



App. No.

DISTRIBUTOR / BROKER 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. ARN-	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) & bii) on page 25)

First / Sole Applicant	PAN	<input type="checkbox"/> PAN card proof	<input type="checkbox"/> KYC Confirmation proof
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

MANDATORY

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 _____

◀ This is a 9 Digit No. next to your Cheque No.
◀ IFSC code will be mentioned on your cheque leaf, else pls contact your bank branch.

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

DIRECT CREDIT FACILITY (See instruction 3d on page 26. Please ✓ and indicate your preference) **Cheque Payouts** : I / We want to receive redemption / dividend proceed by cheque / demand draft. **RTGS / NEFT** 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 / Minor
Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors) _____ Title Mr. Ms. M/s Minor Others _____
Name of Second Applicant _____ Title Mr. Ms. M/s Minor Others _____
Name of Third Applicant _____ Title Mr. Ms. M/s Minor Others _____
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 (please ✓) Individual HUF Company FIs NRI-Repatriation NRI-Non Repatriation Bank Proprietorship Firm Trust Society/Club Partnership Body Corporate On behalf of Minor Others _____ (please specify)
Overseas Address (Required for NRIs/FIs applicants in addition to mailing address) (P.O. Box Address is not sufficient) _____

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 **BNP Paribas** 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 _____ / _____ / _____
D D M M Y Y Y Y

Mode of Payment Cheque / Demand Draft / Fund Transfer 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 ✓)

7. NOMINATION (To be filled in by Individual(s) applying Singly or Jointly) (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
Name	_____	_____	_____
Address	_____	_____	_____
Relationship with Applicant	_____	_____	_____
Date of Birth in case Nominee is minor	_____	_____	_____
# Percentage of Allocation/Share	_____	_____	_____

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.

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



BNP PARIBAS MUTUAL FUND
 BNP Paribas Asset Management India Private Limited
 5th Floor, French Bank Building, 62, Homji Street,
 Fort, Mumbai 400 001 Tel. : 91-22 6656 0000
 Web : www.bnpparibasmf.in

For any further queries / correspondence, please contact:
Computer Age Management Services Pvt. Ltd.
 UNIT : BNP Paribas Mutual Fund
 148 Old Mahabalipuram Road (OMR), Next to Hotel Fortune,
 Okkiyam, Thuraiyakkam, Chennai - 600 097
 Tel : 044 - 3040 7065 • email : enq_m@camsonline.com

Please read SIP Instructions before completing this Application Form

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

Name and AMFI Reg. No. ARN-	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
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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) & bii) on page 25)

	PAN	Enclosed (✓)		For Micro SIP Applications		
		PAN card proof	KYC Confirmation proof	Supporting Document Type	Reference Number	Date of Birth
First / Sole Applicant		<input type="checkbox"/>	<input type="checkbox"/>			
Second Applicant		<input type="checkbox"/>	<input type="checkbox"/>			
Third Applicant		<input type="checkbox"/>	<input type="checkbox"/>			
Guardian**		<input type="checkbox"/>	<input type="checkbox"/>			
PoA Holder		<input type="checkbox"/>	<input type="checkbox"/>			

** 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 ✓) <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR
Bank Name	
Address	
Branch	City
	Pin Code
	MICR Code
RTGS / IFSC Code	NEFT / IFSC Code

This is a 9 Digit No. next to your Cheque No.
 IFSC code will be mentioned on your cheque leaf, else pls contact your bank branch.

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

DIRECT CREDIT FACILITY (See instruction 3d on page 26. Please ✓ and indicate your preference) **Cheque Payouts** : I / We want to receive redemption/ dividend proceed by cheque / demand draft. **RTGS / NEFT**. 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 <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Minor <input type="checkbox"/> Others
Date of Birth*	* Required for First holder / Minor
Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors)	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others
Name of Second Applicant	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Minor <input type="checkbox"/> Others
Name of Third Applicant	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Minor <input type="checkbox"/> Others
Mode of Holding (please ✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint* <input type="checkbox"/> 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)
STD Code	State
Mobile	Extn.
E-Mail	
If you wish to receive all communication from us via e-mail, please ✓ here <input type="checkbox"/>	
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 ✓) <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculture <input type="checkbox"/> Others	
Status (please ✓) <input type="checkbox"/> Individual <input type="checkbox"/> HUF <input type="checkbox"/> Company <input type="checkbox"/> FIs <input type="checkbox"/> NRI-Repatriation <input type="checkbox"/> NRI-Non Repatriation <input type="checkbox"/> Bank <input type="checkbox"/> Proprietorship Firm <input type="checkbox"/> Trust <input type="checkbox"/> Society/Club <input type="checkbox"/> Partnership <input type="checkbox"/> Body Corporate <input type="checkbox"/> On behalf of Minor <input type="checkbox"/> Others (please specify)	
Overseas Address (Required for NRIs/FIs applicants in addition to mailing address) (P.O. Box Address is not sufficient)	

SIP AUTO DEBIT (ECS) FACILITY FORM [Registration cum Mandate Form for ECS (Debit Clearing)] (Please read Terms & Conditions)

ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)

I / We hereby authorise the authorised service provider (TechProcess Solutions Ltd.) of BNP Paribas Asset Management India Private Ltd. (Investment Manager to BNP Paribas Mutual Fund), to debit my / our following bank account by ECS (Debit Clearing) for collection of SIP payments (From the second SIP instalment).

Name of the Account Holder (as in Bank Records)	Branch	City
Name of the Bank		
Account No.	Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit <input type="checkbox"/> NRE <input type="checkbox"/> NRO	
9 Digit MICR Code	(Please enter the 9 digit number that appears after your cheque number)	Mandatory Enclosure <input type="checkbox"/> Copy of cancelled Cheque leaf

AUTHORISATION OF BANK ACCOUNT HOLDER [To be signed by Account Holder(s)]

SIGNATURE(S) (As in Bank Records)

This is to inform you that I/We have registered with TechProcess Solutions Ltd., an authorised service provider of BNP Paribas Asset Management India Private Ltd. (Investment Manager to BNP Paribas Mutual Fund), for collection of SIP payments. Such payments will be made from the above mentioned account and be routed to you directly or through the ECS mechanism. The authority shall continue to be in force with immediate effect till the period indicated above or until I/We revoke it by instructions delivered to the Bank in writing. I/We authorise the bank to honour all such instructions. I/We further authorise the representative of TechProcess Solutions Ltd. to get this mandate verified and registered with you. I hereby authorise the bank to debit verification charges (if any) to my account for verification of this mandate.

Account Number	First Account Holder
Banker's Attestation (For Bank use only) : Certified that the signature of account holder and the details of Bank account and its MICR code are correct as per our records.	Second Account Holder
Signature of Authorised Official from Bank (Bank Stamp and Date)	Third Account Holder

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

App. No.

Received from Mr./Ms/Ms. _____ an application for purchase of Units of _____ Scheme _____ Plan _____ Option _____

SIP Auto Debit (ECS) Facility Cheques Nos. From _____ To _____ drawn on (Bank) _____ A/c. No. _____

Total Amount (Rs.) _____ on Weekly Quarterly basis. All purchases are subject to realisation of Cheques.

ISC Stamp, Date & Signature

5. SIP INVESTMENT DETAILS – Separate Cheque 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 Annual Dividend Dividend Mode (please ✓) Reinvest Payout

Frequency (Please ✓ any one only) Weekly SIP Monthly* SIP Quarterly* SIP (Calendar Quarter i.e., January, April, July and October) # ECS facility available

SIP Date Weekly SIP : 1st, 7th, 15th and 25th Monthly and Quarterly SIP (Please ✓ any one only) : 1st of the month 7th of the month 15th of the month 25th of the month

Enrolment Period From DD MM YY To DD MM YY No. of Weeks / Months / Quarters

* 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.

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

Third Party Name PAN

Relationship with applicant KYC Acknowledgement attached (Please ✓)

7. PAYMENT DETAILS (First Payment by Cheque Only) – Cheques to be drawn in favour of the Scheme / Plan applied for

Each SIP Amount [Rs.] No. of Instalments Total Amount [Rs.] First SIP instalment via : Cheque No.

Drawn on Bank Branch City A/c. No.

SIP THROUGH AUTO-DEBIT (ECS) - Please fill up SIP Auto Debit (ECS) Facility Form SIP THROUGH POST-DATED CHEQUES

Second and Subsequent instalment Cheque Details : Total Cheques

Cheque No. From To Dated From DD MM YYYY To DD MM YYYY

Drawn on Bank Branch City A/c. No.

8. NOMINATION (To be filled in by Individual(s) applying Singly or Jointly) (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
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship with Applicant	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth in case Nominee is minor	<input type="text"/>	<input type="text"/>	<input type="text"/>
# Percentage of Allocation/Share	<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.

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

9. 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 Title Mr. Ms. M/s Others

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

Signature of (PoA) Holder

10. 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. I/ we hereby also declare that I / we do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs 50,000 in a financial year.

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)

<input type="text"/> First / Sole Applicant / Guardian	<input type="text"/> Second Applicant / Guardian	<input type="text"/> Third Applicant / Guardian
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SIP Auto Debit - CHECKLIST	
<input type="checkbox"/>	Please ensure that if you are an existing investor, you have quoted your Folio No. in the SIP Application Form.
<input type="checkbox"/>	Investment Scheme / Plan / Option in which you wish to do systematic investments is clearly indicated in the SIP Application Form.
<input type="checkbox"/>	The SIP Amount, the SIP Frequency, your preferred SIP Date and Period are clearly indicated in the SIP Application Form.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Your Bank Account Details are correctly and completely furnished including the 9 Digit MICR Code.
<input type="checkbox"/>	Cancelled Cheque leaf of the Bank Account mentioned in the SIP Auto Debit (ECS) Account to be attached.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Authorisation of Bank Account is signed in the same manner as your signatures in Bank Records.

Schemes Snapshot for SIP	
Scheme Name	Minimum Amount for SIP
<ul style="list-style-type: none"> BNP Paribas Equity Fund (BNPPEF) BNP Paribas Opportunities Fund (BNPPDF) BNP Paribas Dividend Yield Fund (BNPPDYF) BNP Paribas Future Leaders Fund (BNPPFLF) BNP Paribas China-India Fund (BNPPCIF) BNP Paribas Sustainable Development Fund (BNPPSDF) 	Minimum Rs. 500/- and in multiples of Re. 1/- thereafter for Weekly, Monthly & Quarterly SIP.
<ul style="list-style-type: none"> BNP Paribas Tax Advantage Plan (ELSS) - (BNPPTAP) 	Minimum of Rs. 500
<ul style="list-style-type: none"> BNP Paribas Monthly Income Plan (BNPPMIP) BNP Paribas Flexi Debt Fund (BNPPDFD) BNP Paribas Money Plus Fund (BNPPMPF) - Regular Plan BNP Paribas Bond Fund (BNPPBF) 	<ul style="list-style-type: none"> Minimum Rs. 1,000/- and in multiples of Re.1/- thereafter for Weekly & Monthly SIP. Minimum Rs. 3,000/- and in multiples of Re.1/- thereafter for Quarterly SIP.



1. THIRD PARTY PAYMENT DECLARATION (Should be enclosed with each payment)

Payments by : **Parent/Grand-Parents/Related Persons Other than the Registered Guardian**
 Payments to : **To a Minor Folio only; In consideration of: Natural love and affection or as gift only**
 Maximum Value : **Not Exceeding Rs 50,000/-** (each regular purchase)

Application and Payment Details (All details below are **Mandatory**, including relationship, PAN & KYC):

Folio No.		Application Form No.	
Beneficial Minor's Name			
Investment Amount in Rs.			
Payment Cheque No.		Dated	D D M M Y Y Y Y
Cheque Drawn on Bank			
Cheque Drawn on A/c No.			

Declaration and Signatures:

	Parent/Grand-Parents/Related Persons Other than the Registered Guardian	Guardian of Minor, as registered in the Folio
Name		
Relationship with Minor		
Income Tax PAN		
KYC Acknowledgement	<input type="checkbox"/> Attached (Mandatory for any amount)	<input type="checkbox"/> Attached (Mandatory for any amount)
Declaration	I hereby declare and confirm the minor stated above is the beneficial owner of the investment details mentioned above and I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only.	I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the Minor.
Signature		
Contact Number		

2. BANKER'S CERTIFICATE in case of Demand Draft / Pay Order / Any Other pre-funded instrument:

To whomsoever it may concern, we hereby confirm the following details regarding the instrument issued by us:

Instrument Details:

Instrument Type	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order / Banker's Cheque
Instrument Number		Date
Investment Amount in Rs.		
In Favour of / Favouring		
Payable At		

Details of Bank Account Debited for issuing the instrument:

Bank Account No.		Account Type
Account Holder Details	Name	Income Tax PAN
1.		
2.		
3.		

If the issuing Bank branch is outside India:

We further declare that we are registered as a Bank/branch as mentioned below:

Under the Regulator	Name of the Regulator
In the Country	Country Name
Registration No.	Registration Number

We confirm having carried out necessary Customer Due Diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws and other applicable relevant laws in our country

Branch Manager/Declarant(s)

Signature _____

Name _____

Address _____

City _____ State _____ Postal code _____

Country _____ Contact Number: _____

Bank & Branch Seal

Important Note: It is clarified that the bankers certificate suggested above is recommendatory in nature, as there may be existing Bank Letters / Certificates / Declarations, which will confirm to the spirit of the requirements, if all required details are mentioned in the certificate.

3. CUSTODIAN ON BEHALF OF AN FII OR CLIENT (Should be enclosed with each payment)

To whomsoever it may concern

Application and Payment Details (All details below are **Mandatory**):

Folio No.		Application Form No.	
Beneficial Applicant/ Investor Name			
Investment Amount in Rs.			
Payment Mode	<input type="checkbox"/> Cheque	<input type="checkbox"/> Fund Transfer	<input type="checkbox"/> RTGS <input type="checkbox"/> NEFT
Payment Cheque / UTR No.			Dated D D M M Y Y Y Y
Payment from Bank			
Payment from A/c No.			

We further declare that we are registered as a Custodian with SEBI under Registration No: _____

We confirm the beneficial owner as stated above and that this payment is issued by us in our capacity as Custodian to the Applicant/Investor. The source of this payment is from funds provided to us by the Applicant/Investor.

Signature of Declarant(s) _____

Name of Declarant(s) _____

Income Tax PAN _____ KYC Acknowledgement attached (Mandatory for any amount)

Address of Declarant(s) _____

City _____ Postal code _____

State _____ Country _____

4. PAYMENT BY EMPLOYER ON BEHALF OF EMPLOYEE (Under Systematic Investments Plans through Payroll deductions)

To whomsoever it may concern

We hereby declare that the Application Form No/s. _____ for subscription of units in _____ (Name of the Scheme / Plan / Option) is accompanied by

Cheque No. _____ Dated _____

Drawn on _____ (Name of the Bank / Branch).

We confirm that the beneficial owner(s) of the investment in these units is/are _____ (Name of the Employee/s, with employee number/s), who is / are my / our employee/s and am providing the funds for these investments through the payroll deduction.

Signature of Declarant(s) _____

Name of Declarant(s) _____

Income Tax PAN _____ KYC Acknowledgement attached (Mandatory for any amount)

Address of Declarant(s) _____

City _____ Postal code _____

State _____ Country _____

Signature of Beneficiary (ies) _____

Signature of Beneficiary (ies) _____

SIP - INSTRUCTIONS

- The SIP Enrolment Form should be completed in English and in Block Letters only. Please tick (✓) in the appropriate box (□), where boxes have been provided. The SIP Enrolment Form, complete in all respects, should be submitted to any of the Official Points of Acceptance of Transactions.
 - A single SIP Enrolment Form can be used for one Scheme / Plan / Option / SIP Date only. Investor should use separate forms for more than one Scheme / Plan / Option.
 - Existing unit holders are required to submit only the SIP Enrolment Form. Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing folio number.
 - New investors who wish to enroll for SIP are required to fill the SIP Application Form. New investors are advised to read the Combined Scheme Information Document carefully before investing. The Key Information Memorandum(s) / Combined Scheme Information Document are available with the ISCs / distributors.
 - To start an SIP, an investor has to provide the specified number of postdated cheques in advance, for the minimum amount for the facility chosen by the investor (as given in instruction no. 8). The 1st cheque can be of any date but the subsequent cheques should be of the same amount and same date. The enrolment form should reach atleast 7 days before the due date at any of the Official Points of Acceptance of Transactions.
 - Currently, the schemes eligible for the SIP facility are as follows:
 - BNP Paribas Equity Fund (BNPPEF)
 - BNP Paribas Opportunities Fund (BNPPOF)
 - BNP Paribas Dividend Yield Fund (BNPPDYF)
 - BNP Paribas Tax Advantage Plan (ELSS) (BNPPTAP)
 - BNP Paribas Sustainable Development Fund (BNPPSDF)
 - BNP Paribas Future Leaders Fund (BNPPFLF)
 - BNP Paribas China-India Fund (BNPPCIF)
 - BNP Paribas Monthly Income Plan (BNPPMIP)
 - BNP Paribas Flexi Debt Fund (BNPPDF)
 - BNP Paribas Money Plus Fund (BNPPMPF) - Regular Plan
 - BNP Paribas Bond Fund (BNPPBF)
 - Under SIP the investor of BNPPEF, BNPPMIP, BNPPOF, BNPPDYF, BNPPTAP, BNPPSDF, BNPPDF, BNPPFLF, BNPPCIF, BNPPMPF and BNPPBF can for a continuous period of time invest a fixed amount at regular intervals for purchasing additional Units of the Scheme(s) at the Applicable NAV, subject to applicable Load.
 - SIP offers investors the following three facilities:
 - Weekly Systematic Investment Facility (WSIF):
 - Monthly Systematic Investment Facility (MSIF):
 - Quarterly Systematic Investment Facility (QSIF):

For more details, please refer to the Scheme Snapshot for SIP table given in the Application Form for Systematic Investment Plan.
- # ECS facility available.
* In case of BNPPTAP an investor under WSIF or MSIF or QSIF must invest a minimum of Rs. 500 and in multiples of 500 thereafter.
- Post-dated cheques for SIP should be dated 1st, 7th, 15th and 25th of a month under WSIF. For MSIF it should be either 1st or 7th or 15th or 25th of a month or first month of each quarter under QSIF (e.g. 1st or 7th or 15th or 25th of January, April, July and October). In case the date falls on a Non-Business Day or falls during a book closure period, the immediate next Business Day will be considered for the purpose of determining the applicability of NAV subject to the realization of cheques. Units will be allotted on the above applicable dates.
- ### 10. Applicable Load Structure for SIP
- For All Schemes:**
Entry Load : Nil
- The provisions of Exit Load as applicable to the normal investments as on the date of enrollment will be applicable to fresh SIP investments.
- Separate SIP Enrolment Forms are required to be filled for WSIF, MSIF and QSIF.
 - The cheques should be drawn in favour of the respective "Scheme / Plan / Option" and crossed "A/c Payee Only" and must be payable at the locations where applications are submitted at the Official Points of Acceptance of Transactions. Unit holders must write the SIP Enrolment Form number, if any, on the reverse of the cheques accompanying the SIP Enrolment Forms. Outstation cheques will not be accepted and applications accompanied by such cheques are liable to be rejected. No cash, money orders or postal orders will be accepted.
 - Returned cheque(s) will not be presented again for collection. In case of bouncing of cheque/ no credit receipt for SIP for 3 consecutive times, such SIP application shall be cancelled.
 - An account statement will be dispatched by mail or by e-mail (if opted by the Unit holder) to the Unit holder on quarterly basis, indicating the new balance to the credit of the Unit holder's account.
 - Investors have the right to discontinue the SIP facility at any time by sending a written request to any of the Official Points of Acceptance of Transactions. Such notice should be received at least 14 days prior to the due date of the next cheque. On receipt of such request, the SIP facility will be terminated and the remaining unutilised post-dated cheque(s) will be returned to the investor.
 - Normally, Account Statements / Newsletters are sent to each Unit holder by courier / post / e-mail as indicated by the Investor and in accordance with SEBI Regulations from time to time.
 - The Trustee / AMC reserves the right to change / modify the terms of the SIP. The above load structure will be in force till further notice. This load structure is subject to change and may be imposed / modified prospectively from time to time, as may be decided by the Trustee / AMC from time to time.

SIP AUTO DEBIT FACILITY - TERMS & CONDITIONS

SIP payment through Electronic Clearing Service (Debit Clearing) of the Reserve Bank of India (RBI)

- This facility is offered to the investors having bank accounts in **select cities mentioned below**. The bank branch through which you want your SIP Auto-Debits to take place should be a participant in local MICR Clearing.
- SIP Auto-Debit Facility is offered to you using RBI's Electronic Clearing Service (ECS) for effecting SIP payments. By opting for this facility, you agree to abide by the terms and conditions of ECS Facility of Reserve Bank of India.
- New investors need to submit:
 - SIP Application Form for the chosen Scheme duly filled in
 - Completed SIP Auto Debit Facility Form
 - Cheque for the First Installment of the SIP
 - Cancelled copy of the cheque of the bank whose details have been mentioned in the ECS debit bank account.
- These details have to be submitted at least 7 days before the first SIP installment date. In addition all the other corporate/ other documents as mentioned in the common application form needs to be submitted.
- Existing investors need to mention the Folio Number and submit the following:
 - Completed SIP Auto Debit Facility Form
 - Cheque for the First Installment of the SIP
 - Cancelled copy of the cheque of the bank whose details have been mentioned in the ECS debit bank account.

These details have to be submitted at least 7 days before the first SIP installment date.
- Investors can opt for SIP on a monthly or quarterly basis under the ECS facility. The first debit will be basis the SIP cheque. Second and subsequent SIPs shall be through the Auto Debit route and is available only on specified dates of the month viz. 1st, 7th, 15th and 25th of a month for Monthly and Quarterly SIPs (subject to validation by your bank). In case the chosen date falls on a Non-Business Day, the SIP will be processed on the immediate next Business Day.
- The cheque should be drawn in favour of "the respective Scheme / Plan / Option" as applicable and crossed "A/c. Payee Only".
- A separate SIP Enrolment Form must be filled for each Scheme / Plans, Unit Holders must write the Folio Number on the reverse of the Cheque accompanying the Application Form.
- BNP Paribas Mutual Fund, its Investment Manager, Registrar and other service providers responsible if the transaction is delayed or not effected or your bank account is debited in advance or after the specific SIP date due to various clearing cycles of ECS.
- BNP Paribas Assrt Management India Private Limited, its registrars and other service providers shall not be held responsible and liable for any damages/ compensation / loss incurred by the investor. For any reason whatsoever the investor assumes the entire risk of using this facility and takes full responsibility.
- Please refer the Key Information Memorandum for applicable NAV, Risk Factors, Load and other information before investing.
- BNP Paribas Mutual Fund / AMC, reserves the right to reject any application inter alia in the absence of fulfillment of regulatory requirements, fulfillment of requirements of the Combined Scheme Information Document / Addendum(s) and furnishing necessary information to the satisfaction of the Mutual Fund / AMC.
- BNP Paribas Assrt Management India Private Limited and its service providers reserve the right to disclose the details of the Investors and their transactions using the SIP Auto Debit Facility to third parties for the purposes of verification and execution of the Auto Debit Facility as also for the purpose of law enforcement, fraud prevention, audit and inspection requirement etc. In case of discontinuance of business by the existing ECS Service Provider / change in ECS Service Provider, the investor may be required to resubmit a completed SIP Auto Debit Facility Form to the AMC.
- The Investor undertakes and agrees that the SIP Auto Debit Facility requested for via this Form is subject to acceptance of the terms and conditions mentioned in the Key Information Memorandum / Combined Scheme Information Document.
- If you wish to change / modify the SIP amount, you will have to submit the following documents atleast 1 month in advance:
 - New SIP Auto Debit Facility Form with revised SIP amount
 - Letter to discontinue the SIP existing amount
- If you have already an existing investor and have provided the post dated cheques and you now wish to avail of the ECS Auto Debit facility, you will need to submit the following documents atleast 1 month in advance:
 - SIP Auto Debit Facility Form
 - Letter to discontinue and return the existing post dated cheques.

List of Cities for SIP Auto Debit Facility via ECS (Debit Clearing)

● Agra	● Bhopal	● Coimbatore	● Jaipur	● Ludhiana	● New Delhi	● Surat
● Ahmedabad	● Bhubaneswar	● Guwahati	● Kanpur	● Mangalore	● Panjim	● Trivandrum
● Bengalure	● Chandigarh	● Hyderabad	● Kolkata	● Mumbai	● Patna	● Vijayawada
● Baroda	● Chennai	● Indore	● Lucknow	● Nagpur	● Pune	● Rajkot ● Vizag

The cities in the list may be modified / updated / changed / removed at any time in future entirely at the discretion of BNP Paribas Mutual Fund without assigning any reason or prior notice. If any city is removed from the list, SIP instructions for investors in such cities via ECS (Debit) route will be discontinued without prior notice.

