

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- 1563	ARN-			(As allotted by ARN holder)	E076994

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
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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 Company Trust Society / Club Partnership / LLP AOP / BOI FPI NRI - On Behalf of Minor PIO / OCI HUF Others (Please Specify) _____ 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	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	
Second Applicant	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	
Third Applicant	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> 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 separate 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 <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest				<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> Funds Transfer <input type="radio"/> NACH	
BNP Paribas <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest				<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> Funds Transfer <input type="radio"/> NACH	
BNP Paribas <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest				<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> Funds Transfer <input type="radio"/> 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	<input type="radio"/> Third Applicant <input type="radio"/> PoA
Father's Name			
Country and Place of Birth			
Nationality			
Are you a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____
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Self Certification Declaration
PART I : APPLICANT / INVESTOR DETAILS :

Investor Name		
1563		E076994
	PAN	

PART II : DECLARATIONS
(A) Particulars (Must check one box)

 Is "Entity" a tax resident of any country other than India? Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Category			
Applicants	Country of incorporation/constitution	Country of Tax residency	Taxpayer Identification Number #
1.			
2.			
3.			

in case Taxpayer Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number

(B) Other Information (Must check one box "YES" to indicate entity's applicable FATCA status)

S. No.	Information	Additional Information to be provided								
1.	We are a financial institution [including an FFI] [Refer instructions a]	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: GIIN: _____ (Global Intermediary Identification Number) If GIIN not available [tick any one]: <input type="checkbox"/> Applied for on <table border="1" style="display: inline-table; text-align: center; width: 100px;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <input type="checkbox"/> Not required to apply (please describe) _____ <input type="checkbox"/> Not obtained	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
2.	We are a listed company [whose shares are regularly traded on a recognized stock exchange]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify)								
3.	We are 'Related Entity' of a listed company [Refer instructions b]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of the listed company _____ Specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify)								
4.	We are an Active NFFE [Refer instructions c & d] Note: Details of Controlling Persons will not be considered for FATCA purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill UBO form) If Yes, specify the nature of business _____ Please specify the category of Active NFFE _____ (Mention code – refer instructions)								
5.	We are an Passive NFFE [Refer instructions f and g] Note: Details of Controlling Persons will be considered for FATCA purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill UBO form) If Yes, please provide: 1. Nature of business _____ 2. For all Controlling Persons who are tax residents (including US citizens and green card holders) of countries other than India, please provide the necessary details including Taxpayer Identification Number (TIN) in the UBO form.								

I/We hereby acknowledge and confirm that the information provided hereinabove is/are true and correct to the best of my knowledge and belief. I/We further agree and acknowledge 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. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, SEBI registered intermediaries for single updation/submission, any Indian or foreign statutory, regulatory, judicial, quasi-judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We further agree to promptly intimate you in writing regarding any change/modification to the above information and/or provide additional/further information as and when required by you.

Signature with relevant seal:

Authorized Signatory	Authorized Signatory	Authorized Signatory
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 Date

D	D	M	M	Y	Y	Y	Y
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Place _____

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- 1563	ARN-			(As allotted by ARN holder)	E076994

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
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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 (Calendar 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 MM / YYYY To MM / YYYY Perpetual From MM / YYYY To 01 / 2099

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 to my/ 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, lightning, 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 DD MM YYYY

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 Qtrly H-ly Y-ly 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 DD MM YYYY To DD MM YYYY

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.