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)

PERSONAL DETAILS | **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 ✓)

- ❑ Single
- ❑ Joint
- ❑ Anyone or Survivor

- ❑ Individual
- ❑ Minor through Guardian
- ❑ Company
- ❑ Trust
- ❑ NRI / OCB / FII Repartriable
- ❑ NRI / OCB / FII Non Repatriable
- ❑ HUF
- ❑ Other (Please specify) _____
- ❑ Partnership
- ❑ Body Corporate
- ❑ Society / Club

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 (✓)]

- ❑ **Business**
  - ❍ Manufacturing
  - ❍ Trading
- ❑ **Service**
  - ❍ Government
  - ❍ Non-Government
- ❑ **Professional**
  - ❍ Medicine ❍ Finance
  - ❍ Engineering ❍ Legal
- ❑ Retired
- ❑ Housewife
- ❑ Student
- ❑ Agriculture
- ❑ Others _____ (Please Specify)

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

City

State | **Country** | **Pin Code**

PAN / GIR No. and Circle / Ward / District (if investment is Rs. 50,000 or more _____)

BANK ACCOUNT DETAILS

(Plese 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**

❑ Current ❑ Savings ❑ NRO ❑ NRE ❑ FCNR ❑ NRSR ❑ NRNR ❑ OTHERS

Acknowledgement Slip (To be filled in by the Investor)

Application No.

Received from Mr./Ms./M/s. _____

Address _____

_____

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

Date : _____/_____/_____

Application for Units of

❑ BOB Diversified Fund ❑ BOB ELSS '96 Fund ❑ BOB Growth Fund ❑ BOB Balance Fund ❑ BARODA Global Fund
❑ BOB GILT Fund ❑ BOB INCOME Fund

alongwith Cheque / D.D. as detailed overleaf.

Signature Stamp & Date

INVESTMENT DETAILS (Please tick the relevant options under each scheme)

Scheme Name	Investment Plan [Please (✓)]	Payment Details
1. BOB DIVERSIFIED FUND		Minimum Amount per application is Rs. 3,000 and additional amounts in multiples of Rs. 1/- thereafter under each sheme/plan. Cheque / Draft drawn in the name of **"BOB DIVERSIFIED FUND"** Amount in Figures | Amount in Words | Cheque / DD Date Cheque/DD No. | Bank Name and Branch
2. BOB ELSS'96 FUND		Minimum Amount per application is Rs. 1,000 and additional amounts in multiples of Rs. 500/- thereafter under each sheme/plan. Cheque / Draft drawn in the name of **"BOB ELSS '96 FUND"** Amount in Figures | Amount in Words | Cheque / DD Date Cheque/DD No. | Bank Name and Branch
3. BOB GROWTH FUND	❑ **DIVIDEND** ❑ Payout ❑ Reinvestment ❑ **GROWTH**	Minimum Amount per application is Rs. 5,000 and in multiples of Rs. 500/- thereafter under each sheme/plan. Cheque / Draft to be drawn in the name of **"BOB GROWTH FUND"** Amount in Figures | Amount in Words | Cheque / DD Date Cheque/DD No. | Bank Name and Branch
4. BOB BALANCE FUND	❑ **DIVIDEND** ❑ Payout ❑ Reinvestment ❑ **GROWTH**	Minimum Amount per application is Rs. 3,000 and in multiples of Rs. 1,000/- thereafter under each sheme/plan. Cheque / Draft to be drawn in the name of **"BOB BALANCE FUND"** Amount in Figures | Amount in Words | Cheque / DD Date Cheque/DD No. | Bank Name and Branch
5. BARODA GLOBAL FUND	❑ **DIVIDEND** ❑ Payout ❑ Reinvestment ❑ **GROWTH**	Minimum Amount per application is Rs. 5,000 and in multiples of Rs. 1,000/- thereafter under each sheme/plan. Cheque / Draft to be drawn in the name of **"BARODA GLOBAL FUND"** Amount in Figures | Amount in Words | Cheque / DD Date Cheque/DD No. | Bank Name and Branch
6. BOB GILT FUND	❑ **DIVIDEND** ❑ Monthly ❑ Payout ❑ Reinvestment ❑ Quarterly ❑ Payout ❑ Reinvestment ❑ **GROWTH**	Minimum Amount per application is Rs. 2,000 and in multiples of Rs. 1/- thereafter under each sheme/plan. Cheque / Draft to be drawn in the name of **"BOB GILT FUND"** Amount in Figures | Amount in Words | Cheque / DD Date Cheque/DD No. | Bank Name and Branch
7. BOB INCOME FUND	❑ **DIVIDEND** ❑ Monthly ❑ Payout ❑ Reinvestment ❑ Quarterly ❑ Payout ❑ Reinvestment ❑ **GROWTH**	Minimum Amount per application is Rs. 2,000 and in multiples of Rs. 1/- thereafter under each sheme/plan. Cheque / Draft to be drawn in the name of **"BOB INCOME FUND"** Amount in Figures | Amount in Words | Cheque / DD Date Cheque/DD No. | Bank Name and Branch
8. BOB LIQUID FUND	❑ **DIVIDEND PLAN** ❑ DAILY Dividend ❑ **GROWTH**	Minimum Amount per application is Rs. 10,000 and in multiples of Rs. 1/- thereafter under each sheme/plan. Cheque / Draft to be drawn in the name of **BOB LIUID FUND** Amount in Figures | Amount in Words | Cheque / DD Date Cheque/DD No. | Bank Name and Branch

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

NOMINATION

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)

Signature of Guardian

PAYMENT OF DIVIDEND THROUGH ELECTRONICS CLEARING SERVICE (ECS)

Investors may choose to receive dividends in their bank account through Electroni Clearing Services (ECS)

I/We authorised **BOB Mutual Fund** to credit my/our dividend through ECS (Please tick)

The 9-digit MICR Code number of my/our Bank & Branch is as under :

❑❑❑❑❑❑❑❑❑

(The 9-digit code appears on your cheque next to the cheque number)

SYSTEMATIC INVESTMENT PLAN (SIP) / SYSTEMATIC WITHDRAWAL PLAN (SWP)

Do you want a SIP/SWP enrolment form mailed to you? (Please tick)

❑

DECLARATION AND SIGNATURE(S)

To,
The Board of Trustees,
BOB MUTUAL FUND

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 finds 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.

SIGNATURE(S)

First Applicant	
Second Applicant	
Third Applicant	

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