

APPLICATION FORM Please read the Instructions before completing this Application Form.

App. No.

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

Name and AMFI Reg. No.	Sub Agent's Name and AMFI	Reg. No.	Sub-Broker Code	EUIN*	RIA Code++		
ARN-	ARN-		(As allotted by ARN holder)	1			
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.							
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 ++ IWe, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. IWe hereby give you my/our consent to share provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.		nding roker. First share/ / Guard	/ Sole Applicant dian / POA Holder lorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder		
TRANSACTION CHARGES for Rs. 10,000 and above (any one) (See Instruction G): I confirm that I am a first time investor across Mutual Funds. Existing Investor - Rs. 100 New Investor - Rs. 150 I confirm that I am a nexisting investor in Mutual Funds.							
1. EXISTING INVESTOR'S FOLIO NUME	BER Folio No.			The details in our records unde alongside will apply for this appl			
2. APPLICANT'S INFORMATION (Non-Individual investors please fill Ultimate Beneficial Owner (UBO) details and submit with Application Form.							
First / Sole Applicant Mr. Ms. M/s.							
Name: (Please mention Name as per PAN Card. Refer instruction no. 2.		MIDDLE		LAST			
Date of Birth* / DDMMYYYY PAN Incorporation * Required for 1st holder/Minor	/ PEKRN KY	C Identification	Number (KIN)				
Guardian Details OMr. OMs. (in case of I Name: FIRS		me of Contact I MIDDLE	Person (incase of non	-individual Investors) LAST			
(Please mention Name as per PAN Card. Refer instruction no. 2.	ai)	WIDDLE		LAST			
Date of Birth PAN D D M Y Y Y	/ PEKRN KY	C Identification	Number (KIN)	Mobile No.			
For Investment "on behalf of Minor" O Birth C	ertificate O School Certificate O Passport	Other Relatio	nship with Minor (Man	datory)	Court Appointed Legal Guardian		
Mailing Address City Country	State STD Code			Pin Code (Mandatory Tel. Off.)		
Overseas Address (Mandatory for NRI / FII Applicant) (
			Coun	try			
GO GREEN (Default mode of Communication) ->		E-Mail					
Tax Status:	Individual	Behalf of Minor		Non-Individual			
○ NRI - On Behalf of Minor ○ PIO / OCI ○ HUF ○	Others (Please Specify)		O Non Profit Organisation	on Others (Please Specify)			
Occupation: O Private Sector Service O Public S O Defence O Others (Please Specify)	Sector Service O Government Service C	Student O Pro					
Gross Annual Income (₹) O Below 1 Lac O 1-5			-				
	lolding (please ✓) ○ Joint ○ Anyone RST	e or Survivor [#] (#1 MIDDLI		an one applicant and not ticked)		
(Please mention Name as per PAN Card. Refer instruction no. 2.		IVIIDDLI					
Date of Birth PAN / PEKRN D D M M Y Y Y Y	KYC Identifie Number (KIN			Mobile			
Occupation ○ Pvt. Sector Service ○ Pub. Sector Serv Gross Annual Income (₹) ○ Below 1 Lac ○ 1-5 La	0 0	t OProfessional	-		turist		
Third Applicant's Details) ~ 25 Lacs - 1 Cit					
Name: OMr. OMs. FIR		MIDDLE		LAST			
(Please mention Name as per PAN Card. Refer instruction no. 2. Date of Birth PAN / PEKRN	ai) KYC Identifi	cation		Mobile			
	Number (KIN						
Occupation ○ Pvt. Sector Service ○ Pub. Sector Service ○ Gov. Service ○ Housewife ○ Student ○ Professional ○ Housewife ○ Business ○ Retired ○ Defence ○ Agriculturist ○ Forex Dealer ○ Others Gross Annual Income (₹) ○ Below 1 Lac ○ 1-5 Lacs ○ 5-10 Lacs ○ 10-25 Lacs ○ > 25 Lacs - 1 Crore ○ > 1 Crore ○ Ret worth ₹							
	Person (PEP) Status : (Also applicable for moters / Karta / Trustee / Whole time Direct			volved in any of the service write down it in the follow			
First / Sole Applicant I am PEP							
Second Applicant I am PEP I am Related to PEP Not Applicable Third Applicant I am PEP I am Related to PEP Not Applicable							
Are you / entity involved in any of the following: • Precious metals (in particular buying-selling Gold) and Gems • Luxury Cars • Boats • Race-horses • Jewellery • Money Service Businesses (MSB) & their agents (excluding Banks) • Currency dealers or Exchanges • Sellers for redeemers of traveler's cheques Money Orders/Remittance services • Pawn shops • Street Market stall • Hotels • Restaurants • Internet Cafes • Door to door sales companies • Taxi • Bars • Night Clubs • Second hand Goods sales • Second hand vehicle dealers							
(excluding Automobile Franchise) • Casinos • Lotteries • Gambling Clubs • Slot machines Antiques • Art Galleries • Art Dealers • Auctioneer • Art Expert • None of the above							
3. POWER OF ATTORNEY (PoA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney, please furnish the details of PoA Holder) First / Sole Applicant Third Applicant							
Mr. Ms. Others Name of PoA Holder							
PAN KYC I KYC Confirmation pr	dentification Number (KIN)			Sig	nature of (PoA) Holder		
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)							
Acknowledgement stip (to be filled in by the Applicant) Application form received for purchase of units, subject to realization, verification and conditions App. No.							
Mr. / Ms. / M/s Instrument No. Dated Drawn on B.	ank Account No. Amount	(Rs.)	Scheme / Plan / Optior	ISC Stan	np, Date & Signature		

Zero Balance Lumpsur		tion the first purchase deta	-		-	a wish to hive		n 4) (Mandatory)
Scheme Name / Plan /		Amount (₹)	Cheque/DD No./UM			Accou	nt No.	Payment Mode
BNP Paribas Regular Direct Growt Dividend Payout Divide	h O Dividend	-						Cheque DD NEFT RTGS Funds Transfer OTM
BNP Paribas Regular Direct Growt	h ODividend	-						Cheque DD NEFT RTGS
Dividend Payout Divide Divide Divide	nd Reinvest							 Funds Transfer OTM Cheque DD
· · · · · · · · · · · · · · · · · · ·	nd Reinvest							ONEFT ORTGS Funds Transfer OTM
Payment Type ONon-Third	Party Payment	O Third Party Payment	(Ple	ase attach "Thir	d Party Declaration	n Form")		
5. DEMAT ACCOUNT DE								
National Securities Depository I Central Depository Services (In		Depository Participant N DP ID No.	ame	Beneficia	ry Account No.			
Investor willing to invest in Demat option	,	opy of the DP Statement enal	bling us to match the Demat		·	orm. In case the fo	orm is not filled, the defa	ult option will be physical mode.
6. BANK ACCOUNT DET	AILS (See	Instruction 3)					(Mandatory, as p	er SEBI Regulations)
Bank Name				Savinga	◯ Current ◯ N			
Bank A/c. No.			A/c. Type	 Savings 			Pin Code	
MICR Code		(9 Digit No. next to your)				
7. OVERSEAS EXPOSUR				(S / FINANC	CIAL INSTITUT	TIONS		
Does your Entity* have any offices, tr * includes any business directly or i	,			Yes	No			
If the answer is "Yes", please fill out	t the "Major Sand	ctioned Countries Question	nnaire" Form available on					
8. FATCA DETAILS For In Details under Foreign Tax Law	· · · · · ·	datory) Non Individ First / Sole Applicant	ual investors includin / Guardian		I Mandatorily fill ond Applicant	I separate FA	CA detail form	plicant OPoA
Place & Country of Birth		r not / Colo / tpplicult			ond Approant			
Nationality		Indian OUS Others (Please S		ndian OU Others	IS (Please Specify		○ Indian ○ US ○ Others	(Please Specify)
Address Type		Residential O Registered Of			Registered Office			stered Office O Business
Are you a tax resident (i.e. are	you assessed	d for Tax) in any other o	country outside India	Yes	No (If Ye	es, please pro	vide information b	elow)
Country of Tax Residency Tax Identification Number or Functional	Fauivalent							
Identification Type (TIN or Other, please								
If TIN is not available, please tick	Reas	son O A O B O C	(Please Specify) Rea	son $\bigcirc A \bigcirc B$	OC (Please	Specify)	Reason \bigcirc A \bigcirc B \bigcirc	C (Please Specify)
Country of Tax Residency Tax Identification Number or Functional	Equivalent							
Identification Type (TIN or Other, please	e specify)							
If TIN is not available, please tick Reason A: The country where Accourt				son OA OB Reason B: No	· · · · · · · · · · · · · · · · · · ·		Reason O A O B O	C (Please Specify) ective country of tax residents
do not require the TIN to be collected)	Reas	on C: others, please specify	y the reason above			,		,
9. NOMINATION - MAND			t / Sole Applicant	ider cannot r				
 Having read and understood the inst 				rlv described her	Second Applic			ird Applicant
		Nominee Name			Date of Birth [^]	Allocation %#		an Signature^
Nominee 1 Nominee 2								
Nominee 3								
[^] In case Nominee is minor. [#] Please 10. DECLARATION & SIGI		rcentage of allocation / sha	are for each of the nomine	es in whole nun	nbers only without	any decimals m	aking a total of 100 p	er cent.
I/We an / are not prohibited from accessing capital markets under any order / fuling / judgment etc., of any regulation, including setSEL I / We confirm that my application is in compliance with applicable Indian and foreign laws. I/We hereby confirm and declare as under-1 / We have read- received not been indived by any reducted or right. Gircher of under the torm is one indived or any request or discrete that any (we are not a US person, whith the hundes States. Exclusing bet, status is a dapplicate to have the indived between the above mentioned investment to above mentioned scheme. I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme (s) of BMP Pariabs Multiple Tudi ("End"). We levely confirm that the proposed in yorxinariation or evasion of any Adt, Rules. Regulations, Notifications or Directions or of the provisions of any attent is their gmated by and the resulting investments thereform. The above mentioned investment does not involve and is not designed to the purpose of any contraination or non-reliable to the above and is not designed to the purpose of any contraination or non-reliable to the above mentioned investment does not involve and is not designed to the purpose of any contraination or non-reliable to the above mentioned is any other regulation by advint in the invegator application of Money Laundering Adt, 2002, The Prevention of Comption Adt, 1988 and / or any other relevant (table 3) up the relevant (table 3) up the relevant (table 3) up the relevant designed to the pervention of the AMC / Multiple Tudi / Tustes merve the eight to not cerel a fall is any of the applicable in advintor any advint. Tube advintor and the result is applicable in advintor any advintor advintor and the result and vest and apply in the advintor and the result and vest and apply in the advintor and the result and vest and apply in the scheme advintor and the result and vest and apply in the patient and vest and apply anot babite advintable advintor and the result apr								
Dated		Sole Applicant / Guardian / older / Authorised Signatory	, Secon	I Applicant / Gu	ardian / POA Holde	ler	Third Applicant / Gu	ardian / POA Holder
BND Parihas Assat Management India Drivate Limited								

BNP PARIBAS

BNP Paribas Asset Management India Private Limited BNP Paribas House, 1 North Avenue, 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





**	ECS/NACH/SI UMRN			Date	e D D M M Y Y Y Y
Tials (/)	Sponsor Bank Code		Utility Code		
Tick (✓) CREATE	\checkmark I/We hereby authorize	BNP PARIBAS MUTUAL FUND	to	o debit (tick√) SBCA	CC SB-NRE SB-NRO Other
MODIFY CANCEL	Bank a/c number				
with Bank	Name of customers ba	nk IFSC		or MICR	
an amount	of Rupees				₹
FREQUEN	CY 🛛 Mthly- 🖾 Qtly- 🖾 11-Yrly- 🗵	🛛 Yrly - 🖌 As & when presented	DEBIT TY	PE 🛛 Fixed Amount	🗹 Maximum Amount
Reference	1		Phone I	No.	
Reference	2		Email II	D	
l agree for	the debit of mandate processing charges by t	he bank whom I am authorizing to debit	my account as per lates	st schedule of charges of	the bank.
PERIOD		-		-	
T₀ [Signature Primary Account holder	Signature of Acco	ount holder	Signature of Account holder
Or –	Until Cancelled 1.	Name as in bank records 2.	Name as in ban	3	Name as in bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit

Instructions to fill One Time Mandate (OTM)

- 1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- 3. Unit holder(s) need to provide, along with the mandate form, an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. Please mention the Name of the Bank, Branch, and IFSC/MICR code in the OTM form. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- 4. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of BNP Paribas Mutual Fund.
- 5. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- 6. Utility Code of the Service Provider will be mentioned by BNP Paribas Mutual Fund
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case
 of ambiguity the mandate will be rejected.
- 8. For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- 9. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.