		Agent's Name & ARN Code					Sub-Broker's Code					ISC/Collection Centre Name & Code				ode	Bank Serial No.					Date of Receipt					Registration Serial No.							
BOB	IV	lu i	tuz	al		F _{II}	ını	d	C	0	ΜN	101	N .	ΑF	PL	_IC	A	ΓΙΟ	N FC	RI	VI		-	F	Plea	se r	ead							eting
	(Sponsor : Bank of Baroda)																																	
105, Make								or,										Арр	lication	No.	:								- 1	Date	: _	/.		_/
Nariman F									c F.		ВО.			r			~ P	D-L	F		D 4 F													
For BOB I					•			5 9	о г	ına,	во	вч	row	tn r	-unc	а, в	ОВ	ван	ince Fu	na,	BAF	(OD	A G	opa	וו דנ	ına,								
							unu																											
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 Firs	st Ap	plica	ınt											ı	Vlidd	le N	lame							Surn	ame									
Mr. Ms. M/s																																		
Name of Sec	ond	App	icant											ı	Viidd	le N	lame							Surn	ame									
Mr. Ms. M/s																																		
Name of Thi	rd A	pplic	ant											ı	Vlidd	le N	lame							Surn	ame									
Mr. Ms. M/s																																		
Name of Gua	Name of Guardian (in case of minor) Middle Name Surname																																	
Mr. Ms. M/s.																																		
Mode of ho	oldir	ıg (F	leas	e ti	ck .	∕)																												
☐ Single			Indivi	dual								I N	RI/	OCB	/ FII	Rep	artria	ble					Į		Partr	ersh	ip							
☐ Joint		_	Mino		-	n Gu	ardia	n						OCB	/ FII	Non	Rep	atrial	ole								porat							
☐ Anyone of	r		Comp	any																			(-	Socie	ety /	Club							
Survivor	اب		Trust		_	-						Ot	her	(Plea	ise s	pecit	у) _										_	_	_	_		_		
Mailing Add	dres	S (P	leas	e ti	CK v	<u>()</u>	_	_	_					_	_		_	_		_	1	_				_	1 —		_		[PIE	ase	tick	(√)]
	₩						-	-							-		_	-									11	⊒ Bu			uring			
	_					L	\perp	_									$oxed{igspace}$					_] 0			uming			
																											Ш _	⊐ Se		-				
City												Sta	ite]]	-		ernm				
Pin Code								Tel.	(Off.)									Tel.(Resi.)								,	○ Pr ⊑			ernm •	ent		
Mobile														Fax	No.												ןן '			icine		O Fi	nanc	e
Date of Birth (Firs	t/Sole	Applica	nt)		Έ		İΤ	Τ	Τ	E-n	nail																11					O L		
Overseas A	Addı	ess	(In c	ase	of	NR	Is/O	CBs/	FIIs)						_												- 1	☐ Re						
								71 ⁻	☐ Ho ☐ St																									
	\vdash		\vdash			\vdash						\dashv	_			\vdash		\vdash				\vdash	\vdash				H	⊐ Ag						
	-	-	\vdash				1	-				_			<u> </u>	<u></u>	-	_				_	$\vdash \vdash$				[□ 0t	hers					
	-	_	\vdash			_	-	<u> </u>	<u> </u>			_	_	_	C	ity	-	\vdash			_	<u> </u>	$\vdash \vdash$	-			\parallel			(Pl	ease	Spec	ту)	
State								Cou	ntry										Pin Code													_		
PAN / GIR N	lo. a	nd C	ircle	Wa	rd /	Dist	rict (if inv	estm	ent is	s Rs.	50,0	00 o	r mo	ore _)

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 ☐ Savi	ngs \square NRO \square NRE \square FCNR \square NRSR \square NRNR \square OTHERS									

Acknowledgement Slip (To be filled in by the Investor)		Application No.
Received from Mr./Ms./M/s.	_	
Address	BOB MUTUAL FUND	Date :/

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

Application for Units of

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

alongwith Cheque / D.D. as detailed overleaf.

Signature Stamp & Date

INVESTME	NT DETAILS (Please tick the relevant	t options under each sc	theme)								
Scheme Name	Investment Plan [Please (✓)]		Payment Details								
1. BOB	• , , ,	Minimum Amount per application is Rs. 3,000 and additional amounts in multiples of Re. 1000/- thereafted under each sheme/plan. Cheque / Draft drawn in the name of "BOB DIVERSIFIED FUND"									
DIVERSIFIED FUND		Amount in Figures	Amount in Words	Cheque / DD Date							
		Cheque/DD No.	Bank Name and Branch								
2.B0B		Minimum Amount per application is Rs. 1,000 and additional amounts in multiples of Re. 500/- thereafted under each sheme/plan. Cheque / Draft drawn in the name of "BOB ELSS '96 FUND"									
ELSS'96 FUND		Amount in Figures	Amount in Words	Cheque / DD Date							
		Observed (DD) No	Park Name and Parach								
		Cheque/DD No.	Bank Name and Branch	1							
3.BOB GROWTH	DIVIDEND		application is Rs. 5,000 and in multiples of Rs. Cheque / Draft to be drawn in the name of "BC								
FUND	□ Payout □ Reinvestment	Amount in Figures	Amount in Words	Cheque / DD Date							
	GROWTH	Cheque/DD No.	Bank Name and Branch								
	a drowin	0.1040.0722 110.	Dain Haile and Dialei								
4.B0B	☐ DIVIDEND	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"									
BALANCE FUND	☐ Payout	Amount in Figures	Amount in Words	Cheque / DD Date							
	☐ Reinvestment	- Income in Figure 2									
	☐ GROWTH	Cheque/DD No.	Bank Name and Branch								
5.BARODA Global	□ DIVIDEND □ Payout	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"									
FUND	Reinvestment	Amount in Figures	Amount in Words	Cheque / DD Date							
	☐ GROWTH										
	a drowin	Cheque/DD No.	Bank Name and Branch								
	D DIMBEND	Minimum Amazunt na	y application in Da. 5 000 and in multiples of Da	1 000/ *barranftar under anah							
6.BOB GILT	☐ DIVIDEND☐ Monthly	Minimum Amount per application is Rs. 5,000 and in multiples of Rs. 1,000/- thereafter under sheme/plan. Cheque / Draft to be drawn in the name of "BOB GILT FUND"									
FUND	☐ Payout ☐ Reinvestment	Amount in Figures	Amount in Words	Cheque / DD Date							
	Quarterly Payout	Cheque/DD No.	Bank Name and Branch								
	Reinvestment GROWTH	Cheque/BB No.	Bank Name and Branch								
7.BOB	DIVIDEND	Minimum Amount nor	application is Do 2,000 and in multiples of Do	1 000/ thereofter under each							
INCOME	☐ Monthly	Minimum Amount per application is Rs. 2,000 and in multiples of Rs. 1,000/- 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									
FUND	Payout Reinvestment	Amount in Figures	Cheque / DD Date								
	Quarterly Payout	Cheque/DD No.	Bank Name and Branch								
	Reinvestment GROWTH	6.16qa6/22 116.	Saint Haine and Station								
8.BOB	☐ DIVIDEND PLAN	Minimum Amount per	application is Rs. 2,000 and in multiples of Rs.	. 1,000/- thereafter under each							
LIQUID Fund	☐ DAILY Dividend	sheme/pla Amount in Figures	an. Cheque / Draft to be drawn in the name of Amount in Words	BOB LIUID FUND Cheque / DD Date							
-	☐ GROWTH	3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		Cheque/DD No.	Bank Name and Branch								

Separate Cheque / Draft should be provided for investment in each Scheme / Plan									
NOMINATION		PAYMI	ENT OF DIVIDEND THROUGH ELECTRONICS CLEARING SERVICE (ECS)		INVESTMENT PLAN (SIP) / WITHDRAWAL PLAN (SWP)				
Name & Address of the Nominee		Investo	rs may choose to receive dividends in their bank	STSTEMATIC	WITHDRAWAL PLAN (SWP)				
Name of the Guardian and address		account I/We au through	through Electroni Clearing Services (ECS) thorised BOB Mutual Fund to credit my/our dividend in ECS (Please tick) light MICR Code number of my/our Bank & Branch is		want a SIP/SWP enrolment nailed to you? (Please tick)				
Date of Birth I/We hereby nominate the above person to my/our credit in the event of my/ou nominee of the redemption amounts sh Fund of all liability towards the estat holder(s) and his/her/their successor(s)	to receive the amounts ir/death. Payment to the all discharge the Mutual e of the deceased Unit	as unde	as under:						
DECLARATION AND SIGNATUR	E(S)								
To, The Board of Trustees, BOB MUTUAL FUND I/We have read and understood the conte	The Board of Trustees, ROB MITTURE FINAL First Applicant								
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-Reconfirm that the finds for subscription banking channels from my/our Non reside *Applicable to NRIs only."	have been remitted from abroad	through approved 45	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									