



App. No.

Please read SIP Instructions before completing this Application Form

DISTRIBUTOR / BROKER INFORMATION [To ensure to treat the application as "DIRECT" please do not leave the boxes below blank and kindly read the instructions mentioned in 1(b)]

Name and AMFI Reg. No. ARN-0988 Ganesh S. Shanbhag	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	CAMS Serial No.
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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.

TRANSACTION CHARGES (Please ✓ any one of the below) (Refer Instruction No. 1 (c))

I am a first time investor in 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)

If none of the boxes are checked in that case by default the investor is considered to be an existing investor in Mutual Funds and will be charged accordingly.

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 (✓)		For Micro SIP Applications		
		PAN card proof	KYC Confirmation proof	Supporting Document Type	Reference Number	Date of Birth
First / Sole Applicant	_____	<input type="checkbox"/>	<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. _____ Bank Name _____ A/c. Type (please ✓) Savings Current NRE NRO FCNR

Address _____ City _____ Pin Code _____

Branch _____ MICR Code _____

RTGS / IFSC Code _____ NEFT / IFSC Code _____

All Redemption / Dividend Payouts will be payable to the First Applicant at the City and Bank Account details mentioned above via electronic credit. ◀ 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.

I / We want to receive redemption/ dividend proceed by cheque / demand draft. Cheque Payouts

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) 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)

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

ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)

I / We hereby authorise the authorised service provider of BNP Paribas Asset Management India Private Ltd. (Investment Manager to BNP Paribas Mutual Fund), to debit my / our following bank account by ECS (Debit Clearing) for collection of SIP payments (From the second SIP instalment).

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 Instalment Amount _____

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

This is to inform you that I/We have registered with an authorised service provider of BNP Paribas Asset Management India Private Ltd. (Investment Manager to BNP Paribas Mutual Fund), for collection of SIP payments. Such payments will be made from the above mentioned account and be routed to you directly or through the ECS mechanism. The authority shall continue to be in force with immediate effect till the period indicated above or until I/We revoke it by instructions delivered to the Bank in writing. I/We authorise the bank to honour all such instructions. I/We further authorise the representative of TechProcess Solutions Ltd. to get this mandate verified and registered with you. I hereby authorise the bank to debit verification charges (if any) to my account for verification of this mandate.

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)

SIGNATURE(S) (As in Bank Records)

First Account Holder _____

Second Account Holder _____

Third Account Holder _____

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 (Rs.) _____ 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

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

Scheme Name **BNP Paribas** Plan Regular* Institutional Institutional (Please)
 Option (please ✓) Growth* Dividend Daily**** Dividend Weekly*** Dividend Monthly Dividend** Quarterly Dividend Dividend Mode (Please ✓)
 Half Yearly Dividend Fortnightly Dividend Annual Dividend 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 Plan / Option if not ticked, except in **BNP Paribas Flexi Debt Fund**. For BNP Paribas Flexi Debt Fund, unless specified otherwise, the default Plan & Option shall be BNP Paribas Flexi Debt Fund - Regular Plan - Growth Option. ** Default Dividend Option if not ticked, except in BNP Paribas Flexi Debt Fund and BNP Paribas Bond Fund where the default Dividend Option is Quarterly Dividend Option & Annual Dividend Option respectively. *** With compulsory Dividend Re-investment except in case of **BNP Paribas Money Plus Fund**.**** With compulsory Dividend Re-investment ~ Default Dividend Mode except in case of BNP Paribas Money Plus Fund - Weekly Dividend Option.

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

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

7. 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 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.

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

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

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
 Signature of Guardian Not Mandatory

9. 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

10. 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 above mentioned 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.
 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 YYYY
 SIGNATURES
 First / Sole Applicant / Guardian Second Applicant / Guardian Third Applicant / Guardian

SIP AUTO DEBIT - CHECKLIST

- Please ensure that if you are an existing investor, you have quoted your Folio No. in the SIP Application Form.
- Investment Scheme / Plan / Option in which you wish to do systematic investments is clearly indicated in the SIP Application Form.
- The SIP Amount, the SIP Frequency, your preferred SIP Date and Period are clearly indicated in the SIP Application Form.
- Your First SIP Cheque from the same bank from which you wish your Auto-Debits to happen is enclosed and the cheque details are clearly indicated in the SIP Auto Debit Facility Form.
- Your Bank Account Details are correctly and completely furnished including the 9 Digit MICR Code.
- Cancelled Cheque leaf of the Bank Account mentioned in the SIP Auto Debit (ECS) Account to be attached.
- In case of current account, please affix company's seal at columns "ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)" and AUTHORISATION OF BANK ACCOUNT HOLDER section.
- Authorisation of Bank Account is signed in the same manner as your signatures in Bank Records.