

Please read the Instructions before completing this Application Form.  
For Product labelling, please refer the cover page of the Key Information Memorandum

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 Reg. No.	Sub-Broker Code	EUIN*	RIA Code** / PMRN
ARN- ARN-64917	ARN-	(As allotted by ARN holder)	EUIN - E434563	

Uprfront 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 the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker.  
\*\* I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/ provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI Registered Portfolio Manager.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one) (See Instruction G):  
 Existing Investor - Rs. 100    New Investor - Rs. 150

I confirm that I am a first time investor across Mutual Funds.  
 I confirm that I am an existing investor in Mutual Funds.

**1. EXISTING INVESTOR'S FOLIO NUMBER** Folio No. \_\_\_\_\_ The details in our records under the Folio number mentioned alongside will apply for this application.

**2. APPLICANT'S INFORMATION (Non-Individual investors please fill Ultimate Beneficial Owner (UBO) details and submit with Application Form.**

**First / Sole Applicant**  Mr.  Ms.  M/s.  Minor

Name: FIRST MIDDLE LAST  
(Please mention Name as per PAN Card. Refer instruction no. 2. ai)

Date of Birth\* / Incorporation DDMMYYYY PAN / PEKRN KYC Identification Number (KIN) GSTIN  
\* Required for 1st holder/Minor

**Guardian Details**  Mr.  Ms. (in case of First / Sole Applicant is a Minor) / Name of Contact Person (incase of non-individual Investors)

Name: FIRST MIDDLE LAST  
(Please mention Name as per PAN Card. Refer instruction no. 2. ai)

Date of Birth DDMMYYYY PAN / PEKRN KYC Identification Number (KIN) Mobile No. \_\_\_\_\_

**For Investment "on behalf of Minor"**  Birth Certificate  School Certificate  Passport  Other Relationship with Minor (Mandatory)  Father  Mother  Court Appointed Legal Guardian

Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_  
 Country \_\_\_\_\_ STD Code \_\_\_\_\_ Tel. Off. \_\_\_\_\_

Overseas Address (Mandatory for NRI / FII Applicant) (See Instruction 2.ai) \_\_\_\_\_  
 Country \_\_\_\_\_

**GO GREEN (Default mode of Communication)** → Mobile \_\_\_\_\_ E-Mail \_\_\_\_\_

**Tax Status:**

<b>Individual</b>	<b>Non-Individual</b>
<input type="radio"/> Resident <input type="radio"/> NRI-Repatriation <input type="radio"/> NRI-Non Repatriation <input type="radio"/> Sole-Proprietorship <input type="radio"/> On Behalf of Minor <input type="radio"/> NRI - On Behalf of Minor <input type="radio"/> PIO / OCI <input type="radio"/> HUF <input type="radio"/> Others (Please Specify) _____	<input type="radio"/> Company <input type="radio"/> Trust <input type="radio"/> Society / Club <input type="radio"/> Partnership / LLP <input type="radio"/> AOP / BOI <input type="radio"/> FPI <input type="radio"/> Non Profit Organisation <input type="radio"/> Others (Please Specify) _____

**Occupation:**  Private Sector Service  Public Sector Service  Government Service  Student  Professional  Housewife  Business  Retired  Agriculturist  Proprietorship  Defence  Others (Please Specify) \_\_\_\_\_

**Gross Annual Income (₹)**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore OR Net worth ₹ \_\_\_\_\_

**Second Applicant's Details** Mode of Holding (please ✓)  Joint  Anyone or Survivor# (# Default, in case of more than one applicant and not ticked)

Name:  Mr.  Ms. FIRST MIDDLE LAST  
(Please mention Name as per PAN Card. Refer instruction no. 2. ai)

Date of Birth DDMMYYYY PAN / PEKRN KYC Identification Number (KIN) Mobile \_\_\_\_\_

**Occupation**  Pvt. Sector Service  Pub. Sector Service  Gov. Service  Housewife  Student  Professional  Housewife  Business  Retired  Defence  Agriculturist  Forex Dealer  Others

**Gross Annual Income (₹)**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore OR Net worth ₹ \_\_\_\_\_

**Third Applicant's Details**

Name:  Mr.  Ms. FIRST MIDDLE LAST  
(Please mention Name as per PAN Card. Refer instruction no. 2. ai)

Date of Birth DDMMYYYY PAN / PEKRN KYC Identification Number (KIN) Mobile \_\_\_\_\_

**Occupation**  Pvt. Sector Service  Pub. Sector Service  Gov. Service  Housewife  Student  Professional  Housewife  Business  Retired  Defence  Agriculturist  Forex Dealer  Others

**Gross Annual Income (₹)**  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  > 25 Lacs - 1 Crore  > 1 Crore OR Net worth ₹ \_\_\_\_\_

Additional Details	Politically Exposed Person (PEP) Status : (Also applicable for authorised signatories / Promoters / Karta / Trustee / Whole time Directors)	Are you / entity involved in any of the services mentioned below? If yes write down it in the following box
<b>First / Sole Applicant</b>	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	
<b>Second Applicant</b>	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	
<b>Third Applicant</b>	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	

**Are you / entity involved in any of the following :** • Precious metals (in particular buying-selling Gold) and Gems • Luxury Cars • Boats • Race-horses • Jewellery • Money Service Businesses (MSB) & their agents (excluding Banks) • Currency dealers or Exchanges • Sellers for redeemers of traveler's cheques Money Orders/Remittance services • Pawn shops • Street Market stall • Hotels • Restaurants • Internet Cafes • Door to door sales companies • Taxi • Bars • Night Clubs • Second hand Goods sales • Second hand vehicle dealers (excluding Automobile Franchise) • Casinos • Lotteries • Gambling Clubs • Slot machines Antiques • Art Galleries • Art Dealers • Auctioneer • Art Expert • None of the above

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

First / Sole Applicant  Second Applicant  Third Applicant

Mr.  Ms.  M/s.  Others \_\_\_\_\_ Name of PoA Holder \_\_\_\_\_

PAN \_\_\_\_\_ KYC Identification Number (KIN) \_\_\_\_\_

Enclosed  PAN card proof  KYC Confirmation proof

**Signature of (PoA) Holder**

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**

Application form received for purchase of units, subject to realization, verification and conditions

App. No.

Mr. / Ms. / M/s.

Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option

ISC Stamp, Date & Signature

**4. INVESTMENT & PAYMENT DETAILS : Please issue separate Cheque / DD favouring the Scheme Name you wish to invest (refer instruction 4) (Mandatory)**

Zero Balance  Lumpsum  SIP (Mention the first purchase details below and fill and submit the SIP form separately)

Scheme Name / Plan / Option			Amount (₹)
BNP Paribas			
Cheque/DD No./UMRN	Bank / Branch	Account No.	Payment Mode
			<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> Funds Transfer <input type="radio"/> OTM
Payment Type <input type="radio"/> Non-Third Party Payment <input type="radio"/> Third Party Payment (Please attach "Third Party Declaration Form")			

**5. DEMAT ACCOUNT DETAILS (refer instruction 1f10)**

National Securities Depository Ltd. Depository Participant Name \_\_\_\_\_  
 Central Depository Services (India) Ltd. DP ID No. \_\_\_\_\_ Beneficiary Account No. \_\_\_\_\_

Investor willing to invest in Demat option, may provide a copy of the DP Statement enabling us to match the Demat details as stated in the Application Form. In case the form is not filled, the default option will be physical mode.

**6. BANK ACCOUNT DETAILS (See Instruction 3) (Mandatory, as per SEBI Regulations)**

Bank Name \_\_\_\_\_  
 Bank A/c. No. \_\_\_\_\_ A/c. Type  Savings  Current  NRE  NRO  FCNR  
 Branch Name \_\_\_\_\_ City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 MICR Code \_\_\_\_\_ (9 Digit No. next to your Cheque No.) IFSC Code \_\_\_\_\_

**7. FATCA DETAILS For Individual (Mandatory) Non Individual investors including HUF should Mandatorily fill separate FATCA detail form**

Details under Foreign Tax Laws:	First / Sole Applicant / Guardian	Second Applicant	Third Applicant / PoA
Place & Country of Birth			
Nationality	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify) _____	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify) _____	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify) _____
Address Type	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business

**Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India?  Yes  No (If Yes, please provide information below)**

Country of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) _____	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) _____	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) _____
Country of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) _____	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) _____	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) _____

**Reason A:** The country where Account Holder is liable to pay tax does not issue TIN to its residents do not require the TIN to be collected  
**Reason B:** No TIN Required (Select this only if the authorities of the respective country of tax residents do not require the TIN to be collected)  
**Reason C:** others, please specify the reason above

**8. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section (See Instruction 5)**

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.

	Nominee Name	Date of Birth <sup>A</sup>	Allocation % <sup>#</sup>	Guardian Signature <sup>A</sup>
Nominee 1				
Nominee 2				
Nominee 3				

<sup>A</sup> In case Nominee is minor. <sup>#</sup> 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.

**9. DECLARATION & SIGNATURES (See Instruction 6)**

I / We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. I / We confirm that my application is in compliance with applicable Indian and foreign laws. I / We hereby confirm and declare as under- 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 have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents including the provisions of the section of 'Who cannot Invest' and apply for allotment of Units of the Scheme(s) of BNP Paribas Mutual Fund ('Fund'). I/We hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds /income of mine 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 Act, 1988 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 not create a folio / account, 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. I / We hereby authorise the Fund, AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / Fund's bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to disclose to such service providers as deemed necessary for conduct of business. I / We confirm that I / We do not have any existing Micro SIP / Investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a financial year or a rolling period of one year (Applicable for PAN exempt category of investors). I / We will indemnify the Fund, AMC, Trustee, RTA and other intermediaries in case of any dispute regarding the eligibility, validity and authorization of my / our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I / WE HEREBY CONFIRM THAT I / WE HAVE NOT BEEN OFFERED / COMMUNICATED ANY INDICATIVE PORTFOLIO AND / OR ANY INDICATIVE YIELD BY THE FUND / AMC / ITS DISTRIBUTOR FOR THIS INVESTMENT. I / We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete and further agree to furnish such other further/additional information as may be required by the BNP Paribas Asset Management India Pvt Ltd (AMC) / Fund. I further undertake to advise the AMC / Mutual Fund/ Trustees promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide the AMC /Mutual Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances. I hereby declare that the AMC / Fund can provide my information to any institution / tax authorities / governmental body for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

**To receive physical annual statements and scheme wise abridged report please tick here (✓)**   
**Additional declaration for 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.  
**Additional declaration for Foreign Nationals Resident in India only:** I/We will redeem my / our entire investment/s before I / We change my / our Indian residency status. I / We shall be fully liable for all consequences (including taxation) arising out of the failure to redeem on account of change in residential status.  
**Additional declaration for NRIs / PIO / OCIs only:** I / We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. I / We confirm that my application is in compliance with applicable Indian and foreign laws. please (✓)  Yes  No If yes, (✓)  Repatriation basis  Non-Repatriation basis

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