

All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.
DISTRIBUTOR / BROKER INFORMATION [refer instruction 1(b)]

Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN- 42954	ARN-			(As allotted by ARN holder)	E029686

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.

SIGNATURE(S)	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder

ZERO BALANCE FOLIO
 Zero Balance Invest Now

1. TRANSACTION CHARGES (Please ✓ any one of the below)

(See Instruction 4 on page 10)

 I confirm that I am a first time investor across Mutual Funds. I confirm that I am an existing investor in Mutual Funds.

In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscriptions amount and payable to the Distributor. Units will be issued against the balance amount invested.
2. EXISTING UNITHOLDER INFORMATION (The details in our records under the Folio No. mentioned below will only be considered for this application.)

 Folio No. Unitholder's Name
3. PAN & KYC DETAILS (Mandatory, as per SEBI Regulations)

(See Instruction 2bi & bii on page 12)

	PAN	Proof Enclosed (✓)		For Micro Investment Applications		Date of Birth*	
		PAN Card	KYC Confirmation	Supporting Document Type	Reference Number		
First / Sole Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian**	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PoA Holder	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant							
PoA Holder	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant							

** If the Sole / First Applicant is a Minor, then state Guardian's PAN Number

* Required for First holder / Mandatory for Minor

4. APPLICANT'S INFORMATION

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

Mr. Ms. M/s Others Name of Second Applicant

Mr. Ms. M/s Others Name of Third Applicant

Mr. Ms. M/s Others Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual investors) / POA Holder

 Minor's Relationship with Guardian Father Mother Legal Guardian

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

5. FIRST / SOLE APPLICANT'S OTHER DETAILS

(MANDATORY)

 a. Status (Please ✓) Individual Non-Individual

 Resident Individual NRI-Repatriation NRI-Non-Repatriation Partnership Trust HUF AOP PIO Company FIs Minor through Guardian
 BOI OCI Body Corporate LLP Society/Club FPI Sole-Proprietorship Non Profit Organisation Others [Please specify] _____

 b. Occupation Details (Please ✓) Private Sector Service Public Sector Service Government Service Student Professional Housewife Business [Nature of Business] _____
 Retired Agriculturist Proprietorship Others [Please specify] _____

 c. Gross Annual Income (Please ✓): Below ₹ 1 Lakh ₹ 1 - 5 Lakhs ₹ 5 - 10 Lakhs ₹ 10 - 25 Lakhs ₹ 25 Lakhs - ₹ 1 Crore > ₹ 1 Crore

OR

 Net Worth in Rupees (Mandatory for Non-Individuals) ₹ _____ as on date / / (Not older than 1 year)

 d. Politically Exposed Person (PEP) (Please ✓) (Also applicable for Authorised Signatories / Promoters / Karta / Trustee / Whole-time Directors): I am PEP I am related to PEP Not Applicable

e. Investors involved / providing any of the mentioned services

 Wholesalers OR Retailers in Precious Metals (In particular buying - selling Gold) and Gems Wholesalers OR Retailers in Luxury Cars
 Wholesalers OR Retailers in Boats Wholesalers OR Retailers in Race-horses Wholesalers OR Retailers in 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-doors 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

NOTE: In case the INVESTOR is NOT an INDIVIDUAL, please provide Ultimate Beneficial Owner (UBO) details on page 19. If there is no UBO, please declare that the entity does not have anyone holding beneficial interest. Mandatory for Non-Individual investors.
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

App. No.

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

ISC Stamp, Date & Signature

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

City										State					Country					Pin Code (Mandatory)									
STD Code					Tel. Off.					Extn.					Tel. Resi.					Fax									
Mobile										E-Mail					Default mode of communication														

If you wish to receive all communication from us via post or other means, please ✓ here

(See Instruction 1g on page 12)

Kindly ensure that the address for correspondence, e-mail address and telephone numbers mentioned above are those of the First Unitholder. These details shall be used for all communications.

I/We would like to register for online transaction facility. (Please use the I-PIN Agreement form attached in this document)

Overseas Address (P.O. Box Address is not sufficient)

Mandatory for NRI/FII Applicant														
Country														

6. SECOND APPLICANT'S DETAILS

a. Occupation Details (Please ✓) Private Sector Service Public Sector Service Government Service Student Professional Housewife Business [Nature of Business] _____
 Retired Agriculturist Proprietorship Others [Please specify] _____

b. Gross Annual Income (Please ✓): Below ₹ 1 Lakh ₹ 1 - 5 Lakhs ₹ 5 - 10 Lakhs ₹ 10 - 25 Lakhs ₹ 25 Lakhs - 1 Crore > ₹ 1 Crore OR Net Worth ₹ _____

c. Politically Exposed Person (PEP) (Please ✓) (Also applicable for Authorised Signatories / Promoters / Karta / Trustee / Whole-time Directors): I am PEP I am related to PEP Not Applicable

d. Investors involved / providing any of the mentioned services

- | | |
|---|---|
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Precious Metals (In particular buying - selling Gold) and Gems | <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Luxury Cars |
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Boats | <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Race-horses |
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Jewellery | |
| <input type="checkbox"/> Money Service Businesses (MSB) & their agents (excluding Banks) | <input type="checkbox"/> Currency Dealers or Exchanges |
| <input type="checkbox"/> Sellers for redeemers of traveler's cheques | |
| <input type="checkbox"/> Money Orders / remittance services | |
| <input type="checkbox"/> Pawn shops <input type="checkbox"/> Street market stall <input type="checkbox"/> Hotels <input type="checkbox"/> Restaurants <input type="checkbox"/> Internet cafes <input type="checkbox"/> Door-to-doors sales companies <input type="checkbox"/> Taxi <input type="checkbox"/> Bars <input type="checkbox"/> Night Clubs | |
| <input type="checkbox"/> Second hand Goods Sales <input type="checkbox"/> Second hand vehicle dealers (excluding Automobile Franchise) | |
| <input type="checkbox"/> Casinos <input type="checkbox"/> Lotteries <input type="checkbox"/> Gambling Clubs <input type="checkbox"/> Slot machines <input type="checkbox"/> Antiques <input type="checkbox"/> Art Galleries <input type="checkbox"/> Art Dealers <input type="checkbox"/> Auctioneer <input type="checkbox"/> Art Expert | |

7. THIRD APPLICANT'S DETAILS

a. Occupation Details (Please ✓) Private Sector Service Public Sector Service Government Service Student Professional Housewife Business [Nature of Business] _____
 Retired Agriculturist Proprietorship Others [Please specify] _____

b. Gross Annual Income (Please ✓): Below ₹ 1 Lakh ₹ 1 - 5 Lakhs ₹ 5 - 10 Lakhs ₹ 10 - 25 Lakhs ₹ 25 Lakhs - 1 Crore > ₹ 1 Crore OR Net Worth ₹ _____

c. Politically Exposed Person (PEP) (Please ✓) (Also applicable for Authorised Signatories / Promoters / Karta / Trustee / Whole-time Directors): I am PEP I am related to PEP Not Applicable

d. Investors involved / providing any of the mentioned services

- | | |
|---|---|
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Precious Metals (In particular buying - selling Gold) and Gems | <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Luxury Cars |
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Boats | <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Race-horses |
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Jewellery | |
| <input type="checkbox"/> Money Service Businesses (MSB) & their agents (excluding Banks) | <input type="checkbox"/> Currency Dealers or Exchanges |
| <input type="checkbox"/> Sellers for redeemers of traveler's cheques | |
| <input type="checkbox"/> Money Orders / remittance services | |
| <input type="checkbox"/> Pawn shops <input type="checkbox"/> Street market stall <input type="checkbox"/> Hotels <input type="checkbox"/> Restaurants <input type="checkbox"/> Internet cafes <input type="checkbox"/> Door-to-doors sales companies <input type="checkbox"/> Taxi <input type="checkbox"/> Bars <input type="checkbox"/> Night Clubs | |
| <input type="checkbox"/> Second hand Goods Sales <input type="checkbox"/> Second hand vehicle dealers (excluding Automobile Franchise) | |
| <input type="checkbox"/> Casinos <input type="checkbox"/> Lotteries <input type="checkbox"/> Gambling Clubs <input type="checkbox"/> Slot machines <input type="checkbox"/> Antiques <input type="checkbox"/> Art Galleries <input type="checkbox"/> Art Dealers <input type="checkbox"/> Auctioneer <input type="checkbox"/> Art Expert | |

8. UNITHOLDING OPTION : Physical Mode Demat Mode (Physical mode is the default mode of holding in case demat account details are not provided.) (See Instruction 1f on page 11)

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above. In case the form is not filled, the default option will be physical mode.)

National Securities Depository Limited	Depository Participant Name										Central Depository Securities Limited	Depository Participant Name									
	Depository Participant (DP) ID											Depository Participant (DP) ID									
	Beneficiary Account Number											Beneficiary Account Number									

Enclosure (Any one is Mandatory) : Client Investor Master (CIM) Demat Account Statement

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

(See Instruction 3 on page 13)

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																									
	City															Pin Code (Mandatory)									
Branch	MICR Code															◀ This is a 9 Digit No. next to your Cheque No.									
IFSC Code	◀ IFSC code will be mentioned on your cheque leaf, else please contact your bank.																								

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

I / We want to receive redemption/ dividend proceed by cheque / demand draft. (Please ✓)



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



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

Scheme Name BNP Paribas _____

Plan _____ Please refer instruction no. 4 f on page 13.

Option (please ✓) Growth* Dividend Dividend Mode (please ✓) Reinvest Payout * Default Option if not ticked

Investment Amount ₹ _____ **Cheque / DD No.** _____ **Dated** D D / M M / Y Y Y Y

Mode of Payment Cheque Demand Draft Fund Transfer **DD charges, if any** ₹ _____ (Max as per SBI rates from time to time)

Drawn on Bank _____

Branch _____ **A/c. No.** _____

Frequency (please ✓) Weekly SIP Monthly# SIP Quarterly# SIP (Calendar Quarter i.e., January, April, July and October) (# ECS available)

SIP Date Weekly SIP: 1st, 7th, 15th and 25th
Monthly and Quarterly SIP (Please ✓ any one only): 1st 7th 10th 15th 25th 28th (of the month) [available w.e.f. August 1, 2014]

Enrolment Period Regular From M M / Y Y Y Y To M M / Y Y Y Y
 Perpetual From M M / Y Y Y Y To 0 1 / 2 0 9 9

Each SIP Amount ₹ _____ **No. of Instalments** _____ **Total Amount** ₹ _____ **First SIP Instalment via** : Cheque No. _____

Drawn on Bank _____

Branch _____ **A/c. No.** _____

SECOND AND SUBSEQUENT INSTALMENT DETAILS

SIP / SI THROUGH AUTO-DEBIT (ECS) - Please fill up SIP Auto Debit (ECS) Facility Form

SIP THROUGH POST-DATED CHEQUES

Total Cheques _____ **Cheque No. From** _____ **To** _____ **Dated From** D D / M M / Y Y Y Y **To** D D / M M / Y Y Y Y

Drawn on Bank _____

Branch _____ **A/c. No.** _____

11. FOR THIRD PARTY PAYMENT (As specified on page 13)

Third Party Name _____

PAN _____ **KYC Confirmation attached** (Please ✓) **Relationship with applicant** _____

12. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section. (See Instruction 5 on page 14)

1. I/We do not wish to nominate. **SIGNATURE(S)** _____ **First / Sole Applicant** _____ **Second Applicant** _____ **Third Applicant** _____

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	Relationship with Applicant	Date of Birth in case Nominee is minor	# Percentage of Allocation/Share	Nominee Signature
Nominee 1					
Nominee 2					
Nominee 3					
Address	Nominee 1	Nominee 2	Nominee 3		

* 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 or is Ambiguous 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 _____ State _____ Pin Code (Mandatory) _____

Guardian's relationship with the Minor Nominee _____

Not Mandatory
Signature of Guardian

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

1) First / Sole Applicant Second Applicant Third Applicant

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

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

Signature of (PoA) Holder

2) First / Sole Applicant Second Applicant Third Applicant

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

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

Signature of (PoA) Holder

14. 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 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 confirm that I am / we are not NRI's residing in any of these Countries : United States of America & Canada, Iran, Sudan, Syria, Cuba, Belarus, Myanmar, South Sudan, Lebanon, Libya, Zimbabwe, Ivory Coast, Eritrea, Guinea Conakry, Iraq, Liberia, Somalia, Congo, Afghanistan, Central African Republic and Democratic People's Republic of Korea (DPRK).

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 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 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 hereby confirm that BNP Paribas Mutual Fund/BNP Paribas Asset Management India Private Limited and its empanelled brokers/distributors has/have not given any indicative portfolio and indicative yield in any manner whatsoever.

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

D	D	/	M	M	/	Y	Y	Y	Y
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SIGNATURE(S)	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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