



Agent's Name & ARN Code	Sub-Broker's Code	ISC/Collection Centre Name & Code	Bank Serial No.	Date of Receipt	Registration Serial No.
69253					

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 ✓)

<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 .	Investors may choose to receive dividends in their bank account through Electronic 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)	Do you want a SIP/SWP enrolment form mailed to you? (Please tick) <input type="checkbox"/>
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	

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 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.	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				