



Enrolment Form No.

Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No.
ARN-			

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.

Sub-broker Code	EUIN	I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.
(As allotted by ARN holder)		

First / Sole Applicant / Guardian Second Applicant / Guardian Third Applicant / Guardian

Existing Folio No.						
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Name of the First / Sole Applicant		PAN	
		Enclosed* (✓)	<input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof
Name of the Guardian** (in case of First / Sole Applicant is a minor)		PAN	
		Enclosed* (✓)	<input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof
Name of the Second Applicant		PAN	
		Enclosed* (✓)	<input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof
Name of the Third Applicant		PAN	
		Enclosed* (✓)	<input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof
Name of the PoA Holder		PAN	
		Enclosed* (✓)	<input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof

** If the Sole / First Applicant is a Minor then state Guardian's PAN Number. *See Instruction 23 overleaf.

Transfer From (Transferor Scheme)										Transfer To (Transferee Scheme)																													
Name of Scheme																																							
Plan																																							
Option																																							
Frequency (Please <input checked="" type="checkbox"/> any one)										<input type="checkbox"/> Weekly STP <input type="checkbox"/> Fortnightly STP <input type="checkbox"/> Monthly STP (Default) <input type="checkbox"/> Quarterly STP (Refer instruction 12 overleaf)																													
STP Date		Weekly STP 1st, 7th, 15th and 25th			Fortnightly STP 1st and 15th			Monthly and Quarterly STP (Please <input checked="" type="checkbox"/> any one only) <input type="checkbox"/> 1st of the month <input type="checkbox"/> 7th* of the month <input type="checkbox"/> 15th of the month <input type="checkbox"/> 25th of the month *Default. (Refer instruction 12 overleaf)																															
Enrolment Period		From <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> To <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>																		D	D	/	M	M	/	Y	Y	Y	Y	D	D	/	M	M	/	Y	Y	Y	Y
D	D	/	M	M	/	Y	Y	Y	Y																														
D	D	/	M	M	/	Y	Y	Y	Y																														
Amount of Transfer per Week / Fortnight / Month / Quarter										Fixed Amount <table border="1"> <tr> <td>Rs.</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> OR <input type="checkbox"/> Capital Appreciation										Rs.																			
Rs.																																							
Contact Details		STD Code		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>						Tel. Off.		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												Extn.		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
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E-Mail		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										Default means of communications		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													
If you wish to receive all communication from us via post or other means, please <input checked="" type="checkbox"/> here <input type="checkbox"/>										(See instruction 21 overleaf)																													
Kindly ensure that the e-mail address and telephone numbers mentioned above are those of the First Unitholder. These details shall be used for all communications.																																							

Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme of BNP Paribas Mutual Fund, I / We hereby apply to the Trustee of BNP Paribas Mutual Fund for units of the Scheme and agree to abide by terms and conditions, rules and regulation of the Scheme. 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 hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds (income of mine/the income of the Company/Trust/ Partnership or other entity) and we are the rightful owner(s) of the funds and the investments therefrom. The above investment in the Scheme is not made for the purpose of, or in contravention of, evasion of any Act, Rule, 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, 1988 Act 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 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. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Applicable to 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.

If NRI, (please ✓) ☐ Repatriation basis ☐ Non-Repatriation basis

First / Sole
Applicant /
Guardian

Second
Applicant /
Guardian

Third
Applicant /
Guardian

D D / M M / Y Y Y Y

BNP Paribas Mutual Fund

Date: | | / | | / | | | |

Received from

Mr./Ms./M/s. _____ 'STP' application for transfer of Units;

From Scheme _____ Plan _____ Option _____

To	Scheme _____	Option _____
	Plan _____	Option _____

☐ Fixed STF ☐ Variable STF per ☐ Week ☐ Fortnight ☐ Month ☐ Quarter

ISC Stamp, Date & Signature

Year	Number of cases
2010	10
2011	15
2012	20
2013	25
2014	30
2015	35
2016	40
2017	45
2018	50
2019	55
2020	60
2021	65
2022	70
2023	75
2024	80
2025	85
2026	90
2027	95
2028	100
2029	105
2030	110