## SYSTEMATIC WITHDRAWAL PLAN (SWP) REGISTRATION FORM



Amount Rs.



	Sub-Broker Code	Sub-Broker ARN	EUIN*	LG Code	RIA Code++
front commission shall be paid direc	ctly by the investor to the AMFI registered	d Distributors based on the inv	estors' assessment of varior	us factors including the service	rendered by the distributor.
We hereby confirm that the EUIN box thout any interaction or advice by the ub broker or notwithstanding the adv anager / sales person of the distribute I/We, have invested in the Scheme nsent to share/provide the transactior	k has been intentionally left blank by me / le e employee / relationship manager / sale vice of in-appropriateness, if any, provide	us as this transaction is execut s person of the above distribu- ad by the employee / relationsh an. I/We hereby give you my/c in respect of my/our investmer	ed door nip ur First / Sole Applicar	it der	·
	RMATION (Mandatory, if left b	plank, the application	is liable to be rejec	ted)	
olio No.		Sole / First Unit Holder	First Name	Middle Name	Last Name
AN/PEKRN DETAILS (mandatory) arst/Sole Applicant	*If the First Applicant is a Minor, pleas	se state the details of Guard Applicant	ian. Please attach PAN pr	oof. Third Applicant	
. SYSTEMATIC WITHDI	RAWAL PLAN DETAILS				
cheme / Plan / Option BARODA	BNP Paribas				
requency (Please ✓)	SWP Monthly SWP Quan	rterly SWP	Fixed Amount ₹		OR Capital Appreciation
SWP Date  Neekly SWP (Please ✔ any one on  1st □ 7th* □ 15th □ 25th		SWP (Please ✔ any one only)  7th* of the month		the month 25th of the mont	h 28th of the month
egistration Period From M M		Y Y Y OR Perpetu	al*		* Default
. DECLARATION					
person who is a US person.  We hereby authorise the Fund, AMC are stails provided by me / us, or to disclose.  We declare that the information provided.  NP Paribas Asset Management India Pvtcorrect and to provide the AMC /Mutual F	not a US person, within the meaning of the L and its Agents to disclose my / our details included to such service providers as deemed necessed in this form is, to the best of my knowledge At Ltd (AMC) / Fund. I further undertake to ad	luding investment details to my / or sary for conduct of business. and belief, accurate and complete tvise the AMC / Mutual Fund/ Trus	our bank(s) / Fund's bank(s) ar and further agree to furnish sustees promptly of any change in	nd / or Distributor / Broker / Investr ich other further/additional informa n circumstances which causes the	ment Advisor and to verify my / our ban tion as may be required by the BAROD information contained herein to becom
	Fund/Trustees with a suitably updated self-de he purpose of ensuring appropriate withholdii				provide my information to any institutio
					provide my information to any institutio
SIGNATURE(S)		ng from the account or any proceed			Fhird Applicant
Dated  ACKNOWLEDGEMENT S Systematic Withdrawal P	he purpose of ensuring appropriate withholding First / Sole Applicant / Guard	g from the account or any proceed	eds in relation thereto.	BARODA	Third Applicant
Dated	First / Sole Applicant / Guard	ng from the account or any proceed	eds in relation thereto.	BARODA	Third Applicant  BNP Paribas Mutual Fund

per 🗌 Week 🗌 Month 🗌 Quarter