



Agent's Name & ARN Code	Sub-Broker's Code	ISC/Collection Centre Name & Code	Bank Serial No.	Date of Receipt	Registration Serial No.

# BOB Mutual Fund COMMON APPLICATION FORM

Please read instruction before completing the Comon Application Form

(Sponsor : Bank of Baroda)  
105, Maker Chambers III, 10th Floor,  
Nariman Point, Mumbai - 400 021.

Application No. :

Date : \_\_\_/\_\_\_/\_\_\_

For BOB Diversified Fund, BOB ELSS '96 Fund, BOB Growth Fund, BOB Balance Fund, BARODA Global Fund, BOB Gilt Fund & BOB Income Fund

## UNITHOLDER INFORMATION

(To be filled in **BLOCK LETTERS**, Please use one block for one alphabet leaving one blank between first name, middle name and surname)

<b>PERSONAL DETAILS</b>										Existing Account No.																			
Name of First Applicant										Middle Name										Surname									
Mr.	Ms.	M/s.																											
Name of Second Applicant										Middle Name										Surname									
Mr.	Ms.	M/s.																											
Name of Third Applicant										Middle Name										Surname									
Mr.	Ms.	M/s.																											
Name of Guardian (in case of minor)										Middle Name										Surname									
Mr.	Ms.	M/s.																											

## Mode of holding (Please tick ✓)

<input type="checkbox"/> Single	<input type="checkbox"/> Individual	<input type="checkbox"/> NRI / OCB / FII Repatriable	<input type="checkbox"/> Partnership
<input type="checkbox"/> Joint	<input type="checkbox"/> Minor through Guardian	<input type="checkbox"/> NRI / OCB / FII Non Repatriable	<input type="checkbox"/> Body Corporate
<input type="checkbox"/> Anyone or Survivor	<input type="checkbox"/> Company	<input type="checkbox"/> HUF	<input type="checkbox"/> Society / Club
	<input type="checkbox"/> Trust	<input type="checkbox"/> Other (Please specify) _____	

## Mailing Address (Please tick ✓)

City										State									
Pin Code					Tel.(Off.)					Tel.(Resi.)									
Mobile					Fax No.														
Date of Birth (First/Sole Applicant)										E-mail									

## Occupation [Please tick (✓)]

<input type="checkbox"/> Business
<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Trading
<input type="checkbox"/> Service
<input type="checkbox"/> Government
<input type="checkbox"/> Non-Government
<input type="checkbox"/> Professional
<input type="checkbox"/> Medicine <input type="checkbox"/> Finance
<input type="checkbox"/> Engineering <input type="checkbox"/> Legal
<input type="checkbox"/> Retired
<input type="checkbox"/> Housewife
<input type="checkbox"/> Student
<input type="checkbox"/> Agriculture
<input type="checkbox"/> Others _____
(Please Specify)

## Overseas Address (In case of NRIs/OCBs/FIIs)

State										Country										City										Pin Code									
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PAN / GIR No. and Circle / Ward / District (if investment is Rs. 50,000 or more \_\_\_\_\_)

## BANK ACCOUNT DETAILS

(Please note it is mandatory as per SEBI regulations for all Investors to provide bank account details.)

Bank Particulars (Name of the Bank)										Account Number									
Branch Address										Account Type									
										<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR <input type="checkbox"/> NRNR <input type="checkbox"/> OTHERS									

## Acknowledgement Slip (To be filled in by the Investor)

Received from Mr./Ms./M/s. \_\_\_\_\_  
Address \_\_\_\_\_



**BOB MUTUAL FUND**

105, Maker Chamber III, 10th Floor, Nariman Point, Mumbai-400 021.

Application No.

Date : \_\_\_/\_\_\_/\_\_\_

Application for Units of									
<input type="checkbox"/> BOB Diversified Fund	<input type="checkbox"/> BOB ELSS '96 Fund	<input type="checkbox"/> BOB Growth Fund	<input type="checkbox"/> BOB Balance Fund	<input type="checkbox"/> BARODA Global Fund	<input type="checkbox"/> BOB GILT Fund	<input type="checkbox"/> BOB INCOME Fund			

alongwith Cheque / D.D. as detailed overleaf.

Signature Stamp & Date



**Separate Cheque / Draft should be provided for investment in each Scheme / Plan**

NOMINATION	PAYMENT OF DIVIDEND THROUGH ELECTRONICS CLEARING SERVICE (ECS)	SYSTEMATIC INVESTMENT PLAN (SIP) / SYSTEMATIC WITHDRAWAL PLAN (SWP)
Name & Address of the Nominee ..... Name of the Guardian and address ..... (if the nominee is a minor) Date of Birth ..... Relationship ..... I/We hereby nominate the above person to receive the amounts to my/our credit in the event of my/our/death. Payment to the nominee of the redemption amounts shall discharge the Mutual Fund of all liability towards the estate of the deceased Unit holder(s) and his/her/their successor(s) legal heir(s)	Investors may choose to receive dividends in their bank account through Electronic Clearing Services (ECS) I/We authorised <b>BOB Mutual Fund</b> to credit my/our dividend through ECS (Please tick) The 9-digit MICR Code number of my/our Bank & Branch is as under : <div style="text-align: center;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </div> (The 9-digit code appears on your cheque next to the cheque number)	Do you want a SIP/SWP enrolment form mailed to you? (Please tick) <div style="text-align: center;"> <input type="checkbox"/> </div>
Signature of Guardian		

**DECLARATION AND SIGNATURE(S)**

To, The Board of Trustees, <b>BOB MUTUAL FUND</b> I/We have read and understood the contents of the Offer Document of the Scheme(s) of BOB Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the relevant Scheme(s). "I/We have understood the details of the Scheme and I/We have not received or been induced by any rebate or gifts, directly or indirectly in making this investment" "I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from my/our Non resident external/Ordinary Account / FCNR/NRSR Account. *Applicable to NRIs only.	<b>SIGNATURE(S)</b>	First Applicant	
		Second Applicant	
		Third Applicant	

Scheme Name	Cheque / D. D. No.	Dated	Drawn on (Name of Bank and Branch)	Amount in Rupees
<b>BOB DIVERSIFIED FUND</b>				
<b>BOB ELSS '96 FUND</b>				
<b>BOB GROWTH FUND</b>				
<b>BOB BALANCE FUND</b>				
<b>BARODA GLOBAL FUND</b>				
<b>BOB GILT FUND</b>				
<b>BOB INCOME FUND</b>				
<b>BOB LIQUID FUND</b>				