

COMMON APPLICATION FORM

Please read the Instructions before completing this Application Form.

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 Re	g. No. Bank	Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN- 74461		ARN-					(As allotted by ARN holder)	E-063566
Upfront commission shall be	e paid directly by t	he investor to the A	AMFI registered Distribut	ors based on the in	vestors' assessm	ent of various factors incl	uding the service rendered	by the distributor.
I/We hereby confirm that th any interaction or advice by notwithstanding the advice of the distributor / sub broke	y the employee / of in-appropriater	relationship manag	ger / sales person of the	above distributor	/ sub broker or	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
TRANSACTION CHARG		000 and above (✓ ew Investor - Rs	* ' ' '			am a first time invest I am an existing inves	or across Mutual Funds tor in Mutual Funds.	s.
1. EXISTING INVE	STOR'S FOLI	O NUMBER	Folio No.				ils in our records under the will apply for this application	
2. APPLICANT'S II	NFORMATION	N (Non-Individua	al investors please fi	II Ultimate Bene	ficial Owner (U	BO) details and subm	it with Application Form	ı.
First / Sole Applicant	○ Mr. ○ Ms.	○ M/s. ○ Minor						
Name:		FIF	RST		MIDD	LE		LAST
PAN / PEKRN			Date of Birtl	n* / Incorporation	D D M M	Y Y Y Y * Re	quired for First holder / Mind	or
Name of Guardian (in c	ase of First / S		a Minor) / Name of C	ontact Person (i	ncase of non-in	•		LAST
Guardian PAN / PEKRN				Cont	act No.			
For Investment "on be	half of Minor"	O Birth Certificate	O School Certificate	Passport Other	Relationship v	vith Minor (Mandatory)	○ Father ○ Mother ○ Cou	ırt Appointed Legal Guardian
Mailing Address								
City			State			Pi	n Code (Mandatory)	
Country			STD Code			Tel	. Off.	
Overseas Address (Manda	tory for NRI / FII A	applicant) (See Instru	uction 2.ai) on page 14)					
						Country		
GO GREEN (Default m	ode of Commu	nication) -				E-Mail		
Tax Status: ○ Resident ○ NRI-Rep					Minor Com	pany O Trust O Society	Non-Individual y / Club O Partnership / Ll	.P
NRI - On Behalf of Mind						Profit Organisation Ot		Ukudat O Baradatanahia
O Defence O Others (P	lease Specify)						ness O Retired O Agric	ununsi
Gross Annual Income (₹) ○ Below 1 La	ac O 1-5 Lacs O	5-10 Lacs	acs 🔾 > 25 Lacs -	1 Crore ○ > 1	Crore OR Net worth	1₹	
Second Applicant's D	etails r	Mode of Holding ((please ✓) Ojoint#	Anyone or Surv	ivor (# Default, in	case of more than one a	oplicant and not ticked)	
Name: OMr. Ms.			FIRST		MIDI	DLE	LAST	
PAN / PEKRN			Date of Birth	D D M M	Y Y Y	Mobile		
							Defence Agriculturist	○ Forex Dealer ○ Others
Gross Annual Income (, -	○1-5 Lacs ○5	i-10 Lacs 0 10-25 La	ics	cs - 1 Crore	> 1 Crore OR Net worth	1₹	
Third Applicant's Deta	ails							
Name: OMr. OMs.			FIRST		MIDI		LAST	
PAN / PEKRN			Date of Birth			Mobile		
							d O Defence O Agriculturist	○ Forex Dealer ○ Others
Gross Annual Income (() OBelow I Lac	1-5 Lacs \bigcirc 5	i-10 Lacs 0 10-25 La	ics > 25 La	cs - 1 Crore	> 1 Crore OR Net worth	1<	
Additional Details	Delitically E	vnacad Baraan ((PEP) Status : (Also ap	unlicable for authori	and Arawai	. / antitu invalved in a	ny of the services ment	ioned below? If yes
			Karta / Trustee / Whole		sed Are you	•	n it in the following box	
First / Sole Applicant		lam PEP Olan	m Related to PEP ONot	Applicable				
Second Applicant		lam PEP Olar	n Related to PEP	Applicable				
Third Applicant				Applicable				
Service Businesses (MSB)	& their agents (e Hotels • Restau	xcluding Banks) • Irants • Internet	 Currency dealers or Cafes • Door to door s 	Exchanges • Se sales companies •	ellers for redeeme Taxi • Bars •	ers of traveler's cheques l Night Clubs Secon	Boats • Race-horses • Money Orders/Remittance s d hand Goods sales • Se Auctioneer • Art Exper	ervices • Pawn shops cond hand vehicle dealers
3. POWER OF ATT	ORNEY (PoA) HOLDER DE	TAILS (If the invest	ment is being m	ade by a Const	ituted Attorney, pleas	e furnish the details of l	PoA Holder)
First / Sole Applicant	M/s. Other	cond Applicant	Third Applica					
PAN			Enclosed	PAN card proof	KYC Confirm	mation proof)	Signat	ure of (PoA) Holder
ACKNOWLEDGEME	NT SLIP (To I	oe filled in by th	ne Appl <u>icant)</u>			Δ	pp. No.	
Application form received fo				nditions			.FF. 1101	
Mr. / Ms. / M/s								
Instrument No.	Dated D	rawn on Bank	Account No.	Amount (Rs.)	Scher	ne / Plan / Option	ISC Stamp,	Date & Signature

						wish to invest (refer instruction 4)	(Mandatory)				
Zero Balance Lumpsur	<u> </u>	· ·									
Scheme Name / Pla		Amount (₹)	Cheque/DD No./	UMRN	Bank / Branch	Payment Mode	Account No.				
BNP Paribas LONG TERM Regular Direct Grov	_					Cheque DD NEFT RTGS Funds Transfer NACH					
BNP Paribas	_					○ Cheque ○ DD ○ NEFT ○ RTGS					
- , -	wth ODividend dend Reinvest					○ Funds Transfer ○ NACH					
Regular Direct Grov Dividend Payout Dividend Payout	wth Dividend					Cheque DD NEFT RTGS Funds Transfer NACH					
· · · · · · · · · · · · · · · · · · ·	Party Payment Th	nird Party Payment	(Please	attach "Thir	rd Party Declaration	Form")	I				
5. DEMAT ACCOUNT DE	TAILS (refer instr	uotion 1f)									
National Securities Depository I	144	•									
Central Depository Services (In	Вср	ository Participant Name ID No.		Reneficia	ry Account No.						
_ , ,			notab tha Damat data			- In accessing forms in mot filled, the plafe of the	ntian will be abusined made				
			natch the Demat deta	ilis as stated	in the Application For	n. In case the form is not filled, the default o					
6. BANK ACCOUNT DET	AILS (See Instr	uction 3 on page 16)				(Mandatory, as per	SEBI Regulations)				
Bank Name											
Bank A/c. No.			A/c. Type	Savings	○ Current ○ NR	E ○NRO ○FCNR					
Branch Name			City			Pin Code					
MICR Code		(9 Digit No. next to your Cheque No.) IFSC Code								
7. FATCA DETAILS For In	dividual & HUF (Ma	ndatory) Non Indiv	idual investors s	hould Ma	ndatorily fill sepa	rate FATCA detail form					
Details under Foreign Tax Law	rs:	First / Sole Applicant / G	uardian		Second Applicant	○ Third Appli	cant OPoA				
Father's Name											
Country and Place of Birth											
Nationality											
Are you a tax resident of any country	y other than India?	Yes No If yes, plea	ase indicate all cour	ntries in whi	ich you are resident f	or tax purposes and the associated Tax	D Numbers below:				
Country#											
Tax Identification Number\$											
Identification Type (TIN or Other, Pl	ease specify)										
Country#											
Tax Identification Number\$											
Identification Type (TIN or Other, Pl	ease specify)										
Country#											
Tax Identification Number\$											
Identification Type (TIN or Other, Ple											
# To also include USA, where the indivi TIN is yet available or has not yet beer				a TIN or fur	nctional equivalent if the	ne country in which you are tax resident is	sues such identifiers. If no				
		*		rooppet	nominate and abo	yeld not fill this costion (Cos leader	uotion E on none 17)				
6. NOWINATION - MANDA	ATORY, even if no	intention to nominate. Mi	nor & PoA holde	cannot i	nominate and sho	ould not fill this section (See Instr	uction 5 on page 17)				
1. I/We do not wish to nominal	te SIGNATURE(S	First / Sole A	oplicant		Second Applica	nt Third A	Applicant				
2. Having read and understood the in	struction for Nomination	, I / We hereby nominate the per	son(s) more particula	arly describe	d hereunder in respec	t of the Units under the Folio held by me/u:	s in the event of my death.				
<u> </u>		Nominee Name	()	,	· ·	Allocation %# Guardian					
Nominee 1											
Nominee 2											
Nominee 3											
	indicate the re	go of allocation / at f	h of the naminari	o whole :-:	mboro only with and	nu docimalo malsina a tat-1 -£ 400	ant				
		ye oi allocation / share for eac	n of the nominees if	n whole nur	nibers only without ai	ny decimals making a total of 100 per o	ent.				
				05511111	5 " " "		16 : 1 1000 1				
confirm and declare as under:- (1) I / We h ('Fund') indicated above. (2) I / We am / a	nave read, understood and are eligible Investor(s) as	I hereby agree to comply with the to per the scheme related documents	erms and conditions of and am / are authoris	the scheme sed to make	related documents and this investment as per t	tion is in compliance with applicable Indian ar apply for allotment of Units of the Scheme(s) he Constitutive documents / authorization(s).	of BNP Paribas Mutual Fund The amount invested in the				
this application form is true and correct an	d further agree to furnish s	such other further/additional informa	ation as may be require	ed by the BNF	P Paribas Asset Manage	sued by any regulatory authority in India. (3) T ement India Pvt Ltd (AMC) / Fund and underta	ke to inform the AMC / Fund				
						or any part of it is/are found to be false / untr my / our bank(s) /Fund's bank(s) and / or Dis					
Advisor and to verify my / our bank details	s provided by me / us, or to	disclose to such service providers	as deemed necessar	y for conduct	of business. (6) I / We	confirm that I / We do not have any existing M	icro SIP / Investments which				
						AN exempt category of investors). (7) I / We wregistered Distributor) has disclosed to me / u					
form of trail commission or any other mod	le), payable to him / them	for the different competing Scheme	s of various Mutual Fu	inds from am	ongst which the Schem	e is being recommended to me / us. (9) I/WE					
/ WE HAVE NOT BEEN OFFERED / COM I / We also confirm that I / We have read an					ND / AMC / ITS DISTRIE	BUTOR FOR THIS INVESTMENT.					
Applicable to Foreign Nationals	Resident in India o	nly: I/We will redeem my/our entir			e my / our Indian residen	cy status. I/We shall be fully liable for all conse	equences (including taxation				
arising out of the failure to redeem on acc											
Applicable to NRIs / PIO / OCIs with applicable Indian and foreign laws.	only: I / We am / are not please (✓) Yes	t prohibited from accessing capital No If yes, (✓)	markets under any ord Repatriation basi		idgment etc., of any regi n-Repatriation basis	ulation, including SEBI. I / We confirm that my	application is in compliance				
					•						
Dated		oplicant / Guardian /	Second Ap	plicant / Gu	uardian / POA Holder	Third Applicant / Guardi	an / POA Holder				
	PUA Holder / A	Authorised Signatory	1								







E-mail: customer.care@bnpparibasmf.in



SIP AUTO DEBIT (ECS / NACH / SI) FACILITY: REGISTRATION CUM MANDATE FORM

Please read the Instructions before completing this Application Form.

			Pleas	` ' —	Registrat	tion	SIP Re	enewal	SIP	Canc	ellation	n 🗌 S	IP - Ch	ange i	n Bank	Detail	s
Name and AMFI R				nstruction 1(Ind AMFI Reg. N		nk Serial	No.	SBFS	Serial N	о.	Sub-l	Broker C	ode		EUIN		
ARN- 74461		ARN-										allotted b		ΕC	6356	6	
7.4461 front commission shall be pa	id directly by the	investor to the	e AMFI reais	stered Distributors I	based on th	ne investors	' assess	ment of va	rious factor	rs inclu	udina the	service re	ndered b	E-(06356 Stributor.	6	
We hereby confirm that the E y interaction or advice by the twithstanding the advice of it the distributor / sub broker.	UIN box has bee e employee / re	en intentionally lationship mar	/ left blank b nager / sales	by me / us as this to s person of the abo	ransaction i ove distribu	is executed itor / sub bi	without roker or	First /	/ Sole Applio lian / POA H orised Signa	cant Holder	Se	cond Applic	cant	Th	nird Appli		
. APPLICANT'S IN	IFORMATIO	ON (Manda	atory, if le	eft blank, the	applicat	tion is li	able to	be rej	ected)								
me of Sole / First Unit Ho	lder	Fir	st Name			IV	liddle Na	me					Last Nar	ne			
lio No.									Applica	ition l	No.						
ode of Holding (please ✓)	Single .	Joint Anyo	ne or Surviv	vor					PAN (Fi	rst Un	it Holder)					
obile No. +91			E-	-mail ID													
. SYSTEMATIC IN	VESTMENT	T PLAN D	ETAILS														
heme / Plan / Option																	
equency (Please ✓)	Weekly SIP	Mont	hly# SIP	Quarterly	/[#] SIP (Ca	alender Qua	arter i.e.	January, A	pril, July ar	nd Oct	tober)			(#ECS a	vailable	e)
	ekly SIP (Monda		Day of transfe		I	Monthly and		•			` •	ate except					_
rolment Period	Regular From MM//YYYYY To MM//YYYY Perpetual From MM//YYYYY To 01/2099																
CIT OII AIIIOUII	₹ No. of instalments Total Amount ₹ First SIP Instalment via: Cheque No.																
awn on Bank							A /	Via T		_							
anch	. I In A 1 th	Amount in	multiples	of₹500 only			A/c.			700.00			mls a*				
Top UP (Optional) Top DECLARATION 6			muniples (OI V JUU UIIIY			lop	Up Frequ	uency	_ Half	f Yearly	Yea	гіу"				
t, by any acts of God, civil ce majeure events, or any o separate intimation will be r IGNATURE AS PER to be signed as per Mode	ther cause of pe eceived from Ba BNP PARI	eril which is be ank in case of	yond Bank's non-executi	s reasonable contri ion of the instruction	ol and which	ch has the e reasons w	effect of hatsoeve	preventing er. E AS PI	the perfor	mano	e of the	contract by	the Ban	k. I/We	acknow	ledge that	at
Sole/First Applicant/Guard						Sole / I			ider II Wo	ide oi	Орега	ion in the	DAIIK IS	s Joint)		
Second Applicant Not applicable if first applicant is	minor)					Second	d Holde	r									
Third Applicant (Not applicable if first applicant is minor)						Third H	Holder										
	. – – – –																_
TECS/NACH Mandate	/SI _{UMF}	RN 📗					Ш						Date	D D	M	ΙΥ	Υ
	Sponsor Ba	ank Code					Ut	ility Cod	e								
(✓) EATE ✓ I/We here	by authorize		В	NP PARIBAS	MUTUA	AL FUND	D		to	deb	it (tick	/) SB	CAC	SB-	NRE	B-NF	80
DIFY Bank	a/c number							\top	\Box	П			\Box		\prod		T
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3ank	Name o	f customers	bank		IFSC _					\perp		or MICR	<u>Щ</u>				
nount of Rupees													[₹			
QUENCY Mithly	⊠ Qtly	⊠ II-Yrly	⊠ Yrly	r ☑ As & wh	en preser	nted		DE	BIT TY	PE	⊠ Fi	xed Amo	unt		✓ Max	imum <i>i</i>	Amo
rence 1									Phone N	No.							
rence 2									Email ID	Ī							
ee for the debit of mand	ate processii	ng charges	by the ban	nk whom I am a	uthorizing	g to debit	my ac	count as	per lates	st sch	nedule (of charge	s of the	bank			
RIOD — M M	\ \ \ \ \	, _V															
m DD MM			Signat	ture Primary A	ccount h	older	S	ignature	of Acco	ount	holder		Sig	gnatur	e of A	count	ho
	[Y] Y] Y	⊥ ĭ	h.i	ama ao in hani	k rocoud-			Name -	e in her!	k roc	ordo	_		lama	ac in h	ank re	00"

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit.