

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 (₹)	Cheque/DD No./UMRN	Bank / Branch	Account No.	Payment Mode
BNP Paribas <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest					<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
BNP Paribas <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest					<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
BNP Paribas <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest					<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 Non-Third Party Payment Third Party Payment (Please attach "Third Party Declaration Form")

5. DEMAT ACCOUNT DETAILS (refer instruction 1f10 on page 27)

National Securities Depository Ltd. Central Depository Services (India) Ltd.

Depository Participant Name _____
 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 on page 30) (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. OVERSEAS EXPOSURE - MANDATORY ONLY FOR CORPORATES / BANKS / FINANCIAL INSTITUTIONS

Does your Entity* have any offices, transactions, investments, activities or planned activities offshore? Yes No

* includes any business directly or indirectly controlled by, or under common control with your entity.
 If the answer is "Yes", please fill out the "Major Sanctioned Countries Questionnaire" Form available on our website www.bnpparibasmf.in.

8. 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	<input type="radio"/> Third Applicant <input type="radio"/> 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 who 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

9. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section (See Instruction 5 on page 32)

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.

Nominee Name	Date of Birth ^A	Allocation % [#]	Guardian Signature ^A
Nominee 1			
Nominee 2			
Nominee 3			

^A In case Nominee is minor. [#] 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.

10. DECLARATION & SIGNATURES

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 proxy/holders 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.

I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (iii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I / We hereby provide my / our consent for sharing/disclosing of my / our Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.

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 investments 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



**BNP PARIBAS
MUTUAL FUND**

BNP Paribas Asset Management India Private Limited
 BNP Paribas House, 1 North Avenue, Maker Maxity, Bandra Kurla Complex,
 Bandra (East), Mumbai - 400 051, Maharashtra, India.
 Toll Free: 1800 102 2595 • Web : www.bnpparibasmf.in
 E-mail: customer.care@bnpparibasmf.in







ECS/NACH/SI Mandate

UMRN

Date

Sponsor Bank Code

Utility Code

Tick (✓)

CREATE	<input checked="" type="checkbox"/>
MODIFY	<input type="checkbox"/>
CANCEL	<input type="checkbox"/>

I/We hereby authorize

BNP PARIBAS MUTUAL FUND

to debit (tick✓)

<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other
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Bank a/c number

with Bank

Name of customers bank

IFSC

or MICR

an amount of Rupees

₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presentedDEBIT TYPE Fixed Amount Maximum Amount

Reference 1

Phone No.

Reference 2

Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Or	<input type="checkbox"/> Until Cancelled							

Signature Primary Account holder

Signature of Account holder

Signature of Account holder

1. Name as in bank records

2. Name as in bank records

3. Name as in bank records

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

Instructions to fill One Time Mandate (OTM)

- Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Unit holder(s) need to provide, along with the mandate form, an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. Please mention the Name of the Bank, Branch, and IFSC/MICR code in the OTM form. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of BNP Paribas Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by BNP Paribas Mutual Fund
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of BNP Paribas Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of BNP Paribas Asset Management India Private Limited, Investment Manager to BNP Paribas Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ ECS/Direct Debit/SI.
