



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 Reg. No.	Sub-Broker Code	EUIN*	RIA Code**
ARN- 183038	ARN-	(As allotted by ARN holder)	E	

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.

*I/We 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.
** I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/ provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our 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 / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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TRANSACTION CHARGES for Rs. 10,000 and above (✓ any one) (See Instruction G):
 Existing Investor - Rs. 100 New Investor - Rs. 150 I confirm that I am a first time investor across Mutual Funds.
 I confirm that I am an existing investor in Mutual Funds.

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 INFORMATION (Non-Individual investors please fill Ultimate Beneficial Owner (UBO) details and submit with Application Form.)

First / Sole Applicant Mr. Ms. M/s. Minor

Name: FIRST MIDDLE LAST
(Please mention Name as per PAN Card. Refer instruction no. 2. ai)

Date of Birth* / Incorporation: DDMMYYYY PAN / PEKRN KYC Identification Number (KIN) GSTIN
* Required for 1st holder/Minor

Guardian Details Mr. Ms. (in case of First / Sole Applicant is a Minor) / Name of Contact Person (incase of non-individual Investors)

Name: FIRST MIDDLE LAST
(Please mention Name as per PAN Card. Refer instruction no. 2. ai)

Date of Birth: DDMMYYYY PAN / PEKRN KYC Identification Number (KIN) Mobile No.

For Investment "on behalf of Minor" Birth Certificate School Certificate Passport Other Relationship with Minor (Mandatory) Father Mother 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 Repatriation Sole-Proprietorship On Behalf of Minor Company Trust Society / Club Partnership / LLP AOP / BOI FPI NRI - On Behalf of Minor PIO / OCI HUF Others (Please Specify) Non Profit Organisation Others (Please Specify)

Occupation: Private Sector Service Public Sector Service Government Service Student Professional Housewife Business Retired Agriculturist Proprietorship Defence 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 Holding (please ✓) Joint Anyone or Survivor# (# Default, in case of more than one applicant and not ticked)

Name: Mr. Ms. FIRST MIDDLE LAST
(Please mention Name as per PAN Card. Refer instruction no. 2. ai)

Date of Birth: DDMMYYYY PAN / PEKRN KYC Identification Number (KIN) Mobile

Occupation Pvt. Sector Service Pub. Sector Service Gov. Service Housewife Student Professional Housewife Business Retired Defence Agriculturist Forex Dealer Others

Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net worth ₹ _____

Third Applicant's Details

Name: Mr. Ms. FIRST MIDDLE LAST
(Please mention Name as per PAN Card. Refer instruction no. 2. ai)

Date of Birth: DDMMYYYY PAN / PEKRN KYC Identification Number (KIN) Mobile

Occupation Pvt. Sector Service Pub. Sector Service Gov. Service Housewife Student Professional Housewife Business Retired Defence Agriculturist Forex Dealer Others

Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs > 25 Lacs - 1 Crore > 1 Crore OR Net worth ₹ _____

Additional Details Politically Exposed Person (PEP) Status : (Also applicable for authorised signatories / Promoters / Karta / Trustee / Whole time Directors) Are you / entity involved in any of the services mentioned below? If yes write down it in the following box

First / Sole Applicant I am PEP I am Related to PEP Not Applicable

Second Applicant I am PEP I am Related to PEP Not Applicable

Third Applicant I am PEP I am Related to PEP Not Applicable

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 • Lotteries • Gambling Clubs • Slot machines Antiques • Art Galleries • Art Dealers • Auctioneer • Art Expert • None of the above

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

First / Sole Applicant Second Applicant Third Applicant

Mr. Ms. M/s. Others _____ Name of PoA Holder _____

PAN _____ KYC Identification Number (KIN) _____

Enclosed PAN card proof KYC Confirmation proof

Signature of (PoA) Holder _____

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Application form received for purchase of units, subject to realization, verification and conditions

Mr. / Ms. / M/s. _____

Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option

App. No. _____

ISC Stamp, Date & Signature _____

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 (₹)**

BNP Paribas

Cheque/DD No./UMRN	Bank / Branch	Account No.	Payment Mode
			<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")



Opt for mySWP (my SYSTEMATIC WITHDRAWAL PLAN) Minimum investment amount Rs. 1 Lakh. Applicable for above lump sum investment. Refer T&C

Options: 6% 8%* 10% **Date (Any one):** 1st 7th* 15th 25th (*Default Option)

Period: Start End or Perpetual

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory Second Applicant / POA Holder Third Applicant / POA Holder

5. DEMAT ACCOUNT DETAILS (refer instruction 1f10) (Not applicable in case of mySWP Registration)

National Securities Depository Ltd. Depository Participant Name _____

Central Depository Services (India) Ltd. 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) (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. 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	Third Applicant <input type="radio"/> PoA <input type="radio"/>
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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
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

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

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.

9. DECLARATION & SIGNATURES (See Instruction 6)

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 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 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.

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 investment(s) 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 / OCs 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 / POA Holder	Third Applicant / POA Holder
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THE TERMS AND CONDITIONS FOR AVAILING THE 'mySWP'

1. **Eligible Schemes:** This facility shall be available under growth option of all open ended Equity & Hybrid Funds of BNP Paribas Mutual Fund (except BNP Paribas Long Term Equity Fund, BNP Paribas Dynamic Equity Fund and BNP Paribas Conservative Hybrid Fund). Accordingly, this facility is being offered under BNP Paribas Large Cap Fund, BNP Paribas Mid Cap Fund, BNP Paribas Multi Cap Fund, BNP Paribas India Consumption Fund, BNP Paribas Focused 25 Equity Fund, BNP Paribas Substantial Equity Hybrid Fund and BNP Paribas Arbitrage Fund.
2. **Frequency for mySWP:** mySWP shall be triggered on a Monthly frequency only.
3. **Withdrawal Dates:** mySWP may be opted for any of the following dates viz., 1st or 7th or 15th or 25th of the month. If the withdrawal date under this facility falls on a non-business day, the next business day will be considered for this purpose.
4. **Minimum Amount:** This facility is applicable for lump sum investments only having original cost of investment as minimum Rs. 1 lac. The monthly payout amount will be calculated on each designated lump sum investment, basis cost of investment.
5. **Withdrawal Options:** This facility currently offers the following three options:
 - (a) **mySWP @ 6.00% p.a.** (of designated lump sum investment, basis cost of investment)
 - (b) **mySWP @ 8.00% p.a.** (of designated lump sum investment, basis cost of investment)
 - (c) **mySWP @ 10.00% p.a.** (of designated lump sum investment, basis cost of investment)For both the options, the monthly payout amount calculated shall be rounded off to next higher integer.
6. In case the unitholder fails to indicate an option or in case of ambiguity, this facility will be processed as per the following default options for the unitholder:

Default Withdrawal Option: 8% p.a. Default date: 7th of each month.
7. A request for mySWP will be treated as a redemption from the Scheme, at the applicable NAV, subject to applicable load and statutory levies, if any.
8. The monthly payout amount under this facility will continue to be processed on the original cost of investment even in case of any partial redemptions or further lump sum investments by the unitholder.
9. The mySWP enrolment form, complete in all respects, must reach atleast 7 days in advance of withdrawal date at any of the Official Points of Transactions of the Fund.
10. This facility may terminate on receipt of a notice from the unitholder. Thus, unitholder could choose to terminate the mySWP at any time by giving a written notice of at least 7 days in advance of withdrawal date to the Official Points of Transactions of the Fund.
11. If the net asset value of the units outstanding on the withdrawal date is insufficient to process the monthly payout amount under this facility, then the AMC/the Fund will redeem all units outstanding and the mySWP request will stand withdrawn for further processing. Further, the facility will automatically stand terminated if all units are liquidated or withdrawn or pledged or upon receipt of notification of death of the first named unitholder.
12. This facility can be availed by unitholder irrespective of the movement in market value of the investments, but the same would be subject to the availability of original account balance of the unitholder.



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.

Please (✓) SIP Registration SIP Renewal SIP Cancellation SIP - Change in Bank Details

DISTRIBUTOR / BROKER INFORMATION [refer instruction 1(b)]				
Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Sub-Broker Code	EUIN*	RIA Code**
ARN- 183038	ARN-	(As allotted by ARN holder)	E	

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.

*I/We 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.

** I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our 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 / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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1. APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected)

Name of Sole / First Unit Holder First Name Middle Name Last Name

Folio No.

Mobile No. +91 E-mail ID

2. SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option **BNP Paribas**

Frequency (Please ✓) Daily SIP Weekly SIP Monthly SIP Quarterly SIP (Calendar Quarter i.e. January, April, July and October)

SIP Date Daily SIP (Start Date): Weekly SIP (Monday to Friday): Day of transfer
 Monthly and Quarterly SIP: Preferred Debit Date (Any date 1 to 31)

Enrolment Period Perpetual From To Regular From To

Each SIP Amount ₹ No. of instalments Total Amount ₹ First SIP Instalment via: Cheque No.


Drawn on Bank

Branch A/c. No.

SIP Top UP (Optional) Top Up Amount* Amount in multiples of ₹ 500 only Top Up Frequency Half Yearly Yearly*

3. DECLARATION

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my payment towards my investment in BNP Paribas Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform BNP Paribas Mutual Fund/ BNP Paribas Asset Management India Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond Bank's reasonable control and which has the effect of preventing the performance of the contract by the Bank. I/We acknowledge that no separate intimation will be received from Bank in case of non-execution of the instructions for any reasons whatsoever.

	ECS/NACH/SI Mandate	UMRN <input type="text"/>	Date <input type="text"/>
Tick (✓)	Sponsor Bank Code <input type="text"/>	Utility Code <input type="text"/>	
<input checked="" type="checkbox"/> CREATE	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		
<input type="checkbox"/> MODIFY	Bank a/c number <input type="text"/>		
<input type="checkbox"/> CANCEL	with Bank <input type="text"/> Name of customers bank IFSC <input type="text"/> or MICR <input type="text"/>		
an amount of Rupees <input type="text"/>		₹ <input type="text"/>	
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtrly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
Reference 1	<input type="text"/>	Phone No.	<input type="text"/>
Reference 2	<input type="text"/>	Email ID	<input type="text"/>
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"/> To <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.

COMMON CHECKLIST

Please ensure that :

- I. Please ensure that your Application Form is complete in all respect and signed by all applicants:
 - Name, Address and Contact Details are mentioned in full.
 - Status of First/Sole Applicant is correctly indicated.
 - Bank Account Details are entered completely and correctly.
 - Permanent Account Number (PAN) of all Applicants is mentioned irrespective of the amount of purchase and proof attached (if not already validated) OR PAN Exempt KYC Reference Number (PEKRN) in case of PAN exempt investment.
 - Please attach proof of KYC Compliance status if not already validated.
 - Appropriate Plan / Option is selected.
 - If units are applied by more than one applicant, Mode of Operation of account is indicated.
- II. Your investment Cheque / DD is drawn in favour of **'the Specific Scheme A/c. PAN'** or **'the Specific Scheme A/c Investor Name'** dated, signed and crossed 'A/c Payee only'. Application Number / Folio No. is mentioned on the reverse of the Cheque/DD.
- III. Documents as listed below are submitted along with the Application Form (as applicable to your specific case).

Documents	Companies / Trusts / Societies/ Partnership Firms / LLP / Flls*	FPI	NRI / OCI / PIO	Minor	Investments through Constituted Attorney
1. Board/ Committee Resolution / Authority Letter	✓				
2. List of Authorised Signatories with Specimen Signature(s) @	✓	✓			✓
3. Notarised Power of Attorney					✓
4. Account Debit Certificate in case payment is made by DD from NRE / FCNR A/c. where applicable			✓		
5. PAN Proof	✓	✓	✓	✓#	✓
6. KYC Acknowledgement Letter / Print out of KYC Compliance Status downloaded from CDSL Ventures Ltd. website (www.cvindia.com)	✓	✓	✓	✓#	✓
7. Proof of Date of Birth				✓	
8. Proof of Relationship with Guardian				✓	
9. PIO / OCI Card (as applicable)			✓		
10. Certificate of registration granted by Designated Depository Participant on behalf of SEBI		✓		✓	

@ Should be original or true copy by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public, as applicable.

* For Flls, copy of SEBI registration certificate should be provided.

If PAN/PEKRN/KYC proof of Minor is not available, PAN/PEKRN/KYC proof of Guardian should be provided.

SIP AUTO DEBIT - CHECKLIST

- I. Please ensure that if you are an existing investor, you have quoted your Folio No. in the SIP Application Form.
- II. Investment Scheme / Plan / Option in which you wish to do systematic investments is clearly indicated in the SIP Application Form.
- III. The SIP Amount, the SIP Frequency, your preferred SIP Date and Period are clearly indicated in the SIP Application Form.
- IV. Your First SIP Cheque from the same bank from which you wish your Auto-Debits to happen is enclosed and the cheque details are clearly indicated in the SIP Auto Debit Facility Form.
- V. Your Bank Account Details are correctly and completely furnished including the 9 Digit MICR Code.
- VI. Cancelled Cheque leaf of the Bank Account mentioned in the SIP Auto Debit (ECS) Account to be attached.
- VII. In case of current account, please affix company's seal at columns "ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)" and AUTHORISATION OF BANK ACCOUNT HOLDER section.
- VIII. Authorisation of Bank Account is signed in the same manner as your signatures in Bank Records.

MICRO INVESTMENT - CHECKLIST

Documents required for Micro SIP applications (any one of the following):

Ref. No.	Documents
I.	Voter Identity Card
II.	Driving License
III.	Government / Defence identification card
IV.	Passport
V.	Photo Ration Card
VI.	Photo Debit Card
VII.	Employee ID cards issued by companies registered with Registrar of Companies
VIII.	Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament
IX.	ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks.
X.	Senior Citizen / Freedom Fighter ID card issued by Government.
XI.	Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI.
XII.	Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL).
XIII.	Any other photo ID card issued by Central Government / State Governments /Municipal authorities / Government organizations like ESIC / EPFO.

In addition to the photo identification documents prescribed above, a copy of the proof of address which is self attested and also attested by the ARN Holder will be required.

CHECKLIST FOR "APPLICATIONS ON BEHALF OF MINOR"

I.	Birth certificate of the minor, or School leaving certificate / Mark sheet issued by Higher Secondary Board of respective states, ICSE, CBSE etc., or Passport of the minor, or Any other suitable proof evidencing the date of birth of the minor / relationship.
II.	Copy of PAN of Guardian.
III.	KYC acknowledgement of Guardian.