Lo	cal Address Details* (Ple	ease see instructio	on E at the	end)									
Same as Current / Perman	nent / Overseas Addres	ss details (In case	e of multiple c	orrespondence	/localaddress,	, pleasefill 'Annexu	re A1', Submit	relevant docume	entary proof)				
Line 1*													
Line 2	+ + + + + + + + + -			+ $+$ $+$ $+$			<u>}</u>	+ $+$ $+$ $+$					
Line 3				+ $+$ $+$ $+$		City / Town /							
		ip / Post Code*			State/	UT Code		ndian Motor Veh					
State/UT*			Country*				Country C		as per ISO 3166				

4. Contact Details (All	communic	ations	will be s	ent on	provi	ded	Mobil	le no	b. / Ei	mail-I[D) (I	Pleas	e ref	er i	nstru	ctic	n F	at t	the	enc	ł)										
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Mobile		TT	$\frac{1}{1}$	Tel.	(Off)			<u> </u>	-			1	Ħ	7	Tel. (Res	 s)[Ť	Ť	T	_		Ť	Ť	Ť	T	T	$\overline{\Box}$		_	
5 EATCA/CPS Inform	ation (Tick		licable)			Pos	idenc	n fo	r Tay	Durp	000	e in I	uriec	_					dis) (D	ا ا دما		ofo	r in	etru	ctio	n B	l at t	ho	(bac	
5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end) Additional Details Required* (Mandatory only if above option (5) is ticked)																															
Country of Jurisdictio	•			ly II at				, 13 (, ´	bun	try C	ode	of 、	Juris	dic	tior	n of	Re	sid	en	ce [26.1	nor I	50	3166			
Tax Identification Nu				ssued	bv iu	risd	iction	ו)*											7						a3	5011	00	5100			
Place / City of Birth*						_	Cour		of B	irth*	+	+		╈			╧	╈	╧		Co	unti	rv (Cod	de [as p	er IS	SO 31	66
Address																_				_			_				_				
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Line 2				++		+	_	$\left \right $		+	+	_		+	_								Ļ	-	-				+	_	-
Line 3								$\left \right $	_	++	+	+-				_		/ T		n / '	VII	age 1),								
District*			 +	Ζір	/ Pos	t Co	ode [~]							5	State	:/U ⁻	ГС	ode	; 							Moto	or V	1		t, 198	
State/UT*								Co	ountry	/*											С	oun	try	Co	bde			as	oer I	SO 3	166
6. Details of Related F	Person (Op	tional)	(please	refer i	nstruc	tion	G at	the	end)	(in ca	se o	of add	dition	al r	elate	d p	erso	ons,	ple	ease	e fi	l 'Ar	nne	exur	еB	1')					
Related Person		Deletion	of Rela	ated Pe	erson		K	YCI	Numł	per of	Rel		_		•			· .													
Related Person Type*	_		n of Mir		Tiret M		As	sign	ee] Aut			Rep	ores	sent	ativ	'e					0.01	Ne	200				
Name*	Pre	efix			First Na					1 [Γ		Midd		ame		Τ			Γ			T		_ast	Nar					1
	(If K	YC num	ber and	name ai	e provi	ided,	below	/ deta	ails of	section	, 6 a	ire opt	ional))							_										
Proof of Identity [P			,				,	. ,		,																					
(Certified copy of <u>any or</u>		lowing F	Proof of	Identity	(Pol] I ¬	need	ls to b	be su	bmitte	əd)			D -		T			D - 4					_	1 1							
A- Passport Numbe				++				1					Ра	ssp	ort E	zxp	пy	Dat	e			D		1-1	IVI	IVI		r r	Y	Y	
B- Voter ID Card	\vdash		$\left \right $	++																											
	D- Driving Licence Expiry Date DD - MM - YYYY																														
	E- Aadhaar Card																														
	F- NREGA Job Card																														
Z- Others (any document notified by the central government) Identification Number																															
7. Remarks (If any)																															
							11									Т	1						Т			Т	Т	1			-
					+	╈	++	+						+	+	┢	┢	$\left \right $		\neg		+	+	+	+	╈	+	+	\square	+	╈
8. Applicant Declarati	ion												1 1			_	-														
 I hereby declare that the det therein, immediately. In case 	ails furnished a																			_	_	_	_	_	_	_	_	_	_	_	_
liable for it. I hereby declar legislation or any notification	re that I am no	ot making	g this app	lication f	or the p	ourpos	se of c	ontrav	ventior	of any												[\$	Sign	ature	e / Th	numb	Impi	ressio	n]		
 I hereby consent to receiving 											ed nu	imber/e	email a	addre	ess.																
Date: DD-MI	VI — Y Y	ΥΥ		Pla	ce:																S	ignat	ure	/ Thu	umb I	mpre	essio	on of A	pplic	ant	
9. Attestation / For Of	fice Use C	only																													
Documents Receiv																		•	••••••												
	erification C		Out by (F	Refer Ins	structio	n I)									1 1		_	Inst	itut	ion l	Det	ails									
Date	DD -	MM	- Y Y	YY			1	_			ime			-		_	_		_	_		_	_	_	_		_	_			
Emp. Name											ode																				_
Emp.Code								-		En	np. I	Brand	h																		
Emp. Designation																															
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Emp. Designation																								1		1					
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For Individuals Only		KYC Type:	Normal (PAN is mandatory)	🌈 वैंक ऑफ़ बड़ौदा 🛛 👩 PIONEER											
(Please fill the form in English a	,		PAN Exempt Investors	Bank of Baroda											
Fields marked with * are manda	atory fields		•												
1. Identity Details (Please n	1. Identity Details (Please refer instruction A at the end)														
PAN		e a duly attested o	copy of your PAN Card												
	Prefix First Name		Middle Name	Last Name											
Name* (same as ID proof)															
Maiden Name (If any*)															
Mother Name*															
Residential Status*	Resident Individual	Non Res	sident Indian												
	Foreign National Person of Indian Origin														
Occupation Type* S-Service Private Sector Public Sector Government Sector															
	O-Others Professional	Self Em		Student											
	B-Business X-Not Categorised														
2. FATCA/CRS Information	(Tick if Applicable)	lence for Tax Pu	urposes in Jurisdiction(s) Outside India (Pl	ease refer instruction B at the end)											
•	ed* (Mandatory only if above option	,													
Country of Jurisdicti on of	Residence*		Country Code of Jurisdicti on of Reside	as per ISO 3166											
Tax I dentificati on Number	r or equivalent (If issued by jurisdicti	on)*													
Place / City o f Birth*	c	ountry of Birth*	•	Country C ode as per ISO 3166											
Address Line 1*															
Line 2															
Line 3			City / Town / V	illago*											
District*	Zin / Dest C ad														
	Zip / Post C od	1	State/UT C ode	as per Indian Motor V ehicle Act, 1988											
State/UT*		Country* [Country C ode as per ISO 3166											
3. Details of Related Perso	n (Optional) (please refer instruction G	at the end) (in	case of additional related persons, please II	'A nnexure B1')											
Related Person	Deletion of Related Person	,	of Related Person (if available*)												
Related Person Type*		Assignee	Authorized Representative												
51	Prefix First Name		Middle Name	Last Name											
Name*	(If KYC number and name are provided, be	elow details of sec	tion 6 are optional)												
Proof of Identity [Pol] of	Related Person* (Please see instruction		1 ,												
	he following Proof of I dentity[Pol] needs														
A- Pass port Num ber			Passport Expiry Date	D D — M M — Y Y Y											
B- Voter ID Card															
C- PAN Card															
D- Drivi ng Licence			Driving Licence Expiry Date												
E- A adhaar Card			с т <i>т</i>												
F- NREGA Job Card															
	nt notified by the central governmer	nt)	Identificati on Numbe	er											
4. Remarks (If any)															
 5. Applicant Declaration I hereby declare that the details furred 	nished above are true and correct to the best of my	knowledge and helig	ef and I undertake to inform you of any changes												
therein, immediately. In case any or	of the above information is found to be false or untra- am not making this application for the purpose	ue or misleading or r	misrepresenting, I am aware that I may be held												
legislation or any notifications/direct	tions issued by any governmental or statutory authors	ority from time to time	e.	[Signature / Thumb Impression]											
	nation from Central KYC Registry through SMS/Ema	all on the above regis	stered number/email address.	Signature / Thumb Improved on of Applicant											
Date:	Y Y Y Y Place :			Signature / Thumb Impression of Applicant											

South Gujarat ARN: 54854

Know Your Client (KYC) Application Form

Supplementary CKYC Form BARODA PIONEER MUTUAL FUND (To be additionally filled by customers using old KYC form)

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	Bank of I



Page 1

FATCA & CRS Annexure for Individual Accounts South Gujarat ARN: 54854 (Including Sole Proprietor) (Refer to instructions)

BARODA PIONEER MUTUAL FUND

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Country																			ationa																			
Are y	ou a	tax	res	iden	t of	any	/ COL	untr	y oi	her	tha	n In	idia?		Yes		No (l	f yes, p	lease	indicat	e all c	ountr	ries in	which	you a	re resid	dent fo	or tax p	ourpose	s and f	he ass	sociat	ed Tax	ID Nu	mbers	below.)	
				С	ount	ry#										Tax	Iden	tifica	ation	Num	ber °	16					lo	denti	ficati	on Ty	pe (T	TIN or	r Othe	er, ple	ase s	pecify	/)	
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Are y	ou a	тах	res	iden	t of	any	/ COL	untr	y 01	ner	tha	n In	iala'		Yes		No (l	f yes, p	lease	indicat	e all c	ountr	ries in	which	you a	re resid	dent fo	or tax p	ourpose	s and t	he ass	ociat	ed Tax	ID Nu	mbers	below.)	
				С	ount	ry#										Tax	Iden	tifica	ition	Num	ber °	%					lo	denti	ficati	on Ty	pe (T	TIN or	r Othe	er, ple	ase s	pecify	/)	
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South Gujarat ARN: 54854 Information to Investor & Consent

BARODA PIONEER MUTUAL FUND





Information

The purpose of collection/usage of Aadhaar number including demographic information is to comply with applicable laws/rules/regulations and provision of the said data is mandatory as per applicable laws/rules/regulations.

Post obtaining the Aadhaar number, we shall authenticate the same in accordance with the Aadhaar Act, 2016. We shall receive your demographic information which shall be used only to comply with applicable laws/rules/regulations.

Consent Form

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

	First / Sole Holder	Joint Holder 1	Joint Holder 2
Signature			
Investor name			
Aadhaar No			
PAN/PEKRN/CKIN (manadatory)			