

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. ARN- ARN-134803 HARSHIL D MORJARIA	Sub Agent's Name and AMFI Reg. No. ARN-	Sub-Broker Code (As allotted by ARN holder)	EUIN* E225415	RIA Code**
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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.

*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 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)
 I am PEP I am Related to PEP Not Applicable

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. _____

App. No. _____

ISC Stamp, Date & Signature

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

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 (₹)	Cheque/DD No./UMRN	Bank / Branch	Account No.	Payment Mode
BNP Paribas <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvest					<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS <input type="checkbox"/> Funds Transfer <input type="checkbox"/> OTM
BNP Paribas <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvest					<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS <input type="checkbox"/> Funds Transfer <input type="checkbox"/> OTM
BNP Paribas <input type="checkbox"/> Regular <input type="checkbox"/> Direct <input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Reinvest					<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NEFT <input type="checkbox"/> RTGS <input type="checkbox"/> Funds Transfer <input type="checkbox"/> OTM

Payment Type Non-Third Party Payment Third Party Payment (Please attach "Third Party Declaration Form")

5. DEMAT ACCOUNT DETAILS (refer instruction 1f10)

National Securities Depository Ltd. Central Depository Services (India) Ltd.

Depository Participant Name _____
 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. OVERSEAS EXPOSURE - MANDATORY ONLY FOR CORPORATES / BANKS / FINANCIAL INSTITUTIONS

Does your Entity* have any offices, transactions, investments, activities or planned activities offshore? Yes No
 * includes any business directly or indirectly controlled by, or under common control with your entity.
 If the answer is "Yes", please fill out the "Major Sanctioned Countries Questionnaire" Form available on our website www.bnpparibasfm.in.

8. 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	<input type="checkbox"/> Third Applicant <input type="checkbox"/> PoA
Place & Country of Birth			
Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (Please Specify) _____	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (Please Specify) _____
Address Type	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business

Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? Yes No (If Yes, please provide information below)

Country of Tax Residency	Reason	Country of Tax Residency	Reason	Country of Tax Residency	Reason
Tax Identification Number or Functional Equivalent Identification Type (TIN or Other, please specify)	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Please Specify) _____	Tax Identification Number or Functional Equivalent Identification Type (TIN or Other, please specify)	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Please Specify) _____	Tax Identification Number or Functional Equivalent Identification Type (TIN or Other, please specify)	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Please Specify) _____
If TIN is not available, please tick	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Please Specify) _____	If TIN is not available, please tick	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Please Specify) _____	If TIN is not available, please tick	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C (Please Specify) _____

Reason A: The country where Account Holder is liable to pay tax does not issue TIN to its residents who do not require the TIN to be collected
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

9. 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) _____ 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	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.

10. DECLARATION & SIGNATURES

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, 1961, 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 / OCIs 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	X	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	X	Second Applicant / Guardian / POA Holder	X	Third Applicant / Guardian / POA Holder
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