

**BOB MUTUAL FUND**

(Sponsor : Bank of Baroda)

Give your savings our Expertise.

Application Form For BOB Gilt Fund - PF Plan

Please read instructions before filling the application form

Application No. _____

1. BROKER INFORMATION (Not to be filled in by the Applicant)

Broker Name & Code	Sub - Name & Code	Date of Receipt	Registrar's Serial No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. APPLICANT INFORMATION (Please fill in Block Letters)

Name of the Sole / First Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			
First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth: (dd/mm/yyyy) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (in case of minor)	This investment is a Gift to Minor (Please <input checked="" type="checkbox"/>) <input type="checkbox"/>		
Name of the Guardian (in case of Minor) / Contact Person (in case of institutional investors) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			
First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of the Second Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			
First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Name of the Third Applicant <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s.			
First Name	Middle Name	Last Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mailing Address of Sole / First Applicant (P.O. Box Address is not sufficient) (Overseas Address in case of NRIs/FIIs/OCBs)			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Communications : Office Tel:		Residence Tel:	Mobile:
<input type="text"/>		<input type="text"/>	<input type="text"/>
Fax:		E-Mail:	
<input type="text"/>		<input type="text"/>	
Providing us with your email address will help us stay in touch with you, better			
Occupation (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Others
Status (Please <input checked="" type="checkbox"/>)	<input type="checkbox"/> Individual	<input type="checkbox"/> HUF	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Society/club <input type="checkbox"/> Body Corporate
	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> FI's/Banks	<input type="checkbox"/> NRI <input type="checkbox"/> OCB <input type="checkbox"/> FIIS <input type="checkbox"/> Others (specify) _____
Mode of Holding	<input type="checkbox"/> Single	<input type="checkbox"/> Joint	<input type="checkbox"/> Anyone or Survivor (s) <input type="checkbox"/> First Holder or Survivor (s)
PAN/GIR No.	Circle/Ward/District		
<input type="text"/>	<input type="text"/>		

3. BANK ACCOUNT DETAILS (Mandatory as per Directives of SEBI)

(Please provide the following details relating to the Sole/First Holder for Redemption/Dividend Warrants)

Name of the Bank	Account No.
<input type="text"/>	<input type="text"/>
Bank Address	Account Type (Please <input checked="" type="checkbox"/>)
<input type="text"/>	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO
<input type="text"/>	<input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> NRSR

ACKNOWLEDGEMENT SLIP

(To be filled by the Investor)

Application No. _____

Received from Mr./Ms./M/s. _____ an application for the Purchase of Units of	ISC Stamps & Signature
Name of Scheme / Plan _____	
Plan _____ Drawn on (Name of Bank & Branch) _____	
Cheque No./DD No. _____ Date _____ Amount in Rs. _____	
Please Note : All Purchases are subject to realisation of Cheques / Demand Drafts:	

4. INVESTMENT DETAILS

BOB PF Plan

☐ Growth Option

☐ Dividend Option

☐ ARF (Please specify the date of redemption_____)

☐ ARF (Please specify the date of redemption_____)

☐ AARF (Please specify the desired NAV in Rs. _____)

☐ AARF (Please specify the desired NAV in Rs. _____)

Cheque / DD should be drawn in favour of BOBGilt Fund - PF Plan

* Please ✓ your option for Dividend Plan

☐ Dividend Payout

☐ Dividend Reinvestment

PAYMENT DETAILS

Cheque/DD No.

Cheque/DD Date

DD Charges

Drawn on Bank

Amount in Figure (Rs.)

Branch Name

Amount in Words (Rs.)

Account Type (Please ✓)

☐ Savings

☐ Current

☐ NRE

☐ FCNR

☐ NRO

☐ NRSR

☐ Repatriable

☐ Non Repatriable

5. NOMINATION DETAILS

Name of the Nominee Mr. / Mrs / Ms. / M/s.

Date of Birth: (dd/mm/yyyy)

Name of the Guardian Mr. / Mrs / Ms. / M/s.
(if nominee isa minor)

Relationship (if applicable)

Address

6. DECLARATION

Having read and understood the contents of the Addendum, I/We hereby apply to the Trustee of BOB Mutual Fund for the units of BOB Gilt Fund - PF Plan as indicated above and agree to abide by the terms, conditions, rules and regulations of the Plan.

*I/We confirm that I am/We Non-Residents of Indian Nationality/Origin and that I/We hereby confirm that the funds are remitted from abroad through approved banking channels in my/our NRE/NRO/FCNR Account.

"I/We have understood the details of the plan and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment."

*Applicable to NRI/OCB

Date:/...../.....

SIGNATURES

Sole/First Applicant

Second Applicant

Third Applicant