



Please read SIP Instructions before completing this Application Form

DISTRIBUTOR / BROKER INFORMATION To treat this application as "DIRECT" please do not leave the below fields blank [refer instruction 1(b)]

Name and AMFI Reg. No. ARN-83671	Sub Agent's Name and AMFI Reg. No. ARN-	Bank Serial No.	SBFS Serial No.
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SUB-BROKER CODE (As allotted by ARN holder)	EUIIN E100500	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.
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Please refer declaration (Section 11) if EUIIN is left blank.

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction

SIGNATURE(S)	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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TRANSACTION CHARGES (Please ✓ any one of the below)

<input type="checkbox"/> I am a first time investor across all mutual funds (₹ 150 will be deducted as transaction charges for transaction of ₹ 10,000 and more)	<input type="checkbox"/> I am an existing investor in mutual funds (₹ 100 will be deducted as transaction charges for transaction of ₹ 10,000 and more)
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Please tick the appropriate box as applicable. Please tick the first box only if you are a first time investor across all the mutual funds in India.

1. EXISTING UNITHOLDER INFORMATION (Please fill in your Folio No., Name, PAN & Bank Account details in Section 2 & 3, and then proceed to Section 5)

Folio No. _____ Unitholder's Name _____
The details in our records under the Folio No. mentioned above will only be considered for this application.

2. PAN & KYC DETAILS (Mandatory, as per SEBI Regulations) (See Instruction 2bi & bii on page 10)

	PAN	Enclosed (✓)	Supporting Document Type	Reference Number	Date of Birth
First / Sole Applicant	_____	PAN card proof <input type="checkbox"/> KYC Confirmation proof <input type="checkbox"/>	_____	_____	_____
Second Applicant	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
Third Applicant	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
Guardian**	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____
POA Holder	_____	<input type="checkbox"/> <input type="checkbox"/>	_____	_____	_____

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

3. BANK ACCOUNT DETAILS (Mandatory, as per SEBI Regulations) (See Instruction 3 on page 11)

A/c. No.	_____	A/c. Type (please ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Bank Name	_____	
Address	_____	
City	_____	Pin Code _____
Branch	_____	MICR Code _____
RTGS / IFSC Code	_____	NEFT / IFSC Code _____

◀ This is a 9 Digit No. next to your Cheque No.
◀ IFSC code will be mentioned on your cheque leaf, else please contact your bank branch.

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 ✓)

4. APPLICANT'S INFORMATION

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

Date of Birth* _____ * Required for First holder / Mandatory for Minor

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

Relationship Father Mother Legal Guardian _____ Date of Birth _____

Name of Second Applicant _____ Title Mr. Ms. M/s Others _____ Date of Birth _____

Name of Third Applicant _____ Title Mr. Ms. M/s Others _____ Date of Birth _____

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

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

City _____ Pin Code (Mandatory) _____ State _____

STD Code _____ Tel. Off. _____ Extn. _____

Mobile _____ Tel. Resi. _____ Fax _____

E-Mail _____ Default mode of communication

If you wish to receive all communication from us via post, please ✓ here (See Instruction 1g on page 10)

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

Occupation (please ✓) Service Professional Business Housewife Retired Student Agriculture Others _____

Status of Sole/First Applicant (please ✓) Individual (IND) HUF (HUF) Company (CO) FII (FII) NRI-Repatriation (NRI) NRI-Non Repatriation (NRI) Bank (BANK) Proprietorship Firm (OTH) Trust (TRUST) Society/Club (SOCTY) Partnership (OTH) Body Corporate (CO) On behalf of Minor (MINOR) Others (OTH) _____ (please specify)

Status of Second Applicant (please ✓) Individual (IND) NRI-Repatriation (NRI) NRI-Non Repatriation (NRI) On behalf of Minor (MINOR) Others (OTH) _____ (please specify)

Status of Third Applicant (please ✓) Individual (IND) NRI-Repatriation (NRI) NRI-Non Repatriation (NRI) On behalf of Minor (MINOR) Others (OTH) _____ (please specify)

Overseas Address (Required for NRIs/FIIs applicants in addition to mailing address) (P.O. Box Address is not sufficient) _____

SIP AUTO DEBIT (ECS / STANDING INSTRUCTION) FACILITY FORM [Registration cum Mandate Form for ECS (Debit Clearing)] (Please read Terms & Conditions)

I / We hereby authorise BNP Paribas Mutual Fund/BNP Paribas Asset Management India Private Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP payments. As per Terms and Conditions

Name of the Account Holder (as in Bank Records) _____

Name of the Bank _____ Branch _____ City _____

Account No. _____ Account Type Savings Current Cash Credit NRE NRO

9 Digit MICR Code _____ (Please enter the 9 digit number that appears after your cheque number) Mandatory Enclosure Copy of cancelled Cheque leaf

SIP Auto Debit Date DD ____ MM ____ YY ____ SIP Enrolment Period From DD ____ MM ____ YY ____ To DD ____ MM ____ YY ____ Frequency _____

SIP Installment Amount _____

AUTHORISATION OF BANK ACCOUNT HOLDER [To be signed by Account Holder(s)]

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.

Account Number _____	Signature of Authorised Official from Bank (Bank Stamp and Date)
Banker's Attestation (For Bank use only): Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records.	

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Received from Mr./Ms/M/s. _____ an application for purchase of Units of _____ Scheme _____ Plan _____ Option _____

SIP Auto Debit (ECS) Facility Cheques Nos. From _____ To _____ drawn on (Bank) _____ A/c. No. _____ Total Amount (₹) _____ on Weekly Monthly Quarterly basis. All purchases are subject to realisation of Cheques.

App. No.

ISC Stamp, Date & Signature

With Systematic Investment Plan (SIP) facility

M A N D A T O R Y

ZERO BALANCE FOLIO

Zero Balance Invest Now

5. SIP INVESTMENT DETAILS – Separate Cheque required for investment in each Scheme / Plan / Option (MANDATORY)

Scheme Name: BNP Paribas Equity Fund, BNP Paribas Income and Gold Fund, BNP Paribas Bond Fund, BNP Paribas Dividend Yield Fund, BNP Paribas Monthly Income Plan, BNP Paribas Short Term Income Fund, BNP Paribas Mid Cap Fund, BNP Paribas Flexi Debt Fund, BNP Paribas Money Plus Fund, BNP Paribas Tax Advantage Plan (ELSS), BNP Paribas Government Securities Fund. Plan: Growth*, Dividend, Daily \$ Dividend, Weekly \$ Dividend, Monthly Dividend**, Quarterly Dividend, Annual Dividend. Option (please ✓): Growth*, Dividend, Daily \$ Dividend, Weekly \$ Dividend, Monthly Dividend**, Quarterly Dividend, Annual Dividend. Dividend Mode (please ✓): Reinvest Payout. Frequency (Please ✓ any one only): Weekly SIP, Monthly* SIP, Quarterly* SIP (Calendar Quarter i.e., January, April, July and October). # ECS facility available. SIP Date: Weekly SIP : 1st, 7th, 15th and 25th | Monthly and Quarterly SIP (Please ✓ any one only): 1st of the month, 7th of the month, 15th of the month, 25th of the month. Enrolment Period: From DD MM YY To DD MM YY. No. of Weeks / Months / Quarters: OR Till instruction to discontinue the SIP is submitted.

* 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.

6. FOR THIRD PARTY PAYMENT (As specified on page 11)

Third Party Name: _____ PAN: _____. Relationship with applicant: _____ KYC Acknowledgement attached (Please ✓)

7. 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 10)

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: _____, DP ID No. _____, Beneficiary Account No. _____. Central Depository Securities Limited: Depository participant Name: _____, Target ID No. _____.

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

8. PAYMENT DETAILS (First Payment by Cheque Only) – Cheques to be drawn in favour of the Scheme / Plan applied for

Each SIP Amount: Rs. _____ No. of Instalments: _____ Total Amount: Rs. _____ First SIP instalment via: Cheque No. _____. Drawn on Bank: _____ Branch: _____ City: _____ A/c. No. _____. SIP / SI THROUGH AUTO-DEBIT (ECS) - Please fill up SIP Auto Debit (ECS) Facility Form SIP THROUGH POST-DATED CHEQUES. Second and Subsequent instalment Cheque Details: Total Cheques: _____. Cheque No. From: _____ To: _____ Dated From: DD MM YYYY To: DD MM YYYY. Drawn on Bank: _____ Branch: _____ City: _____ A/c. No. _____.

9. NOMINATION - MANDATORY, even if no intention to nominate (See instruction 5 on page 11)

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.
Particulars: Name, Address, Relationship with Applicant, Date of Birth in case Nominee is minor, # Percentage of Allocation/Share. Nominee 1, 2, 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 then the AMC shall apply the default option of equal distribution among the multiple designated Nominees. Signature of Nominee: Not Mandatory, Not Mandatory, Not Mandatory.

Minor & PoA holder cannot nominate and should not fill this section, otherwise information will not be considered. If Nominee is a Minor, details of the Guardian required : Name and Address of the Guardian. City: _____ Pin Code: _____ State: _____ Not Mandatory. Signature of Guardian: _____

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

Name of PoA: _____ Title: Mr. Ms. M/s Others _____ PAN: _____ Enclosed* (✓) PAN card proof KYC Confirmation proof. Signature of PoA Holder: _____

11. 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 the Trustee of 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 abovementioned 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, 1988 Act 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 / we hereby also declare that I/we do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs 50,000 in a financial year. I hereby confirm that BNP Paribas Mutual Fund/BNP Paribas Asset Management India Private Limited and its empanelled brokers/distributors has not given any indicative portfolio and indicative yield in any manner whatsoever. 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. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

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 abroad 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: DD MM YY. SIGNATURE(S) First / Sole Applicant / Guardian / POA Holder / Authorised Signatory _____ Second Applicant / Guardian / POA Holder _____ Third Applicant / Guardian / POA Holder _____