



App. No.

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

Name and AMFI Reg. No. <b>ARN-0018</b>	Sub Agent's Name and AMFI Reg. No. <b>ARN- 93178</b>	Bank Serial No.	SBFS Serial No.
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SUB-BROKER CODE (As allotted by ARN holder)	EUIN	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 EUIN is left blank.

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

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

I am a first time investor across all mutual funds (₹ 150 will be deducted as transaction charges for transaction of ₹ 10,000 and more)  I am an existing investor in mutual funds (₹ 100 will be deducted as transaction charges for transaction of ₹ 10,000 and more)

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.

**ZERO BALANCE FOLIO**

Zero Balance  Invest Now

**2. EXISTING UNITHOLDER INFORMATION** (Please fill in your Folio No., Name, PAN & KYC 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.

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

First / Sole Applicant	PAN	<input type="checkbox"/> PAN card proof Enclosed (✓)	<input type="checkbox"/> KYC Confirmation proof
Second Applicant		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof
Third Applicant		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof
Guardian**		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof
PoA Holder		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof

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

**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 or other means, 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.

Invest online @ [www.bnpparibasmf.in](http://www.bnpparibasmf.in) I/We would like to register for online transaction facility. (Please use the I-PIN Agreement form attached in this document)

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

Status of Sole/First Applicant (please ✓)  Individual (IND)  HUF (HUF)  Company (CO)  Fils (FIL)  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/FILs applicants in addition to mailing address) (P.O. Box Address is not sufficient)

**5. 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. _____
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Enclosure (Any one is Mandatory) :  Client Investor Master (CIM)  Demat Account Statement

**DEBIT MANDATE** (Royal Bank of Scotland N.V. Account Holders Only) - All applications with Debit Mandate to be submitted to (Royal Bank of Scotland N.V. Collection Centres Only)

I/We \_\_\_\_\_ (Name of the account holder)

authorise Royal Bank of Scotland N. V. to debit my/our A/c. No. \_\_\_\_\_

A/c. Type (please ✓)  Savings  Current  NRE  NRO  FCNR with ₹ \_\_\_\_\_

₹ (words) \_\_\_\_\_ and pay (name of Scheme) \_\_\_\_\_

\_\_\_\_\_ for purchase of Units. Date : \_\_\_\_\_

Debit Mandate No. \_\_\_\_\_

Authorised Signature \_\_\_\_\_

**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 \_\_\_\_\_

along with Cheque / DD No. \_\_\_\_\_ dated \_\_\_\_\_

drawn on (Bank) \_\_\_\_\_ A/c. No. \_\_\_\_\_

for ₹ \_\_\_\_\_ All purchases are subject to realisation of Cheques / DD.

App. No.

ISC Stamp, Date & Signature

**6. INVESTMENT & PAYMENT DETAILS - Separate Cheque / DD / Fund Transfer instruction required for investment in each Scheme / Plan / Option**

**(MANDATORY)**

**Scheme Name**

<input type="checkbox"/> BNP Paribas Equity Fund	<input type="checkbox"/> BNP Paribas Income and Gold Fund	<input type="checkbox"/> BNP Paribas Bond Fund
<input type="checkbox"/> BNP Paribas Dividend Yield Fund	<input type="checkbox"/> BNP Paribas Monthly Income Plan	<input type="checkbox"/> BNP Paribas Short Term Income Fund
<input type="checkbox"/> BNP Paribas Mid Cap Fund	<input type="checkbox"/> BNP Paribas Flexi Debt Fund	<input type="checkbox"/> BNP Paribas Money Plus Fund
<input type="checkbox"/> BNP Paribas Tax Advantage Plan (ELSS)	<input type="checkbox"/> BNP Paribas Government Securities Fund	<input type="checkbox"/> BNP Paribas Overnight Fund

**Plan**  Please refer instruction no. 4 f on page 11.

**Option (please ✓)**  Growth\*  Dividend  Daily\* Dividend  Weekly\* Dividend  Monthly Dividend\*\*  Quarterly Dividend

**Dividend Mode (please ✓)**  Reinvest  Payout

**Investment Amount** ₹  **Cheque / DD No.**  **Dated**  /  /

**Mode of Payment**  Cheque / Demand Draft / Fund Transfer  DD charges, if any ₹

**Drawn on Bank**  **Branch**  **A/c. No.**

\* 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.

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

**Third Party Name**

**PAN**  **Relationship with applicant**

**KYC Acknowledgement attached (Please Tick)**

**8. BANK ACCOUNT DETAILS (Mandatory, as per SEBI Regulations)**

(See Instruction 3 on page 11)

**A/c. No.**  **A/c. Type (please ✓)**  Savings  Current  NRE  NRO  FCNR

**Bank Name**

**Address**

**City**  **Pin Code**

**Branch**  **MICR Code**  ◀ This is a 9 Digit No. next to your Cheque No.

**RTGS / IFSC Code**  **NEFT / IFSC Code**  ◀ 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 ✓)**

**MANDATORY**

**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)**

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	Nominee 1	Nominee 2	Nominee 3
<b>Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Relationship with Applicant</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of Birth in case Nominee is minor</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b># Percentage of Allocation/Share</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*# 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.**

**If Nominee is a Minor, details of the Guardian required : Name and Address of the Guardian**

**City**  **Pin Code**

**State**

**Guardian's relationship with the Minor Nominee**

**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 Holder**  **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 thereon. 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 Directors 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 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 a manner 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**  /  /

**SIGNATURE(S)**

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



**BNP Paribas Asset Management India Private Limited**

BNP Paribas House, 1 North Avenue, Maker Maxity, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051. Tel.: 91-22 3370 4242  
Web : www.bnpparibasmf.in • E-mail: customer.care@bnpparibasmf.in

For any further queries / correspondence, please contact :

**Sundaram BNP Paribas Fund Services Limited**

UNIT: BNP Paribas Mutual Fund

Central Processing Center, RR Towers II, III Floor,

Thiru Vi Ka Industrial Estate, Guindy, Chennai 600 032

Toll Free: 1800 102 2595

Email Id: cs.bnppmf@sundarambnpparibasfs.in



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. <b>ARN-0018</b>	Sub Agent's Name and AMFI Reg. No. <b>ARN- 93178</b>	Bank Serial No.	SBFS Serial No.
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<b>SUB-BROKER CODE</b> (As allotted by ARN holder)	<b>EUIN</b>	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 EUIN is left blank.

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

<b>SIGNATURE(S)</b>	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
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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"/>			
Third Applicant		<input type="checkbox"/>			
Guardian**		<input type="checkbox"/>			
POA Holder		<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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Minor <input type="checkbox"/> 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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others
Relationship	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian
Name of Second Applicant	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others
Name of Third Applicant	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others
Mode of Holding (please ✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint* <input type="checkbox"/> 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)
STD Code	Tel. Off.
Mobile	Tel. Resi.
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 ✓) <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Others
Status of Sole/First Applicant (please ✓) <input type="checkbox"/> Individual (IND) <input type="checkbox"/> HUF (HUF) <input type="checkbox"/> Company (CO) <input type="checkbox"/> FII (FII) <input type="checkbox"/> NRI-Repatriation (NRI) <input type="checkbox"/> NRI-Non Repatriation (NRI) <input type="checkbox"/> Bank (BANK) <input type="checkbox"/> Proprietorship Firm (OTH) <input type="checkbox"/> Trust (TRUST) <input type="checkbox"/> Society/Club (SOCTY) <input type="checkbox"/> Partnership (OTH) <input type="checkbox"/> Body Corporate (CO) <input type="checkbox"/> On behalf of Minor (MINOR) <input type="checkbox"/> Others (OTH) (please specify)
Status of Second Applicant (please ✓) <input type="checkbox"/> Individual (IND) <input type="checkbox"/> NRI-Repatriation (NRI) <input type="checkbox"/> NRI-Non Repatriation (NRI) <input type="checkbox"/> On behalf of Minor (MINOR) <input type="checkbox"/> Others (OTH) (please specify)
Status of Third Applicant (please ✓) <input type="checkbox"/> Individual (IND) <input type="checkbox"/> NRI-Repatriation (NRI) <input type="checkbox"/> NRI-Non Repatriation (NRI) <input type="checkbox"/> On behalf of Minor (MINOR) <input type="checkbox"/> 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)

**ECS / STANDING INSTRUCTION DEBIT BANK ACCOUNT DETAILS (MANDATORY)**

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 <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> NRE <input type="checkbox"/> NRO		
9 Digit MICR Code	(Please enter the 9 digit number that appears after your cheque number)	Mandatory Enclosure <input type="checkbox"/> Copy of cancelled Cheque leaf	
SIP Auto Debit Date	SIP Enrolment Period	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	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.	Signature of Authorised Official from Bank (Bank Stamp and Date)
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**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
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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
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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: Nominee 1, Nominee 2, Nominee 3. Name, Address, Relationship with Applicant, Date of Birth in case Nominee is minor, # Percentage of Allocation/Share. # 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. SIGNATURES: First / Sole Applicant / Guardian / POA Holder / Authorised Signatory, Second Applicant / Guardian / POA Holder, Third Applicant / Guardian / POA Holder.