

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 A	MFI Reg. No.	. Sub Agent's	s Name and AMFI Re	g. No. Bank	Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN				
ARN-		ARN-					(As allotted by ARN holder)					
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.												
any interaction or adv	ice by the employing the street in the stree	x has been intentionally I oyee / relationship mana opriateness, if any, provid	ger / sales person of the	e above distributor	/ sub broker or	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder				
		s. 10,000 and above (. , ,	on page 11):		I am a first time invest I am an existing inves	or across Mutual Funds tor in Mutual Funds.	5.				
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 INFORM	ATION (Non-Individu	al investors places	fill I litimata Dan	oficial Owner	-	omit with Application Fo					
		Ms. M/s. Minor	ai investors piease	IIII Ullimale ben	eliciai Owner i	(OBO) details and sur	omit with Application Fo	JIII.				
Name:			RST		MIDE			LAST				
PAN / PEKRN			Date of Birt	h* / Incorporation	D D M M	Y Y Y Y * Re	quired for First holder / Mind	or				
	(in case of Fi	rst / Sole Applicant is	•	ontact Person (i		•						
○ Mr. ○ Ms Name:		FI	RST		MIDE	DLE		LAST				
Guardian PAN / PE					act No.		0-11001100					
	n benait of M	inor" O Birth Certificate	School Certificate	Passport Other	Relationship	with Minor (Mandatory)	Father Mother Con	urt Appointed Legal Guardian				
Mailing Address												
City			State			Pi	n Code (Mandatory)					
Country			STD Code			Tel	. Off.					
Overseas Address (M	andatory for NR	I / FII Applicant) (See Inst	ruction 2.ai) on page 14)									
						Country						
GO GREEN (Defa	ult mode of Co	ommunication) —	Mobile			E-Mail						
Tax Status:			Individ				Non-Individual	- 0 0				
Resident NR	Repatriation (Minor OPIO)		○ Sole-Proprietorships (Please Specify)	On Behalf of		pany ◯ Trust ◯ Society Profit Organisation Otl	/ / Club	_P \(\times \text{AOP / BOI} \(\times \text{FPI} \)				
Occupation: O Pri	vate Sector Ser	vice O Public Sector S					ness O Retired O Agric	ulturist O Proprietorship				
Cross Appual Inco		ecify) ow 1 Lac	5-10 Lace 10-25 L	ace (> 25 Lace	1 Crore	1 Crore OR Net worth	.∌					
	., .			_								
Second Applican	r's Details	Mode of Holding	,	Anyone or Surv	•	case of more than one ap						
Name: Mr. Ms.			FIRST	D D M M	MID Y Y Y Y		LAST					
	Sector Service	Pub Sector Service 0					Defence Agriculturist	○ Forex Dealer ○ Others				
		w1Lac O1-5Lacs O				>1 Crore OR Net worth	0					
Third Applicant's	Details											
Name: OMr. OMs.			FIRST		MID	DLE	LAST					
PAN / PEKRN			D D M M									
Occupation OPvt.	Sector Service	Pub. Sector Service O	Gov. Service O Housewife	○ Student ○ Prof	essional O House	wife O Business O Retired	Defence Agriculturist	○ Forex Dealer ○ Others				
		w1Lac ○1-5Lacs ○				>1 Crore OR Net worth						
Additional Details	3											
	Politic	ally Exposed Person signatories / Promoters			sed Are yo		ny of the services ment					
First / Sole Applica	ınt			t Applicable		write dow	II It III tile lollowing box	.				
Second Applicant		☐ I am PEP ☐ I am Related to PEP ☐ Not Applicable										
Third Applicant		○lam PEP ○la	m Related to PEP ONO	t Applicable								
Service Businesses (I Street Market stall	MSB) & their ag	ents (excluding Banks) (Restaurants • Internet	 Currency dealers or Cafes Door to door s 	Exchanges • S sales companies •	ellers for redeem Taxi ● Bars ●	ers of traveler's cheques I Night Clubs Second	Boats • Race-horses • Money Orders/Remittance so hand Goods sales • Se Auctioneer • Art Exper	services • Pawn shops cond hand vehicle dealers				
3. POWER OF	ATTORNEY	(PoA) HOLDER DE	TAILS (If the invest	ment is being m	ade by a Cons	stituted Attorney, plea	se furnish the details o	f PoA Holder)				
First / Sole Applica	ant M/s.	Second Applicant Others	☐ Third Applica									
PAN				PAN card proof	KYC Confirm	nation proof)	Signati	ure of (PoA) Holder				
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) App. No.												
		of units, subject to realiz		nditions		A	pp. No.					
Mr. / Ms. / M/s	•	-					_					
Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Schei	me / Plan / Option	ISC Stamp,	Date & Signature				
1												

4. INVESTMENT & PA	AYMEN.	T DETAILS	Տ : Please issւ	ue seperate Chec	լue / DD favourin	g the Sch	neme Name you	wish to in	vest (refer instruction 4)	(Mandatory)
Zero Balance Lum	psum [SIP (Ment	ion the first purch	nase details below a	nd fill and submit the	SIP form	separately)			
Scheme N	ame / Pla	an / Option		Amount (Cheque	DD No.	Bank / Bra	anch	Payment Mode	Account No.
BNP Paribas				_						
○ Regular ○ Direct ○ Gro ○ Dividend Payout ○ Dividend		_	(Fill DTP Form)						Cheque ODD NEFT RTGS Funds Transfer	
BNP Paribas										
Regular Direct Grow			(Fill DTP Form)						Cheque ODO NEFT RTGS Funds Transfer	
, -	iid i (Ciii) (CST O DTT ((1111/2/11/10/11/1)							
Regular O Direct O Grow	rth ○ Div	vidend		-					Cheque ODD NEFT	
Dividend Payout Divide Payment Type Non-			(Fill DTP Form) Third Party P	avment	(Please at	tach "Thir	d Party Declaration			
			•	aymont	(1 10000 01	tacii iiiii	a i arty Decidration	i i oiiii)		
5. DEMAT ACCOUNT		LS (refer i	<u> </u>							
National Securities Depos	•		Depository Parl	ticipant Name		_				
Central Depository Service	, ,		DP ID No.				y Account No.			
nvestor willing to invest in Demat			•		atch the Demat deatils	as stated i	in the Application For	rm. In case th		
6. BANK ACCOUNT I	DETAIL	S (See l	Instruction 3	on page 16)					(Mandatory, as per S	EBI Regulations)
Bank Name							<u> </u>			
Bank A/c. No.					A/c. Type OS	avings (Current ONF	RE ONRO	FCNR	
Branch Name					City				Pin Code	
MICR Code			(9 Digit No. n	ext to your Cheque No.)	IFSC Code					
7. FATCA DETAILS F	or Indi <u>vi</u>	idual & H <u>U</u> l	F (Mandato <u>ry</u>)) Non Indivi	dual investors sh	ould Ma	indatorily fill ser	oarate FAT	CA detail form	
Details under Foreign Tax	Laws:				plicant / Guardiar		Second Ap		○ Third App	licant OPoA
Country of Birth										
Country of Residence										
Nationality										
Country of Tax Residence** (R	ef instruc	tion b(iii) on p	page 15)							
Foreign Tax ID Number		. , ,	0 /							
Are you a U.S citizen and / or										
(green card holder or resident			,		\neg					
f you are not resident in any co confirm that I am a U.S. citize						der the su	ıbstantial presence	test) – Plea	se tick this box	
*For more than one country of										
8. NOMINATION - MA	NDATO	ORY, even	if no intention	to nominate. Min	or & PoA holder	cannot n	ominate and sho	ould not fil	I this section (See Instruc	ction 5 on page 17)
1. I/We do not wish to nor	ninate	SIGNATU	RE(S)	First / Sole Ap	plicant		Second Applic	ant	Third A	pplicant
2. Having read and understood	the instruc	ction for Nomir	nation, I / We here	by nominate the pers	on(s) more particularly	/ described	d hereunder in respe	ct of the Unit	s under the Folio held by me/us	in the event of my dear
			Nominee N	ame			Date of Birth [^]	Allocation	% [#] Guardian S	ignature^
Nominee 1										
Nominee 2										
Nominee 3										
In case Nominee is minor. # F	lease indi	icate the per	centage of alloca	tion / share for each	of the nominees in	whole num	nbers only without a	any decimals	making a total of 100 per co	ent.
9. DECLARATION &								., 200111dis		-
/ We am / are not prohibited from ac			der any order/ruling/	iudgment etc. of any re-	gulation, including SERI	I / We confi	rm that my application	is in compliant	e with applicable Indian and foreign	a laws. I / We hereby conf
and declare as under:- (1) I / We have	read, unde	erstood and here	eby agree to comply	with the terms and cond	ditions of the scheme rel	ated docume	ents and apply for allot	ment of Units	of the Scheme(s) of BNP Paribas Mi	utual Fund ('Fund') indicat
above. (2) I / We am / are eligible Investources only and is not for the purpose										
and further agree to furnish such other	er further/ad	dditional informa	ition as may be requ	ired by the BNP Pariba	s Asset Management Inc	lia Pvt Ltd (/	AMC) / Fund and unde	ertake to inform	the AMC / Fund/Registrars and Tra	ansfer Agent (RTA) in writi
about any change in the information nereby authorise the Fund, AMC and										
or to disclose to such service provide	rs as deem	ed necessary fo	or conduct of busine	ss. (6) I / We confirm that	at I / We do not have any	existing Mi	cro SIP / Investments	which together	with the current application will res	ult in aggregate investme
exceeding Rs. 50,000/- in a financial yvalidity and authorization of my/our tr										
Schemes of various Mutual Funds fro	m amongst	t which the Sche	eme is being recomi	mended to me / us. (9) I/						
INDICATIVE YIELD BY THE FUND /. Applicable to Foreign Nati					tire investment/s before	e I / We cha	ange my / our Indian	residency stat	us. I/We shall be fully liable for al	Il consequences (includ
taxation) arising out of the failure to	redeem o	on account of c	hange in residenti	al status.			•	•	•	
Applicable to NRIs / PIO / compliance with applicable Indian			/ are not prohibite ase (✓) Yes			order / ruli		f any regulati atriation basis		n that my application is
	u ioreigi	· ·			, 500, (·) //C	Janianott Di	20.0 14011-176h	anadon basis	•	
Dated	First / Sole Applicant / POA Holder / Authorise				Second Appl		ardian / POA Holder Third Applicant / Guardian			n / POA Holder





