



Please read the Instructions before completing this Application Form

App. No.

DISTRIBUTOR / BROKER / SCSB INFORMAT			
Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	CAMS Serial No.
ARN- 13308			
Upfront commission shall be paid directly by the investor to th	e AMFI registered Distributors based on the investors' as	sessment of various factors incl	uding the service rendered by the distributor.
1. EXISTING UNITHOLDER INFORMATION (
Folio No.	Unitholder's Name		
The details in our records under the Folio No. mention		ion.	
2. PAN & KYC DETAILS (Mandatory, as per SEI			Pbi) on page 25 & bii) on page 26)
First / Sole Applicant	PAN	Enclo <u>se</u> d (✔)	
Second Applicant	· ·	, ,	Confirmation proof
Third Applicant			Confirmation proof
Guardian**			Confirmation proof Confirmation proof
PoA Holder			Confirmation proof
** If the Sole / First Applicant is a Minor then state G		reara prooj — — Kre v	4
3. BANK ACCOUNT DETAILS (Mandatory, as	per SEBI Regulations)		
A/c. No.	A/c. Ty	pe (please ✔) 🔲 Savings 🗀	Current □ NRE □ NRO □ FCNR □
Bank Name			
Address			__
	City	Pin Co	ode
Branch	MICR Code		
RTGS / IFSC Code	NEFT / IFSC Code		■ IFSC code will be mentioned on your cheque leaf, else please contact your bank branch.
All Redemptions / Dividend Payouts will be payable to	the First Applicant at the City and Bank Account of Cheque Payouts: I / We want to receive redemption		
(See instruction 3d on page 26. Please ✓ and indicate yo	ur preference)		/ demand drajt. be RTGS / NEFT if IFSC code is provided
4. APPLICANT'S INFORMATION		3 7 9	
Name of Sole / First Applicant (First / Middle / Last N	lame) Title 🗆 Mr. 🗆 Ms. 🗆 M/s 🗆	Minor Others	
Date of Birth*		quired for First holder / Man	
Name of Guardian (in case of Minor) OR Contact Pers	on (in case of Non-individual Investors)	Title □ Mr. □ Ms. □ M/s	Others
Relationship	· □ Mother □ Legal Guardian	Data of Binth	D D / M M / Y Y Y Y
Name of Second Applicant Title ☐	Mr. 🗆 Ms. 🗆 M/s 🗆 Others 📗	Date of Birth	D D / M M / Y Y Y Y
Name of Third Applicant Title	Mr. ☐ Ms. ☐ M/s ☐ Others	Date of Birth	D D / M M / Y Y Y Y
		Date of Birtii	
	☐ Joint# ☐ Anyone or Survivor	(# Default, in case of	more than one applicant and not ticked)
Address for Correspondence (P.O. Box Address is not s	ufficient)		
City	Pin Code (Mandatory)	State	
STD Code Tel. Off.			Extn.
Mobile	Tel. Resi.	Fax	
E-Mail			
If you wish to receive all communication from			
Kindly ensure that the e-mail address and telephone			-
	nal 🗌 Business 🗎 Housewife 🗌 Retired 🗌 Stu		
Status of Sole/First Applicant (please ✓) ☐ Individual (IND)			
Firm (OTH) Trust (TRUST) Society/Club (SOCTY) P	1 ()	, , ,	, , , , , , , , , , , , , , , , , , , ,
Status of Second Applicant (please ✓) ☐ Individual (IND) ☐ Status of Third Applicant (please ✓) ☐ Individual (IND) ☐			
Overseas Address (Required for NRIs/FIIs applicants in			(prease specify)
Overseas Address (Regulied for NRIS/FIIS applicants III	addition to maining address) (P.O. Box Address is i		
DEBIT MANDATE (Royal Bank of Scotland N.V. Ad	ccount Holders Only) - All applications with Debit Man	late to be submitted to (Royal E	Bank of Scotland N.V. Collection Centres Only
I/We		Debit	
	ne of the account holder)	Mandate	No.
authorise Royal Bank of Scotland N. V. to debit my/our A/c. Type (please ✔) ☐ Savings ☐ Current ☐ NRE			
Rs. (words)	and pay (name	of Scheme)	
(110143)	for purchase of Units. Date :	o _j selicino)	Authorised Signature
	Joi porchase of office.		
ACKNOWLEDGEMENT SLIP /To be filled in h	by the Applicant)	App. No.	
ACKNOWLEDGEMENT SLIP (To be filled in t Received from	the Applicant)	Αμμ. ΝΟ.	
Mr/Ms/M/s			
an application for purchase of Units of Scher	ne Plan Opti	on	ISC Stamp, Date & Signature
along with Cheque / DD No.	dated		
drawn on (Bank)	dated		
for Rs.	All purchases are subject to realisation of Chec	rues / DD	

5. INVESTMEN	T & PAYMENT DE	TAILS - Separate Cheque /	DD / Fund Transfer inst	ruction required for investn	nent in each Scheme / Pla	n / Option (N	(ANDATORY)		
Scheme Name	BNP Paribas				Plan □ Regular*	□ Institutional □ Inst	itutional Plus		
Option (please ✓)	☐ Growth* ☐ Divid	□ Daily**** Div lend □ Half Yearly Di	ridend	ekly*** Dividend nightly Dividend	☐ Monthly Divid ☐ Annual Divide	end** Quarterly nd	y Dividend		
Dividend Mode (plea	,	t □ Payout ~ Cheque				,			
Investment Amount	Rs.	DD No.			Dated	D D M M	V V V V		
Mode of Payment	Cheque / Demand Draft /	Fund Transfer DD cha	rges, 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 option. Cheques / DD to be drawn in favour of the Scheme / Plan applied for.									
_	RTY PAYMENT (As s	pecified on page 26)							
Third Party Name									
PAN			Relatio	nship with applicant					
	t attached (Please Tick)	_							
		n if no intention to		Judgeeriked begannder in	recorded of the Unite under	(See instruction	1 0 /		
Particulars	od the instruction for Nomination Nomin	on, I / We hereby nominate the per		ominee 2	respect of the Units under	Nominee 3	event of my death		
Name									
Address									
		-			ANIMON OT LA	TF			
		-		F NO INTENTIC	N TO MOMINA	11 -			
			TAINATION"	FNOTHILL					
Relationship with Applicant		MENTION "NO ME	HALL A. C.						
Date of Birth in case									
Nominee is minor L # Percentage of									
Allocation/Share	ercentage of allocation / st	nare for each of the nominees	s in whole numbers	only without any decim	nals making a total of	100 per cent If the perce	ntage allocation		
		nall apply the default option of				100 per cent. Il the perce	mage anocation		
Signature of Nominee	Not Man		Not	Mandatory		Not Mandatory			
	minate and should not fil								
If Nominee is a Mino	r, details of the Guardian	required : Name and Addr	ess of the Guardia	n					
City			Pin (Code		Not Mandat	ory		
State	de codeb elso believo bloode					Signature of Gua	ardian		
	ITOPNEY (PoA) HOL	DER DETAILS (If the in	nvestment is hein	g made by a Constit	tuted Attorney plea	0 .			
Name of PoA Holder	TORNET (FOA) HOL	Title Mr. Ms.		g made by a constit	toteu Attorney ptea	se joinish the details (oj FOA Hotuel)		
Name of Poa Holder		TILLE LIMI. LIMS. L	_ M/S _ Others						
						Signature of (PoA)	Holder		
PAN	LO OLOMATUREO	Enclosed* (✓) ∐ PAN card	proof 🗆 KYC Confirm	ation proof	Signature of (1 0A)	Hotaer		
9. DECLARATION		rmation / Scheme Information Document of	the Coheme of DND Daribae A	lutual Eund I / Wo horoby apply to	the Truetee of PND Parihae Mut	ual Eund for units of the Scheme and a	groot o ahida by tarms and		
conditions, rules and regulation of t 1933, as amended from time to time above mentioned scheme. I/We here resulting investments therefrom. Th Income Tax Act, the Prevention of M understand and agree that if any of to reject the application / withhold to proper at their sole option. The ARN Applicable to NRIs only: 1 / We co	he Scheme. I / We have neither received , and that I am / we are not applying by confirm that the proposed investment e abovementioned investment does not noney Laundering Act, 2002, The Preventic the aforesaid disclosures made/ informa he investments made by me / us and/or holder has disclosed to me/us all the co	in nor been induced by any rebate or gifts, d, behalf of or as proxyholders of a person wh is behing made from known, identifiable and myolve and is not designed for the purpose in of Corruption, 1988 Act and/or any other r tion provided by melva is found to be contra make disclosures and report the relevant dimmissions (in the form of trail commission of findian Nationality / Origin and I / We here	irectly or indirectly in making ho is a US person. IWBe hereb I legitimate sources of funds / of any contravention or evas relevant rules/ guidelines notil adictory or non-reliable to the etails to the competent autho or any other mode), payable to or any other mode), payable to	this investment. I / We hereby de 'declare that I am/ We are compe noome of mine/the HUF/ the Comp on of any Act, Rules, Regulations, ied in this regard or applicable law above statements or if I / we fail: tity and take such other actions as him for the different competing S	sclare that I am / we are not a I tent under the applicable laws a anay/Trust/ Partnership nolly and Notifications or Directions or of t is enacted by the Government of to provide adequate and comple! may be required to comply with chemes of various Mutual Funds	JS person, within the meaning of the L und duly authorised where required, to r I am / we are the rightful beneficial ow the provisions of any law in India inclu- India / any other regulatory body from e information, the AMC / Mutual Fund the applicable law as the AMC / Mutua from amongst which the Scheme is bei	nited States Securities Act, nake this investment in the mer(s) of the funds and the ding but not limited to The time to time. I / we hereby / Trustees reserve the right L Fund/ Trustees may deem ng recommended to me/us.		
Ordinary Account / FCNR Account. If NRI, (please ✓)	basis Non-Repatriation basis	RE(S)							
, , (Final)		ATUR							
Dated D D M	M Y Y Y Y	First / Sole Applica	ant / Guardian	Second Applica	nt / Guardian	Third Applicant /	Guardian		

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:

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