



App. No.

**DISTRIBUTOR / BROKER / SCBS INFORMATION** To ensure to treat the application as "DIRECT" please do not leave the boxes below blank and read the instructions mentioned in 1(b)]

Name and AMFI Reg. No. <b>ARN- 56003</b>	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	CAMS Serial No.
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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.

**1. EXISTING UNITHOLDER INFORMATION** (Please fill in your Folio No., Name, PAN & Bank Account details in Section 2 & 3, and then proceed to Section 5)

Folio No. \_\_\_\_\_ Unitholder's Name \_\_\_\_\_  
 The details in our records under the Folio No. mentioned above will only be considered for this application.

**2. PAN & KYC DETAILS** (Mandatory, as per SEBI Regulations) (See Instruction 2bi) on page 25 & bii) on page 26)

First / Sole Applicant	PAN	<input type="checkbox"/> PAN card proof	<input checked="" type="checkbox"/> Enclosed (✓)
Second Applicant		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof
Third Applicant		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof
Guardian**		<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof
PoA Holder		<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

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

A/c. No. \_\_\_\_\_ A/c. Type (please ✓)  Savings  Current  NRE  NRO  FCNR

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Pin Code \_\_\_\_\_

Branch \_\_\_\_\_ MICR Code \_\_\_\_\_

RTGS / IFSC Code \_\_\_\_\_ NEFT / IFSC Code \_\_\_\_\_

All Redemptions / Dividend Payouts will be payable to the First Applicant at the City and Bank Account details mentioned above.

**DIRECT CREDIT FACILITY**  RTGS / NEFT  Cheque Payouts : I / We want to receive redemption / dividend proceed by cheque / demand draft. (See instruction 3d on page 26. Please ✓ and indicate your preference) Default mode of payout will be RTGS / NEFT if IFSC code is provided

**4. APPLICANT'S INFORMATION**

Name of Sole / First Applicant (First / Middle / Last Name) \_\_\_\_\_ Title  Mr.  Ms.  M/s  Minor  Others \_\_\_\_\_

Date of Birth\* \_\_\_\_\_ \* Required for First holder / Mandatory for Minor

Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors) \_\_\_\_\_ Title  Mr.  Ms.  M/s  Others \_\_\_\_\_

Relationship  Father  Mother  Legal Guardian Date of Birth \_\_\_\_\_

Name of Second Applicant \_\_\_\_\_ Title  Mr.  Ms.  M/s  Others \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Third Applicant \_\_\_\_\_ Title  Mr.  Ms.  M/s  Others \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mode of Holding (please ✓)  Single  Joint\*  Anyone or Survivor (\* Default, in case of more than one applicant and not ticked)

Address for Correspondence (P.O. Box Address is not sufficient)

City \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_ State \_\_\_\_\_

STD Code \_\_\_\_\_ Tel. Off. \_\_\_\_\_ Extn. \_\_\_\_\_

Mobile \_\_\_\_\_ Tel. Resi. \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

If you wish to receive all communication from us via e-mail, please ✓ here

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.

Occupation (please ✓)  Service  Professional  Business  Housewife  Retired  Student  Agriculture  Others \_\_\_\_\_

Status of Sole/First Applicant (please ✓)  Individual (IND)  HUF (HUF)  Company (CO)  FIs (FI)  NRI-Repatriation (NRI)  NRI-Non Repatriation (NRI)  Bank (BANK)  Proprietorship Firm (OTH)  Trust (TRUST)  Society/Club (SOCTY)  Partnership (OTH)  Body Corporate (CO)  On behalf of Minor (MINOR)  Others (OTH) \_\_\_\_\_ (please specify)

Status of Second Applicant (please ✓)  Individual (IND)  NRI-Repatriation (NRI)  NRI-Non Repatriation (NRI)  On behalf of Minor (MINOR)  Others (OTH) \_\_\_\_\_ (please specify)

Status of Third Applicant (please ✓)  Individual (IND)  NRI-Repatriation (NRI)  NRI-Non Repatriation (NRI)  On behalf of Minor (MINOR)  Others (OTH) \_\_\_\_\_ (please specify)

Overseas Address (Required for NRIs/FIs applicants in addition to mailing address) (P.O. Box Address is not sufficient)

MANDATORY

**DEBIT MANDATE** (Royal Bank of Scotland N.V. Account Holders Only) - All applications with Debit Mandate to be submitted to (Royal Bank of Scotland N.V. Collection Centres Only)

I/We \_\_\_\_\_ (Name of the account holder)

authorise Royal Bank of Scotland N. V. to debit my/our A/c. No. \_\_\_\_\_

A/c. Type (please ✓)  Savings  Current  NRE  NRO  FCNR with Rs. \_\_\_\_\_

Rs. (words) \_\_\_\_\_ and pay (name of Scheme) \_\_\_\_\_

\_\_\_\_\_ for purchase of Units. Date : \_\_\_\_\_

Debit Mandate No. \_\_\_\_\_

Authorised Signature \_\_\_\_\_

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

Received from \_\_\_\_\_

Mr./Ms/M/s. \_\_\_\_\_

an application for purchase of Units of \_\_\_\_\_ Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

along with Cheque / DD No. \_\_\_\_\_ dated \_\_\_\_\_

drawn on (Bank) \_\_\_\_\_ A/c. No. \_\_\_\_\_

for Rs. \_\_\_\_\_

All purchases are subject to realisation of Cheques / DD.

App. No.

ISC Stamp, Date & Signature

**5. INVESTMENT & PAYMENT DETAILS – Separate Cheque / DD / Fund Transfer instruction required for investment in each Scheme / Plan / Option (MANDATORY)**

**Scheme Name**  **Plan**  Regular\*  Institutional  Institutional Plus

**Option (please ✓)**  Growth\*  Dividend  Daily\*\*\*\* Dividend  Weekly\*\*\* Dividend  Monthly Dividend\*\*  Quarterly Dividend  
 Half Yearly Dividend  Fortnightly Dividend  Annual Dividend

**Dividend Mode (please ✓)**  Reinvest  Payout

**Investment Amount** Rs.  **Cheque / DD No.**  **Dated**  /  /  /  /  /  /  /

**Mode of Payment**  **DD charges, if any** Rs.

**Drawn on Bank**   
**Branch**  **A/c. No.**

\* Default Plan / Option if not ticked, except in BNP Paribas Flexi Debt Fund. For BNP Paribas Flexi Debt Fund, unless specified otherwise, the default Plan & Option shall be BNP Paribas Flexi Debt Fund - Regular Plan - Growth Option. \*\* Default Dividend Option if not ticked, except in BNP Paribas Flexi Debt Fund and BNP Paribas Bond Fund where the default Dividend Option is Quarterly Dividend Option & Annual Dividend Option respectively. \*\*\* With compulsory Dividend Re-investment except in case of BNP Paribas Money Plus Fund.\*\*\*\* With compulsory Dividend Re-investment ~ Default Dividend Mode except in case of BNP Paribas Money Plus Fund - Weekly Dividend Option. Cheques / DD to be drawn in favour of the Scheme / Plan applied for.

**6. FOR THIRD PARTY PAYMENT (As specified on page 26)**

**Third Party Name**

**PAN**  **Relationship with applicant**

**KYC Acknowledgement attached (Please Tick)**

**7. NOMINATION - MANDATORY, even if no intention to nominate (See instruction 5 on page 27)**

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

Particulars	Nominee 1	Nominee 2	Nominee 3
<b>Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Relationship with Applicant</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of Birth in case Nominee is minor</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b># Percentage of Allocation/Share</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# 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. If the percentage allocation is not mentioned or is left blank then the AMC shall apply the default option of equal distribution among the multiple designated Nominees.

**Signature of Nominee**

**PoA holder cannot nominate and should not fill this section.**

**If Nominee is a Minor, details of the Guardian required : Name and Address of the Guardian**

**City**  **Pin Code**

**State**

**Guardian's relationship with the Minor Nominee**

**Signature of Guardian**

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

**Name of PoA Holder**  **Title**  Mr.  Ms.  M/s  Others

**PAN**  **Enclosed\* (✓)**  PAN card proof  KYC Confirmation proof

**Signature of (PoA) Holder**

**9. DECLARATION & SIGNATURES**

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 HUF/ the Company/Trust/ Partnership only and I am / we are the rightful beneficial owner(s) of the funds and the resulting investments therefrom. The abovementioned 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, 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

**Dated**  /  /  /  /  /  /  /

**SIGNATURE(S)**

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



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