

## 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 AMFI Reg. No.	Sub Agent's Name and AMFI	l Reg. No.	Sub-Broker Code	EUIN*	RIA Code++					
ARN-105519	ARN-		(As allotted by ARN holder)							
Upfront commission shall be paid directly by the investor to t	he AMFI registered Distributors based on the	e investors' assess	ment of various factors including th	e service rendered by the dis	tributor.					
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the inve "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 fin-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.			t / Sole Applicant rdian / POA Holder	Second Applicant ardian / POA Holder	Third Applicant / Guardian / POA Holder					
TRANSACTION CHARGES for Rs. 10,000 and above ( any one) (See Instruction on page 12):  Existing Investor - Rs. 100  New Investor - Rs. 150  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 NUME	BER Folio No.	The details in our records under the Folio number mentioned								
2. APPLICANT'S INFORMATION (Non-In	dividual investors please fill I litima	to Reneficial O		side will apply for this application. Ec						
First / Sole Applicant Mr. Ms. M/s.		ite Belleliciai C	wiler (OBO) details and sur	milt with Application Fe	ли.					
Name: FIRST (Please mention Name as per Aadhaar card. Refer instruction no.	MIDDLE 2. ai)		LAST	Date of Birth* / Incorporation (Mention as per Aadhaar Ca	M M Y Y Y Y rd) * Required for 1st holder/Minor					
PAN / PEKRN KYC Identifi	cation Number (KIN)	Aadhaar Numbe	er	GSTIN						
-	First / Sole Applicant is a Minor) / Na	ame of Contact	•							
Name: FIRST (Please mention Name as per Aadhaar card. Refer instruction no.	MIDDLE 2. ai)				M M Y Y Y Y					
	cation Number (KIN)	Aadhaar Numbe	er	Mobile No.						
For Investment "on behalf of Minor" O Birth C	Certificate O School Certificate O Passport	t Other Rel	ationship with Minor (Manda	tory) 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) on page 17)		Country							
GO GREEN (Default mode of Communication)	→ Mobile		E-Mail							
Tax Status:	Individual			Non-Individual						
Resident NRI-Repatriation NRI-Non Repa	atriation O Sole-Proprietorship On	Behalf of Minor	○ Company ○ Trust ○ So	ciety / Club O Partnership	/ LLP O AOP / BOI O FPI					
NRI - On Behalf of Minor OPIO / OCI OHUF			Non Profit Organisation		. #					
Occupation: O Private Sector Service O Public S O Defence O Others (Please Specify)	ector Service Government Service	Student OP	rofessional O Housewife O b	Business O Retired O A	griculturist O Proprietorship					
Gross Annual Income (₹) ○ Below 1 Lac ○ 1-5	Lacs	> 25 Lacs - 1 Cror	re 🔾 > 1 Crore OR Net w	vorth₹						
Second Applicant's Details Mode of H	olding (please ✓) ○ Joint <sup>#</sup> ○ Anyor	ne or Survivor (#	Default, in case of more than on	e applicant and not ticked)						
Name: O Mr. O Ms. FIRST	MIDDLE		LAST		D M M Y Y Y Y					
(Please mention Name as per Aadhaar card. Refer instruction no.  PAN / PEKRN KYC Identificati	,		dhaar	(Me	ention as per Aadhaar Card) e					
Number (KIN)			mber							
Occupation O Pvt. Sector Service O Pub. Sector Serv	ice Gov. Service Housewife Stude	nt O Professiona	I ○ Housewife ○ Business ○ Re	etired O Defence O Agriculto	urist O Forex Dealer O Others					
Gross Annual Income (₹) ○ Below 1 Lac ○ 1-5 La	cs	> 25 Lacs - 1 C	rore OR Netw	vorth ₹						
Third Applicant's Details										
Name: Mr. Ms. FIRST (Please mention Name as per Aadhaar card. Refer instruction no.	MIDDLE 2 ai)			Date of Birth (Me	ention as per Aadhaar Card)					
PAN / PEKRN KYC Identificati Number (KIN)	•		dhaar mber	Mobile						
Occupation O Pvt. Sector Service O Pub. Sector Serv					urist O Forex Dealer O Others					
Gross Annual Income (₹) ○ Below 1 Lac ○ 1-5 La		> 25 Lacs - 1 C								
signatories / Pro	rerson (PEP) Status : (Also applicable to moters / Karta / Trustee / Whole time Dire	ctors)	Are you / entity involve If yes writ	ed in any of the services te down it in the followi	ng box					
First / Sole Applicant O I am PEP Second Applicant O I am PEP										
Third Applicant O I am PEP										
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 Goods sales   Second hand vehicle dealers   Art Galleries   Art Galleries   Art Galleries   Art Galleries   Art Galleries   Art Galleries   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										
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				App. No.						
Mr. / Ms. / M/s.		<u> </u>								
Instrument No. Dated Drawn on Ba	ank Account No. Amount	t (Rs.)	Scheme / Plan / Option	ISC Stam	p, Date & Signature					

		-105519					
4. INVESTMENT & PAY						vest (refer instruc	tion 4) (Mandatory)
Zero Balance Lumps		ention the first purchase de Amount (₹)	Cheque/DD No./UM		1	ount No.	Payment Mode
BNP Paribas	Option	Amount (t)	Cileque/DD No./ON	N Balik / Brailell	ACCC	Junt No.	Cheque ODD
◯ Regular ◯ Direct ◯ Grov	vth ODividend lend Reinvest	d					NEFT RTGS Funds Transfer OTM
BNP Paribas Regular  Direct  Grov	wth ODividend	d					○ Cheque ○ DD ○ NEFT ○ RTGS
Dividend Payout	lend Reinvest						Funds Transfer OTM Cheque DD
◯ Regular ◯ Direct ◯ Grov	vth ODividend lend Reinvest	d					NEFT RTGS
Payment Type Non-Thir	d Party Payment	t Third Party Payment	(Ple	ase attach "Third Party D	eclaration Form")		
5. DEMAT ACCOUNT D	FTAILS (refe	er instruction 1f)					
National Securities Depositor	•	Depository Participant	Name				
Central Depository Services (		DP ID No.		Beneficiary Account	t No.		
Investor willing to invest in Demat option	on, may provide a	copy of the DP Statement en	abling us to match the Dema	details as stated in the Appl	ication Form. In case the	form is not filled, the d	efault option will be physical mod
6. BANK ACCOUNT DE		e Instruction 3 on pa	•				per SEBI Regulations)
Bank Name							
Bank A/c. No.			A/c. Type	○ Savings ○ Currer	nt ONRE ONRO	FCNR	
Branch Name			City			Pin Code	
MICR Code		(9 Digit No. next to yo	our Cheque No.) IFSC Coo	e			
7. OVERSEAS EXPOSU	IRE - MANDA	ATORY ONLY FOR C	ORPORATES / BAN	KS / FINANCIAL IN:	STITUTIONS		
Does your Entity* have any offices,				Yes No	0		
* includes any business directly o If the answer is "Yes", please fill o				our website www.hnnnari	hasmf in		
8. FATCA DETAILS For I			dual investors includir			ATC A dotail form	
Details under Foreign Tax La		First / Sole Applican		Second Appl	<del></del>		Applicant O PoA
Place & Country of Birth							Applicant O 1 CA
Nationality		Indian US Others (Please		Indian US Others (Please	Specify)	Olndian U	S (Please Specify)
Address Type		Residential Registered (			Office O Business		egistered Office O Business
Are you a tax resident (i.e. ar						rovide information	
Country of Tax Residency							•
Tax Identification Number or Function							
Identification Type (TIN or Other, plea			(7)				
If TIN is not available, please tick	Rea	ason OA OB OC	(Please Specify) Re	ason OA OB OC	(Please Specify)	Reason O A O B	Oc (Please Specify)
Country of Tax Residency Tax Identification Number or Function	al Equivalent						
Identification Type (TIN or Other, plea							
If TIN is not available, please tick		ason OA OB OC	(Please Specify) Re	ason OA OB OC_	(Please Specify)	Reason OA OB	Oc (Please Specify)
Reason A: The country where Acco				Reason B: No TIN Requi	red (Select this only if t	he authorities of the re	espective country of tax residen
do not require the TIN to be collected 9. NOMINATION - MANI		son C: others, please spec		older cannot nominate	and should not fil	Il this section (Sec	Instruction 5 on page 20
1. I/We do not wish to nomin	ate SIGNAT	TURE(S)		Secon			
2. Having read and understood the in	struction for Nomin	ination, I / We hereby nomina	te the person(s) more particu	arly described hereunder in r	espect of the Units unde	r the Folio held by me/u	s in the event of my death.
Namina		Nominee Name		Date of	f Birth* Allocation %	6 <sup>#</sup> Gua	ardian Signature^
Nominee 1 Nominee 2							
Nominee 3							
^ In case Nominee is minor. # Plea	se indicate the ne	ercentage of allocation / sk	nare for each of the nomin	es in whole numbers only	without any decimals	making a total of 100	) ner cent
10. DECLARATION & SIG		ercentage of allocation / si	late for each of the florilling	es in whole numbers only	without any decimals	making a total of 10	per cent.
I / We am / are not prohibited from accessing cap		order / ruling / judgment etc., of any re	equiation, including SEBI, I / We confi	n that my application is in compliand	e with applicable Indian and for	eion laws, I / We hereby confir	m and declare as under:- I / We have neith
received nor been induced by any rebate or gifts, or as proxyholders of a person who is a US perso	directly or indirectly in m	naking this investment. I / We hereby d	leclare that I am / we are not a US pe	son, within the meaning of the United	States Securities Act, 1933, as	amended from time to time; ar	nd that I am / we are not applying on behalf
prohibited / banned Countries mentioned in the SI hereby confirm that the proposed investment is be	D / addendums to the SI	SID. I / We have read, understood and	hereby agree to comply with the term	and conditions of the scheme relate	ed documents and apply for allot	tment of Units of the Scheme(s	i) of BNP Paribas Mutual Fund ('Fund'). IA
is not designed for the purpose of any contraventi	on or evasion of any Act,	t, Rules, Regulations, Notifications or D	Directions or of the provisions of any la	win India including but not limited to	The Income Tax Act, the Prevent	tion of Money Laundering Act,	2002, The Prevention of Corruption Act, 19
and /or any other relevant rules / guidelines notifi be contradictory or non-reliable to the above state	ments or if I / we fail to p	provide adequate and complete inform	ation, the AMC / Mutual Fund / Truste	s reserve the right to not create a foli	<ul><li>o / account, reject the application</li></ul>	the atoresaid disclosures made n / withhold the investments m	e / information provided by me / us is found ade by me / us and / or make disclosures a
report the relevant details to the competent author I / We hereby authorise the Fund, AMC and its Aq						hank datails remided by me / i	is or to disclose to such service remaiders
deemed necessary for conduct of business. I / W	e confirm that I / We do :	not have any existing Micro SIP / Inv	estments which together with the cun	ent application will result in aggregate	e investments exceeding Rs. 50	),000/- in a financial year or a :	rolling period of one year (Applicable for Pi
exempt category of investors). 1/ We will indemni (in the form of trail commission or any other mode	, payable to him / them f	for the different competing Schemes of	of various Mutual Funds from amongst	ity, validity and authorization of my / ( which the Scheme is being recommen	our transactions. The AKN holds noted to me / us. T/WE HEREB	er (AMF) registered Distributor) Y CONFIRM THAT I / WE HAV	nas disclosed to me / us all the commissio E NOT BEEN OFFERED / COMMUNICATE
ANY INDICATIVE PORTFOLIO AND / OR ANY IN I / We declare that the information provided in this				ch other further/additional information	n as may be required by the RNF	Paribas Asset Management In	ndia Pvt Itd (AMC) / Fund I further underta
to advise the AMC / Mutual Fund/ Trustees prom	ptly of any change in cir	rcumstances which causes the inform	nation contained herein to become inc	prect and to provide the AMC /Mutua	al Fund/Trustees with a suitably	y updated self-declaration with	
I hereby declare that the AMC / Fund can provide I/We hereby provide my /our consent in accordance							, 2016 (and regulations made thereunder) a
PMLA. I/We hereby provide my/our consent for sha	aring/disclosing of my Aa	adhaar number(s) including demograpi	hic information with the asset manage	nent companies of SEBI registered mi	utual fund and their Registrar and	d Transfer Agent (RTA) for the	ourpose of updating the same in my/our foli
Additional declaration for NRIs only: External / Ordinary Account / FCNR Account.				•		-	-
Additional declaration for Foreign Nat account of change in residential status.	ionals Resident in	India only: I/We will redeem my /	our entire investment/s before I / We o	nange my / our Indian residency statu	us. I / We shall be fully liable for	all consequences (including ta	xation) arising out of the failure to redeem
Additional declaration for NRIs / PIO /	OCIs only: I / We am	n / are not prohibited from accessing c basis Non-Repatriation basis		/ judgment etc., of any regulation, inc	cluding SEBI. I / We confirm that	t my application is in complian	ce with applicable Indian and foreign laws.
Dated		Sole Applicant / Guardian	V Secor	d Applicant / Guardian / P	OA Holder X	Third Applicant /	Guardian / POA Holder
			-				



BNP Paribas Asset Management India Private Limited
BNP Paribas House, 1 North Avenue, Maker Maxity, Bandra Kurla Complex,
Bandra (East), Mumbai - 400 051, Maharashtra, India.
Toll Free: 1800 102 2595 ● Web: www.bnpparibasmf.in
E-mail: customer.care@bnpparibasmf.in



