

All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

DISTRIBUTOR / BROKER INFORMATION [refer instruction 1(b)]					
Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN-0155				(As allocated to holder) 16336	

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/ relationship manager/ sales person of the above distributor/ sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/ relationship manager/ sales person of the distributor/ sub broker.

SIGNATURE(S)	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder

ZERO BALANCE FOLIO Zero Balance Invest Now

1. TRANSACTION CHARGES (Please check any one of the below)

I confirm that I am a first time investor across Mutual Funds. I confirm that I am an existing investor in Mutual Funds. In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscription amount and payable to the Distributor. Units will be issued against the balance amount invested.

2. EXISTING UNITHOLDER INFORMATION (The details in our records under the Folio No. mentioned below will only be considered for this application.)

Folio No. Unitholder's Name

3. PAN & KYC DETAILS (Mandatory, as per SEBI Regulations) (See Instruction 2bi & bii on page 12)

	PAN	Proof Enclosed (✓)		For Micro SIP Applications		Date of Birth*
		PAN card	KYC Confirmation	Supporting Document Type	Reference Number	
First / Sole Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	ARN-49710 M / / Y Y Y Y
Second Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	D D / M M / Y Y Y Y
Third Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	D D / M M / Y Y Y Y
Guardian**	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	D D / M M / Y Y Y Y
PoA Holder	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	D D / M M / Y Y Y Y
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	D D / M M / Y Y Y Y
PoA Holder	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	D D / M M / Y Y Y Y
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	D D / M M / Y Y Y Y

** If the Sole / First Applicant is a Minor, then state Guardian's PAN Number

* Required for First holder / Mandatory for Minor

4. APPLICANT'S INFORMATION

Mr. Ms. M/s Minor Others Name of Sole / First Applicant (First / Middle / Last Name)

Mr. Ms. M/s Others Name of Second Applicant

Mr. Ms. M/s Others Name of Third Applicant

Mr. Ms. M/s Others Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors) / POA Holder

Minor's Relationship with Guardian Father Mother Legal Guardian

Mode of Holding (please check) Single Joint* Anyone or Survivor (# Default, in case of more than one applicant and not ticked)

Occupation (please check) Private Service Public Service Government Service Professional Business Housewife Retired Student Agriculturist Forex Dealer Others _____

Status of Sole/First Applicant (please check) Individual HUF Company FII NRI-Repatriation NRI-Non Repatriation Bank Proprietorship Firm Trust Society/Club Partnership Body Corporate On behalf of Minor Others _____ (please specify)

Status of Second Applicant (please check) Individual NRI-Repatriation NRI-Non Repatriation On behalf of Minor Others _____ (please specify)

Status of Third Applicant (please check) Individual NRI-Repatriation NRI-Non Repatriation On behalf of Minor Others _____ (please specify)

NOTE: In case the INVESTOR is NOT an INDIVIDUAL, please provide Ultimate Beneficial Owner (UBO) details on page 18. If there is no UBO, please declare that the entity does not have anyone holding beneficial interest.

Address for Correspondence (P.O. Box Address is not sufficient)

City State Country Pin Code (Mandatory)

STD Code Tel. Off. Extn. Tel. Resi. Fax

Mobile E-Mail Default mode of communication

If you wish to receive all communication from us via post or other means, please check here (See Instruction 1g on page 12)

Kindly ensure that the address for correspondence, e-mail address and telephone numbers mentioned above are those of the First Unitholder. These details shall be used for all communications.

I/We would like to register for online transaction facility. (Please use the I-PIN Agreement form attached in this document)

Overseas Address (P.O. Box Address is not sufficient)

Mandatory for NRI/FII Applicant

Country

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

App. No.

Application form received for purchase of units, subject to realization, verification and conditions

Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option

ISC Stamp, Date & Signature

5. UNITHOLDING OPTION : Physical Mode Demat Mode (Physical mode is the default mode of holding in case demat account details are not provided.) (See Instruction 1f on page 11)

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above. In case the form is not filled, the default option will be physical mode).

National Securities Depository Limited	Depository Participant Name	Central Depository Securities Limited	Depository Participant Name
	Depository Participant (DP) ID		Depository Participant (DP) ID
	Beneficiary Account Number		

Enclosure (Any one is Mandatory) : Client Investor Master (CIM) Demat Account Statement

6. INVESTMENT & PAYMENT DETAILS - Separate Cheque / DD / Fund Transfer instruction required for investment in each Scheme / Plan / Option (MANDATORY)

Scheme Name BNP Paribas _____

Plan _____ Please refer instruction no. 4 f on page 14.

Option (please ✓) Growth* Dividend Daily² Dividend Weekly² Dividend Monthly Dividend** Quarterly Dividend Half Yearly Dividend Annual Dividend

Dividend Mode (please ✓) Reinvest Payout*

LUMPSUM

Investment Amount ₹ _____ **Cheque / DD No.** _____ **Dated** DD / MM / YYYY

Mode of Payment Cheque Demand Draft Fund Transfer **DD charges, if any** ₹ _____ (Max as per SBI rates from time to time)

Drawn on Bank _____

Branch _____ **A/c. No.** _____

SYSTEMATIC INVESTMENT PLAN

Frequency (please ✓) Weekly SIP Monthly[#] SIP Quarterly[#] SIP (Calendar Quarter i.e., January, April, July and October)

SIP Date Weekly SIP: 1st, 7th, 15th and 25th | Monthly and Quarterly SIP (Please ✓ any one only): 1st 7th 15th 25th (of the month)

Enrolment Period Regular From MM / YY / YY To MM / YY / YY

Perpetual From MM / YY / YY To 01 / 20 / 99

Each SIP Amount ₹ _____ **No. of Instalments** _____ **Total Amount** ₹ _____ **First SIP Instalment via :** Cheque No. _____

Drawn on Bank _____

Branch _____ **A/c. No.** _____

SECOND AND SUBSEQUENT INSTALMENT DETAILS

- SIP / SI THROUGH AUTO-DEBIT (ECS) - Please fill up SIP Auto Debit (ECS) Facility Form
- SIP THROUGH POST-DATED CHEQUES

Total Cheques _____ **Cheque No. From** _____ **To** _____ **Dated From** DD / MM / YYYY **To** DD / MM / YYYY

Drawn on Bank _____

Branch _____ **A/c. No.** _____

* Default Option if not ticked. ** Default Dividend Option if not ticked, except in BNP Paribas Flexi Debt Fund where default option is Quarterly Dividend Option, BNP Paribas Bond Fund and BNP Paribas Government Securities Fund where the default Dividend Option is Annual Dividend Option. # Compulsory Dividend Re-investment except for BNP Paribas Money Plus Fund (details provided in SID & KIM). - Default mode except for BNP Paribas Government Securities Fund, where reinvestment is the default mode. # ECS facility available

7. FOR THIRD PARTY PAYMENT (As specified on page 13)

Third Party Name _____

PAN _____ **KYC Confirmation attached** (Please ✓) **Relationship with applicant** _____

8. BANK ACCOUNT DETAILS (Mandatory, as per SEBI Regulations) (See Instruction 3 on page 13)

A/c. No. _____ **A/c. Type** (Please ✓) Savings Current NRE NRO FCNR

Bank Name _____

Address _____

Branch _____ **MICR Code** _____ **Pin Code (Mandatory)** _____

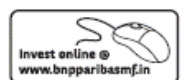
IFSC Code _____ IFSC code will be mentioned on your cheque leaf else please contact your bank.

All Redemption / Dividend Payouts will be payable to the First Applicant at the City and Bank Account details mentioned above via electronic credit.

I / We want to receive redemption/ dividend proceed by cheque / demand draft. (Please ✓)



BNP Paribas Asset Management India Private Limited
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 Maker Maxity, Bandra Kurla Complex, Bandra (East),
 Mumbai - 400 051, Maharashtra, India.
 Toll Free: 1800 102 2595 • Web : www.bnpparibasmf.in
 E-mail: customer.care@bnpparibasmf.in



9. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section. (See Instruction 5 on page 14)

1. I/We do not wish to nominate.	SIGNATURE(S)	First / Sole Applicant	Second Applicant	Third Applicant
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2. Having read and understood the instruction for Nomination, I / We hereby nominate the person(s) more particularly described hereunder in respect of the Units under the Folio held by me/us in the event of my death

	Nominee Name	Relationship with Applicant	Date of Birth in case Nominee is minor	# Percentage of Allocation/Share	Nominee Signature
Nominee 1					
Nominee 2					
Nominee 3					
Address	Nominee 1		Nominee 2		Nominee 3

* Please indicate the percentage of allocation / share for each of the nominees in whole numbers only without any decimals making a total of 100 per cent. If the percentage allocation is not mentioned or is left blank or is Ambiguous then the AMC shall apply the default option of equal distribution among the multiple designated Nominees.

If Nominee is a Minor, details of the Guardian required : Name and Address of the Guardian

Name of Guardian			
City	State	Pin Code (Mandatory)	

Not Mandatory
Signature of Guardian

Guardian's relationship with the Minor Nominee _____

10. POWER OF ATTORNEY (PoA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of PoA Holder)

1) First / Sole Applicant Second Applicant Third Applicant

Mr. Ms. M/s Others _____ Name of PoA Holder

PAN _____ Enclosed (✓) PAN card proof KYC Confirmation proof

Signature of (PoA) Holder

2) First / Sole Applicant Second Applicant Third Applicant

Mr. Ms. M/s Others _____ Name of PoA Holder

PAN _____ Enclosed (✓) PAN card proof KYC Confirmation proof

Signature of (PoA) Holder

DECLARATION & SIGNATURES

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme of BNP Paribas Mutual Fund, I / We hereby apply to BNP Paribas Mutual Fund for units of the Scheme and agree to abide by terms and conditions, rules and regulation of the Scheme. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We hereby declare that I am / we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time, and that I am / we are not applying on behalf of or as proxyholders of a person who is a US person. I / We hereby declare that I am / We are competent under the applicable laws and duly authorised where required, to make this investment in the above mentioned scheme. I / We hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds / income of mine / the HUF / the Company / Trust / Partnership only and I am / we are the rightful beneficial owner(s) of the funds and the resulting investments therefrom. The above mentioned investment does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions or of the provisions of any law in India including but not limited to The Income Tax Act, the Prevention of Money Laundering Act, 2002, The Prevention of Corruption Act, 1988 and/or any other relevant rules / guidelines notified in this regard or applicable laws enacted by the Government of India / any other regulatory body from time to time. I / We hereby understand and agree that if any of the aforesaid disclosures made / information provided by me / us is found to be contradictory or non-reliable to the above statements or if I / we fail to provide adequate and complete information, the AMC / Mutual Fund / Trustees reserve the right to reject the application / withhold the investments made by me / us and/or make disclosures and report the relevant details to the competent authority and take such other actions as may be required to comply with the applicable law as the AMC / Mutual Fund / Trustees may deem proper at their sole option. The ARN holder has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I hereby confirm that BNP Paribas Mutual Fund / BNP Paribas Asset Management India Private Limited and its empanelled brokers / distributors has / have not given any indicative portfolio and indicative yield in any manner whatsoever.

Applicable to NRIs only: 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 a broad through normal banking channels or from funds in my / our Non-Resident External / Ordinary Account / FCNR Account.

If NRI, (please ✓) Repatriation basis Non-Repatriation basis

Dated

D	D	/	M	M	/	Y	Y	Y	Y
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SIGNATURE(S)	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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