BNP PARIBAS MUTUAL FUND

COMMON APPLICATION FORM

Please read the Instructions before completing this Application Form.

Time Stamping Section

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.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN- 95070	ARN-			(As allotted by ARN holder)	E101834

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.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder

TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one) (See Instruction on page 11):
☐ **Existing Investor - Rs. 100** ☐ **New Investor - Rs. 150**

☐ **I confirm that I am a first time investor across Mutual Funds.**
☐ **I confirm that I am an existing investor in Mutual Funds.**

1. EXISTING INVESTOR'S FOLIO NUMBER

Folio No. _____

The details in our records under the Folio number mentioned alongside will apply for this application.

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. ◯ Minor

Name: FIRST MIDDLE LAST

PAN / PEKRN _____ Date of Birth* / Incorporation D D M M Y Y Y Y * Required for First holder / Minor

Name of Guardian (in case of First / Sole Applicant is a Minor) / Name of Contact Person (incase of non-individual Investors)

◯ Mr. ◯ Ms Name: FIRST MIDDLE LAST

Guardian PAN / PEKRN _____ Contact No. _____

For Investment "on behalf of Minor" ◯ Birth Certificate ◯ School Certificate ◯ Passport ◯ Other **Relationship with Minor (Mandatory)** ◯ Father ◯ Mother ◯ Court Appointed Legal Guardian

Mailing Address _____

City		State		**Pin Code (Mandatory)**	
Country		STD Code		Tel. Off.	

Overseas Address (Mandatory for NRI / FII Applicant) (See Instruction 2.ai) on page 14)

Country

GO GREEN (Default mode of Communication) → **Mobile** _____ **E-Mail** _____

Tax Status:

Individual
◯ Resident ◯ NRI-Repatriation ◯ NRI-Non Repatriation ◯ Sole-Proprietorship ◯ On Behalf of Minor
◯ NRI - On Behalf of Minor ◯ PIO / OCI ◯ HUF ◯ Others (Please Specify) _____

Non-Individual
◯ Company ◯ Trust ◯ Society / Club ◯ Partnership / LLP ◯ AOP / BOI ◯ FPI
◯ Non Profit Organisation ◯ Others (Please Specify) _____

Occupation: ◯ Private Sector Service ◯ Public Sector Service ◯ Government Service ◯ Student ◯ Professional ◯ Housewife ◯ Business ◯ Retired ◯ Agriculturist ◯ Proprietorship ◯ Defence ◯ Others (Please Specify) _____

Gross Annual Income (₹) ◯ Below 1 Lac ◯ 1-5 Lacs ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ > 25 Lacs - 1 Crore ◯ > 1 Crore OR Net worth ₹ _____

Second Applicant's Details

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

Name: ◯ Mr. ◯ Ms. FIRST MIDDLE LAST

PAN / PEKRN _____ Date of Birth D D M M Y Y Y Y **Mobile** _____

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 OR Net worth ₹ _____

Third Applicant's Details

Name: ◯ Mr. ◯ Ms. FIRST MIDDLE LAST

PAN / PEKRN _____ Date of Birth D D M M Y Y Y Y **Mobile** _____

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 OR Net worth ₹ _____

Additional Details

	Politically Exposed Person (PEP) Status : (Also applicable for authorised signatories / Promoters / Karta / Trustee / Whole time Directors)	**Are you / entity involved in any of the services mentioned below? If yes write down it in the following box**
First / Sole Applicant	◯ I am PEP ◯ I am Related to PEP ◯ Not Applicable	
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 ☐ 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

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

App. No.

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

Mr. / Ms. / M/s. _____

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

ISC Stamp, Date & Signature

4. INVESTMENT & PAYMENT DETAILS : Please issue seperate Cheque / DD favouring the Scheme Name you wish to invest (refer instruction 4) (Mandatory)

Zero Balance Lumpsum **SIP** (Mention the first purchase details below and fill and submit the SIP form separately)

Scheme Name / Plan / Option	Amount (₹)	Cheque/DD No./UMRN	Bank / Branch	Payment Mode	Account No.
BNP Paribas ______ ◯ Regular ◯ Direct ◯ Growth ◯ Dividend ◯ Dividend Payout ◯ Dividend Reinvest				◯ Cheque ◯ DD ◯ NEFT ◯ RTGS ◯ Funds Transfer ◯ NACH	
BNP Paribas ______ ◯ Regular ◯ Direct ◯ Growth ◯ Dividend ◯ Dividend Payout ◯ Dividend Reinvest				◯ Cheque ◯ DD ◯ NEFT ◯ RTGS ◯ Funds Transfer ◯ NACH	
BNP Paribas ______ ◯ Regular ◯ Direct ◯ Growth ◯ Dividend ◯ Dividend Payout ◯ Dividend Reinvest				◯ Cheque ◯ DD ◯ NEFT ◯ RTGS ◯ Funds Transfer ◯ NACH	

Payment Type ◯ Non-Third Party Payment ◯ Third Party Payment (Please attach "Third Party Declaration Form")

5. DEMAT ACCOUNT DETAILS (refer instruction 1f)

☐ National Securities Depository Ltd.
☐ Central Depository Services (India) Ltd.

Depository Participant Name ______
DP ID No. ______ Beneficiary Account No. ______

Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the Application Form. In case the form is not filled, the default option will be physical mode.

6. BANK ACCOUNT DETAILS (See Instruction 3 on page 16) (Mandatory, as per SEBI Regulations)

Bank Name ______

Bank A/c. No. ______ A/c. Type ◯ Savings ◯ Current ◯ NRE ◯ NRO ◯ FCNR

Branch Name ______ City ______ Pin Code ______

MICR Code ______ (9 Digit No. next to your Cheque No.) **IFSC Code** ______

7. FATCA DETAILS For Individual & HUF (Mandatory) Non Individual investors should Mandatorily fill separate FATCA detail form

Details under Foreign Tax Laws:	First / Sole Applicant / Guardian	Second Applicant	◯ Third Applicant ◯ PoA
Father's Name			
Country and Place of Birth			
Nationality			
Are you a tax resident of any country other than India? ☐ Yes ☐ No	If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below:		
Country#			
Tax Identification Number$			
Identification Type (TIN or Other, Please specify)			
Country#			
Tax Identification Number$			
Identification Type (TIN or Other, Please specify)			
Country#			
Tax Identification Number$			
Identification Type (TIN or Other, Please specify)			

To also include USA, where the individual is a citizen / green card holder of The USA $ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

8. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section (See Instruction 5 on page 17)

1. **I/We do not wish to nominate**	**SIGNATURE(S)**	First / Sole Applicant	Second Applicant	Third Applicant

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	Date of Birth^	Allocation %#	Guardian Signature^
Nominee 1				
Nominee 2				
Nominee 3				

^ In case Nominee is minor. # 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.**

9. DECLARATION & SIGNATURES

I / We am / are not prohibited from accessing capital markets under any order/ruling/judgment etc., of any regulation, including SEBI. I / We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under:- (1) I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents and apply for allotment of Units of the Scheme(s) of BNP Paribas Mutual Fund ('Fund') indicated above. (2) I / We am / are eligible Investor(s) as per the scheme related documents and am / are authorised to make this investment as per the Constitutive documents / authorization(s). The amount invested in the Scheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. (3) The information given in / with this application form is true and correct and further agree to furnish such other further/additional information as may be required by the BNP Paribas Asset Management India Pvt Ltd (AMC) / Fund and undertake to inform the AMC / Fund/ Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (4) That in the event, the above information and/or any part of it is/are found to be false / untrue / misleading, I/We will be liable for the consequences arising therefrom. (5) I / We hereby authorise the Fund, AMC and its Agents to disclose my / our details including investment details to my / our bank(s) /Fund's bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to disclose to such service providers as deemed necessary for conduct of business. (6) I / We confirm that I / We do not have any existing Micro SIP / Investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year or a rolling period of one year (Applicable for PAN exempt category of investors). (7) I / We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my/our transactions. (8) The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. (9) I/WE HEREBY CONFIRM THAT I / WE HAVE NOT BEEN OFFERED / COMMUNICATED ANY INDICATIVE PORTFOLIO AND / OR ANY INDICATIVE YIELD BY THE FUND / AMC / ITS DISTRIBUTOR FOR THIS INVESTMENT.

I / We also confirm that I / We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.

Applicable to Foreign Nationals Resident in India only: I/We will redeem my/our entire investment/s before I / We change my / our Indian residency status. I/We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.

Applicable to NRIs / PIO / OCIs only: I / We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. I / We confirm that my application is in compliance with applicable Indian and foreign laws. please (✓) ☐ Yes ☐ No If yes, (✓) ☐ Repatriation basis ☐ Non-Repatriation basis

Dated	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder

ECS/NACH/SI Mandate UMRN | | | | | | | | | | | | | | | | | | | | Date D D M M Y Y Y Y

Sponsor Bank Code | | Utility Code | |

Tick (✓)

CREATE ✓
MODIFY
CANCEL

I/We hereby authorize **BNP PARIBAS MUTUAL FUND** to debit (tick✓) SB | CA | CC | SB-NRE | SB-NRO | Other

Bank a/c number | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

with Bank Name of customers bank IFSC | | | | | | | | | | | | or MICR | | | | | | | | |

an amount of Rupees | | ₹

FREQUENCY ☒ ~~Mthly~~ ☒ ~~Qtly~~ ☒ ~~H-Yrly~~ ☒ ~~Yrly~~ ☑ As & when presented DEBIT TYPE ☒ ~~Fixed Amount~~ ☑ Maximum Amount

Reference 1 | | Phone No. | |

Reference 2 | | Email ID | |

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☐ Until Cancelled

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in bank records 2. Name as in bank records 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
7. 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.

BNP PARIBAS MUTUAL FUND

SIP AUTO DEBIT (ECS / NACH / SI) FACILITY : REGISTRATION CUM MANDATE FORM

Please read the Instructions before completing this Application Form.

Please (✓) ☐ **SIP Registration** ☐ **SIP Renewal** ☐ **SIP Cancellation** ☐ **SIP - Change in Bank Details**

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-	ARN-			(As allotted by ARN holder)	

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.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder

1. APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected)

Name of Sole / First Unit Holder First Name Middle Name Last Name

Folio No. **Application No.**

Mode of Holding (please ✓) ☐ Single ☐ Joint ☐ Anyone or Survivor **PAN** (First Unit Holder)

Mobile No. +91 **E-mail ID**

2. SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option

Frequency (Please ✓) ☐ **Weekly SIP** ☐ **Monthly# SIP** ☐ **Quarterly# SIP** (Calender Quarter i.e. January, April, July and October) **(#ECS available)**

SIP Date Weekly SIP (Monday to Friday): Day of transfer Monthly and Quarterly SIP: Preferred Debit Date (Any date except 29th, 30th and 31st) ☐☐

Enrolment Period ☐ **Regular** From M M / Y Y Y Y To M M / Y Y Y Y ☐ **Perpetual** From M M / Y Y Y Y To 0 1 / 2 0 9 9

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

Drawn on Bank

Branch A/c. No.

SIP Top UP (Optional) Top Up Amount* Amount in multiples of ₹ 500 only **Top Up Frequency** ☐ Half Yearly ☐ Yearly*

3. DECLARATION & SIGNATURES

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit /Standing Instruction and that my payment towards my investment in BNP Paribas Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit /Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I /We will also inform BNP Paribas Mutual Fund/ BNP Paribas Asset Management India Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit tomy/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny,revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond Bank's reasonable control and which has the effect of preventing the performance of the contract by the Bank. I/We acknowledge that no separate intimation will be received from Bank in case of non-execution of the instructions for any reasons whatsoever.

SIGNATURE AS PER BNP PARIBAS MUTUAL FUND (To be signed as per Mode of Holding)	
Sole/First Applicant/Guardian	
Second Applicant (Not applicable if first applicant is minor)	
Third Applicant (Not applicable if first applicant is minor)	

SIGNATURE AS PER BANK RECORDS (To be signed by all holder if Mode of Operation in the Bank is Joint)	
Sole / First Holder	
Second Holder	
Third Holder	

ECS/NACH/SI Mandate

UMRN **Date** D D M M Y Y Y Y

Sponsor Bank Code **Utility Code**

Tick (✓)

CREATE ✓
MODIFY
CANCEL

I/We hereby authorize BNP PARIBAS MUTUAL FUND **to debit (tick✓)** SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of customers bank **IFSC** **or MICR**

an amount of Rupees ₹

FREQUENCY ☒ ~~Mthly~~ ☒ ~~Qtly~~ ☒ ~~H-Yrly~~ ☒ ~~Yrly~~ ☑ As & when presented **DEBIT TYPE** ☒ ~~Fixed Amount~~ ☑ Maximum Amount

Reference 1 **Phone No.**

Reference 2 **Email ID**

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From	D D	M M	Y Y Y Y
To	D D	M M	Y Y Y Y

Or ☐ Until Cancelled

Signature Primary Account holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 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.