

APPLICATION FORM 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 Re	g. No.	Sub-Broker Code	EUIN*	RIA Code ⁺⁺					
ARN-	ARN-		(As allotted by ARN holder)							
Upfront commission shall be paid directly by the investor to t	he AMFI registered Distributors based on the inv	estors' assessm	ent of various factors including	the service rendered by the dis	tributor.					
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the inve *IWe 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 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. IWe hereby give you unylour consent to share! provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of mylour investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.			First / Sole Applicant / Guardian / POA Holder Secon		Third Applicant / Guardian / POA Holder					
TRANSACTION CHARGES for Rs. 10,000 and a Existing Investor - Rs. 100 New Invest			rm that I am a first time in rm that I am an existing i							
1. EXISTING INVESTOR'S FOLIO NUME	BER Folio No.	The details in our records under the Folio number mentioned alongside will apply for this application.								
2. APPLICANT'S INFORMATION (Non-In	dividual investors please fill Ultimate E	Beneficial Ov	vner (UBO) details and su	bmit with Application Fo	orm.					
First / Sole Applicant OMr. Ms. M/s.										
Name: FIRS (Please mention Name as per PAN Card. Refer instruction no. 2. a	ST	MIDDLE		LAST						
Date of Birth* / PAN		dentification N	lumber (KIN)	GSTIN						
Incorporation * Required for 1st holder/Minor										
Guardian Details Mr. Ms. (in case of F	First / Sole Applicant is a Minor) / Name	of Contact	Person (incase of non-inc	lividual Investors)						
Name: FIRS	,	MIDDLE		LAST						
(Please mention Name as per PAN Card. Refer instruction no. 2. a	ai)									
	PEKRN KYC I	dentification N	lumber (KIN)	Mobile No.						
For Investment "on behalf of Minor" O Birth C	ertificate School Certificate Passport C	Other Relatio	nship with Minor (Mandat	ory) \bigcirc Father \bigcirc Mother \bigcirc	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:	Individual			Non-Individual						
Resident NRI-Repatriation NRI-Non Repa		half of Minor	○ Company ○ Trust ○ S ○ Non Profit Organisation (ociety / Club O Partnership						
NRI - On Behalf of Minor PIO / OCI HUF Occupation: Private Sector Service Public S			•	1 27						
O Defence O 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 H	olding (please ✓) ○ Joint ○ Anyone or	Survivor# (# I	Default, in case of more than	one applicant and not ticked	1					
Name: Mr. Ms. FIF	RST	MIDDLE		LAST						
(Please mention Name as per PAN Card. Refer instruction no. 2.	ai)									
Date of Birth PAN / PEKRN	KYC Identificat	ion		Mobile						
	Number (KIN)									
Occupation Ovt. Sector Service Ovub. Sector Serv				•	$\operatorname{urist} \bigcirc \operatorname{Forex} \operatorname{Dealer} \bigcirc \operatorname{Others}$					
Gross Annual Income (₹) Below 1 Lac 1-5 La	cs 🔿 5-10 Lacs 🔿 10-25 Lacs 🔿 >	25 Lacs - 1 Cro	ore O>1 Crore OR Net	worth ₹						
Third Applicant's Details	- -									
Name: Mr. Ms. FIR (Please mention Name as per PAN Card. Refer instruction no. 2. a		MIDDLE		LAST						
Date of Birth PAN Cald. Relef Instruction no. 2. a	KYC Identificat	ion		Mobile						
	Number (KIN)									
Occupation Ovt. Sector Service Ovb. Sector Service	ice O Gov. Service O Housewife O Student	Professional	Housewife Business F	Retired O Defence O Agricult	urist O Forex Dealer O Others					
Gross Annual Income (₹) ◯ Below 1 Lac ◯ 1-5 La	ics ◯ 5-10 Lacs ◯ 10-25 Lacs ◯ >	25 Lacs - 1 Cro	ore O>1 Crore OR Net	worth₹						
	erson (PEP) Status : (Also applicable for a			ed in any of the service						
signatories / Pro	moters / Karta / Trustee / Whole time Director	s)	lf yes wr	ite down it in the followi	ng box					
First / Sole Applicant I am PEP Second Applicant I am PEP										
	I am Related to PEP Not Applicable I am Related to PEP Not Applicable									
		Jvina-sellina G	old) and Gems Luxury Ca	ars Boats Race-hor	ses • Jewellerv • Monev					
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 Lutteries Gambling Clubs Slot machines Antiques Art Galleries Art Dealers Automobile Casinos										
3. POWER OF ATTORNEY (PoA) HOLD	•									
First / Sole Applicant Second Applic										
Mr. Ms. M/s. Others		Name of F	PoA Holder							
	dentification Number (KIN)									
Enclosed PAN card proof KYC Confirmation pro			· · · · · · · · ·	Sigi	nature of (PoA) Holder					
ACKNOWLEDGEMENT SLIP (To be filled i	• • • •			App. No.						
Application form received for purchase of units, subject	to realization, verification and conditions									
Mr. / Ms. / M/s Instrument No. Dated Drawn on Ba	ank Account No. Amount (Rs	.) I	Schome / Dian / Online	100 04	in Data & Pignatura					
Instrument No. Dated Drawn on Ba	ank Account No. Amount (Rs	.,	Scheme / Plan / Option	13C 3tan	p, Date & Signature					

4. INVEST			ise issue separate Che rst purchase details below	•			vish to inv	vest (refer instruction 4)	(Mandatory)	
	• •		neme Name / Plan / Op		· · · ·			Amount	(₹)	
BNP Paribas Cheque/[DD No./UMRN	Bank / Bra	nch	Account I	No.			Payment Mode		
0.10440.1						Cheque			ds Transfer O OTM	
Payment Type	Non-Third P	│ 'arty Payment ◯ Third	Party Payment	(Please	attach "Third Party I					
r aymont rype										
SWP >>	Options: 6% Period: Start	8%* 10%		Date (Any one):	m investment am	15 th	1 Lakn. Ap 25 th	oplicable for above lump sum in	vestment. Refer 1&C (*Default Option)	
V	First / Sole Applicar	nt / Guardian / POA Hold	er / Authorised Signatory	Secon	d Applicant / POA Ho	older		Third Applicant / POA	Holder	
5. DEMAT	ACCOUNT DET	AILS (refer instruc	tion 1f10) (Not appli	icable in case o	f mySWP Registi	ration)				
5. DEMAT ACCOUNT DETAILS (refer instruction 1f10) (Not applicable in case of mySWP Registration) National Securities Depository Ltd. Depository Participant Name Depository Services (India) Ltd. DP ID No. Beneficiary Account No.										
-				match the Demat det	ails as stated in the Ap	plication Form	n. In case the	form is not filled, the default opti		
		ILS (See Instructi	on 3)					(Mandatory, as per SI	BI Regulations)	
Bank Name Bank A/c. No.				A/c. Type	Savings O Curre	ent ONRE				
Branch Name				City	J			Pin Code		
MICR Code		(9	Digit No. next to your Cheque N	o.) IFSC Code						
7. FATCA	DETAILS For Ind	ividual (Mandatory)	Non Individual inve	stors including H	IUF should Manda	atorily fill s	eparate F	ATCA detail form		
	Foreign Tax Laws	: First /	Sole Applicant / Guardia	an	Second Applicant			C Third Applicant C PoA		
Place & Country o	of Birth	◯ Indian	OUS	○ Indi	an OUS			│ Indian │ US		
Nationality		Others	(Please Specify)	Oth		e Specify)		_ Others (Please Specify)		
Address Type			○ Registered Office ○ B		idential () Registered	l Office 🔾 B	usiness	C Residential C Registered	Office OBusiness	
		ou assessed for Tax) in any other country	outside India?	Yes No	(If Yes	, please p	rovide information below)	
Country of Tax Re Tax Identification N	Number or Functional E	quivalent								
	(TIN or Other, please s									
If TIN is not availa	ble, please tick	Reason O A	OBOC (Please Sp	pecify) Reason	A OB OC_	(Please Sp	pecify)	Reason O A O B O C	(Please Specify)	
Country of Tax Re	,									
	Number or Functional E									
If TIN is not availa	e (TIN or Other, please s ble please tick	Reason OA	OBOC (Please Sp	Decify) Reason		(Please Sp	oecify)		(Please Specify)	
Reason A: The co	ountry where Account	Holder is liable to pay tax	does not issue TIN to its re-	sidents Re				he authorities of the respective	country of tax resident	
	TIN to be collected)		ers, please specify the reas			te en d'else		1 4h in an atimu (0 an lan atum		
	t wish to nominate		First / Sole A			ond Applicar		I this section (See Instrue		
								r the Folio held by me/us in the e		
2. Having road a			ominee Name				Allocation %			
Nominee 1										
Nominee 2 Nominee 3										
	e is minor. # Please i	ndicate the percentage	of allocation / share for eac	ch of the nominees	in whole numbers on	ly without an	v decimals	making a total of 100 per ce	nt.	
		ATURES (See Instru				,	,	<u> </u>		
I / We am / are not pro	phibited from accessing cap	pital markets under any order /	ruling / judgment etc., of any regu					plicable Indian and foreign laws. I / W		
								he meaning of the United States Secu and duly authorised where required,t		
above mentioned sch	eme. I / We have read, und	derstood and hereby agree to o	omply with the terms and condition	ons of the scheme related	documents including the	provisions of the	e section of 'W	ho cannot Invest' and apply for allotm	ent of Units of the Scheme(s	
investments therefrom	n. The above mentioned inv	vestment does not involve and	s not designed for the purpose of	any contravention or eva	sion of any Act, Rules, Reg	ulations, Notific	ations or Direc	we are the rightful beneficial owner(s) tions or of the provisions of any law in	India including but not limite	
								ws enacted by the Government of Ind ments or if I / we fail to provide adequa		
the AMC / Mutual Fun	nd / Trustees reserve the rig	ght to not create a folio / accou	nt, reject the application / withhol	d the investments made				vant details to the competent authority		
			d / Trustees may deem proper at s including investment details to n		ank(s) and / or Distributor	/ Broker / Invest	ment Advisor a	and to verify my / our bank details provi	ided by me / us, or to disclose	
								esult in aggregate investments exceeding the eligibility, validity and authorization		
The ARN holder (AMF	I registered Distributor) ha	s disclosed to me / us all the co	mmissions (in the form of trail con	nmission or any other mo	de), payable to him / them	for the different	competing Sc	hemes of various Mutual Funds from a	amongst which the Scheme i	
								/ THE FUND / AMC / ITS DISTRIBUTO ParibasAssetManagementIndia PvtLtd		
to advise the AMC / Mutu	ual Fund/ Trustees promptly o	of any change in circumstances wh	ich causes the information contained	d herein to become incorrec	t and to provide the AMC /Mut	tual Fund/Trustee	es with a suitably	updated self-declaration within 30 days o		
			ion / tax authorities / government idged report please tick h		n ensuring appropriate with	nnoiding noin ti	le account of a	iny proceeds in relation thereto.		
		: I / We confirm that I am / We ary Account / FCNR Account.	are Non-Resident of Indian Nation	onality / Origin and I / We	e hereby confirm that the f	unds for subscri	iption have be	en remitted from abroad through norm	nal banking channels or from	
Additional decla	ration for Foreign Na	ationals Resident in Inc	lia only: I/We will redeem my /	our entire investment/s	before I / We change my /	our Indian resid	dency status.	/ We shall be fully liable for all conse	equences (including taxation	
		f change in residential status. / OCIs only: / We am / are	not prohibited from accessing ca	apital markets under any	order / ruling / judgment ei	tc., of any regula	ation, including	g SEBI. I / We confirm that my applica	tion is in compliance with	
applicable Indian and		se (✓) □Yes □ No	If yes, (✓)		epatriation basis		`			
Dated		First / Sole Applie POA Holder / Autl		Seco	ond Applicant / POA H	Holder		Third Applicant / PO	A Holder	
		BNP Pariba	s Asset Management India	a Private Limited		6	۹			

BNP PARIBAS MUTUAL FUND BINP PARIBAS MUTUAL FUND BINP PARIBAS MUTUAL FUND BINP PARIBAS MUTUAL FUND Crescenzo, 7th Floor, G-Block, Bandra Kurla Complex, Mumbai – 400051, Maharashtra, India. Toll Free: 1800 102 2595 • Web : www.bnpparibasmf.in E-mail: customer.care@bnpparibasmf.in

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