



App. No.

DISTRIBUTOR / BROKER / SCSB INFORMATION To ensure to treat the application as "DIRECT" please do not leave the boxes below blank and read the instructions mentioned in 1(b)			
Name and AMFI Reg. No. ARN- 0155 / NJ India Invest	Sub Agent's Name and AMFI Reg. No. ARN-	Bank Serial No.	SBFS Serial No.
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.	

"I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction"

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	Enclosed (✓)
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

MANDATORY

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 Other _____ 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 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) _____
Mandatory for NRI/FIL Applicant

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.

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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 Short Term Income Fund
	<input type="checkbox"/> BNP Paribas Dividend Yield Fund	<input type="checkbox"/> BNP Paribas Monthly Income Plan	<input type="checkbox"/> BNP Paribas Money Plus Fund
	<input type="checkbox"/> BNP Paribas Mid Cap Fund	<input type="checkbox"/> BNP Paribas Flexi Debt Fund	<input type="checkbox"/> BNP Paribas Overnight Fund
	<input type="checkbox"/> BNP Paribas Tax Advantage Plan (ELSS)	<input type="checkbox"/> BNP Paribas Bond Fund	
Plan	<input type="checkbox"/> Direct Plan (Default Plan if not ticked)	<input type="checkbox"/> Through Distributor	
Option (please ✓)	<input type="checkbox"/> Growth* <input type="checkbox"/> Dividend	<input type="checkbox"/> Daily**** Dividend <input type="checkbox"/> Weekly*** Dividend	<input type="checkbox"/> Monthly Dividend** <input type="checkbox"/> Quarterly Dividend
	<input type="checkbox"/> Reinvest <input type="checkbox"/> Payout	<input type="checkbox"/> Half Yearly Dividend <input type="checkbox"/> Annual Dividend	
Dividend Mode (please ✓)			
Investment Amount	₹	Cheque / DD No.	Dated
Mode of Payment	Cheque / Demand Draft / Fund Transfer		
Drawn on Bank	A/c. No.		
Branch			

* Default Option if not ticked, except in BNP Paribas Flexi Debt Fund. For BNP Paribas Flexi Debt Fund, unless specified otherwise, the default Option shall be BNP Paribas Flexi Debt Fund - 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. ~ Please refer to instruction no. 4 (d) on page 11.

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 ✓)	<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					◀ This is a 9 Digit No. next to your Cheque No.
RTGS / IFSC Code	MICR Code				◀ IFSC code will be mentioned on your cheque leaf, else please contact your bank branch.
	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.

I / We want to receive redemption/ dividend proceed by cheque / demand draft. (Please ✓)

9. 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	_____	_____	_____
<i># 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.</i>			
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 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 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.

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

MANDATORY



BNP Paribas Asset Management India Private Limited
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 Web : www.bnpparibasmf.in • E-mail: customer.care@bnpparibasmf.in

For any further queries / correspondence, please contact :
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 Central Processing Center, RR Towers II, III Floor,
 Thiru Vi Ka Industrial Estate, Guindy, Chennai 600 032
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 Email Id: cs.bnppmf@sundarambnpparibasfs.in