

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- 106754            | ARN-                               |                 |                 | (As allotted by ARN holder) | E-143402 |

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 18):  
 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           \* 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 21  
 \_\_\_\_\_  
 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<sup>#</sup>  Anyone or Survivor (<sup>#</sup> Default, in case of more than one applicant and not ticked)

Name:  Mr.  Ms. \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

PAN / PEKRN \_\_\_\_\_ Date of Birth           **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           **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 |
|-------------------------------|---|---|
| <b>First / Sole Applicant</b> | <input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable                               |   |
| <b>Second Applicant</b>       | <input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable                               |   |
| <b>Third Applicant</b>        | <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. |
|---|------------|--------------------|---------------|--|-------------|
| <b>BNP Paribas</b><br><input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend<br><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<br><input type="radio"/> Funds Transfer <input type="radio"/> NACH |             |
| <b>BNP Paribas</b><br><input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend<br><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<br><input type="radio"/> Funds Transfer <input type="radio"/> NACH |             |
| <b>BNP Paribas</b><br><input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend<br><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<br><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 23) (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 \_\_\_\_\_

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:

**7. FATCA DETAILS For Individual (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  |                                   |                  |   |
| Country#   |                                   |                  |   |
| Tax Identification Number <sup>§</sup>             |                                   |                  |   |
| Identification Type (TIN or Other, Please specify) |                                   |                  |   |
| Country#   |                                   |                  |   |
| Tax Identification Number <sup>§</sup>             |                                   |                  |   |
| Identification Type (TIN or Other, Please specify) |                                   |                  |   |
| Country#   |                                   |                  |   |
| Tax Identification Number <sup>§</sup>             |                                   |                  |   |
| 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 24)**

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 <sup>A</sup> | Allocation % <sup>#</sup> | Guardian Signature <sup>A</sup> |
|--------------|----------------------------|---------------------------|---------------------------------|
| Nominee 1    |                            |                           |                                 |
| Nominee 2    |                            |                           |                                 |
| Nominee 3    |                            |                           |                                 |

<sup>A</sup> In case Nominee is minor. <sup>#</sup> 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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