

COMMON APPLICATION FORMPlease read the Instructions before completing this Application Form.

App. No.

All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

| Name and AMFI Reg. No. | Sub Agent's Name an | d AMFI Reg. No. | Sub-Broker Code | EUIN* | RIA Code ⁺⁺ |
|---|---|---|---|---|---|
| ARN-106907 | | | | E143763 | |
| Upfront commission shall be paid directly by the investor t | o the AMFI registered Distributors bas | ed on the investors' assess | ment of various factors including | the service rendered by the distr | ributor. |
| *I/We hereby confirm that the EUIN box has been intentionally left interaction or advice by the employee / relationship manager / sales the advice of in-appropriateness, if any, provided by the employee / rel + I/We, have invested in the Scheme(s) of your Mutual Fund under provide the transactions data feed/ portfolio holdings/ NAV etc. in re Managed by you, to the above mentioned Mutual Fund Distributor / *I TRANSACTION CHARGES for Rs. 10,000 and | person of the above distributor / sub broker o ationship manager / sales person of the distrib ir Direct Plan. I/We hereby give you my/our spect of my/our investments under Direct Pla SEBI-Registered Investment Adviser. | or notwithstanding butor / sub broker. consent to share/ an of all Schemes / Au | t / Sole Applicant rdian / POA Holder thorised Signatory / (| Second Applicant Buardian / POA Holder | Third Applicant / Guardian / POA Holder |
| Existing Investor - Rs. 100 New Inve | | | firm that I am an existing i | nvestor in Mutual Funds. | |
| 1. EXISTING INVESTOR'S FOLIO NUM | MBER Folio No. | | | details in our records under ngside will apply for this applic | |
| 2. APPLICANT'S INFORMATION (Non- | Individual investors please fill | l Ultimate Beneficial C | wner (UBO) details and su | ubmit with Application Fo | rm. |
| First / Sole Applicant Mr. Ms. M/s. Name: (Please mention Name as per Aadhaar card. Refer instruction r PAN / PEKRN KYC Ident | | Aadhaar Numb | er | Date of Birth* / Incorporation (Mention as per Aadhaar Card | d) * Required for 1st holder/Minor |
| Overeller Datelle ON ON G | |) | | | |
| Guardian Details | f First / Sole Applicant is a Min | nor) / Name of Contac | Person (incase of non-inc | Date of Birth | |
| (Please mention Name as per Aadhaar card. Refer instruction r PAN / PEKRN KYC Ident | no. 2. ai) ification Number (KIN) | Aadhaar Numb | er | | as per Aadhaar Card) |
| For Investment "on behalf of Minor" O Birth | n Certificate O School Certificate O | Passport Other Re | ationship with Minor (Mand | latory) O Father O Mother C | Court Appointed Legal Guardian |
| Mailing Address | Ctata | | | Din Code (Mandaton) | |
| City Country | State STD Code | | | Pin Code (Mandatory) Tel. Off. | |
| Overseas Address (Mandatory for NRI / FII Applicant |) (See Instruction 2.ai) on page 17) | | | | |
| , , , | | | Country | | |
| GO GREEN (Default mode of Communicatio | | | E-Mail | | |
| Tax Status: Resident NRI-Repatriation NRI-Non Re NRI - On Behalf of Minor PIO / OCI HUF Occupation: Private Sector Service Public | Others (Please Specify) | On Behalf of Minor | O Non Profit Organisation | Others (Please Specify) _ | |
| Obefence Others (Please Specify) | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Gross Annual Income (₹) ○ Below 1 Lac ○ 1- | | | | | |
| Name: Mr. Ms. (Please mention Name as per Aadhaar card. Refer instruction r PAN / PEKRN KYC Identifica Number (KIN) | 10. 2. ai) | Aa Nu | Default, in case of more than of the default, in case of the default, in case of the default, in case of the default of | Date of Birth (Mer | |
| Occupation ○ Pvt. Sector Service ○ Pub. Sector Se Gross Annual Income (₹) ○ Below 1 Lac ○ 1-5 | | | | v | rist O Forex Dealer O Others |
| Third Applicant's Details | 200 0 0 10 200 | 20 20 20 20 | | | |
| Name: Mr. Ms. (Please mention Name as per Aadhaar card. Refer instruction or PAN / PEKRN KYC Identifica Number (KIN) | ation | | dhaar mber | Date of Birth (Mer | ntion as per Aadhaar Card) |
| Occupation ○ Pvt. Sector Service ○ Pub. Sec | | | | • | rist O Forex Dealer O Others |
| Additional Dataile Politically Exposed | Person (PEP) Status : (Also apromoters / Karta / Trustee / Whole t | plicable for authorised | Are you / entity invol | ved in any of the services | |
| | P I am Related to PEP Not | | ii yes w | nte down it in the followin | A 207 |
| Second Applicant O I am PE Third Applicant O I am PE | | Applicable | | | |
| Third Applicant | lowing: ● Precious metals (in Banks) ● Currency dealers or E Internet Cafes ● Door to door so | Exchanges • Sellers f ales companies • Taxi | or redeemers of traveler's chec ■ Bars ● Night Clubs ● S | ques Money Orders/Remittand Second hand Goods sales • | ce services • Pawn shops Second hand vehicle dealers |
| 3. POWER OF ATTORNEY (PoA) HOL | | | y a Constituted Attorney, p | please furnish the details | of PoA Holder) |
| First / Sole Applicant Second Applicant Second Applicant Others | licant Third Applicar | | PoA Holder | | |
| PAN KYC Identifin Number (KIN | I) | Aad Num | | | |
| Enclosed PAN card proof KYC Confirmation | proof) - | | | Signation Signation | ature of (PoA) Holder |
| ACKNOWLEDGEMENT SLIP (To be filled Application form received for purchase of units, subject | <u> </u> | nditions | | App. No. | |
| Mr. / Ms. / M/s. | | | | | |
| Instrument No. Dated Drawn on | Bank Account No. | Amount (Rs.) | Scheme / Plan / Option | ISC Stamp | o, Date & Signature |

| Zero Balance Lumpsum | SIP (Mar | ntion the first nurchase | details below and fill and s | | cheme Name m separately) | | | on 4) (Mandato |
|--|--|--|--|--|--|--|---|--|
| Scheme Name / Plan / O | _ ` | Amount (₹) | Cheque/DD No./L | | Branch | Ac | count No. | Payment Mode |
| BNP Paribas | | | 4 | | - | - 10 | - | ○ Cheque ○ DD |
| Regular O Direct O Growth | | Ī | | | | | | NEFT ORTO |
| Dividend Payout Dividend | Reinvest | | | | | | | Funds Transfer C |
| NP Paribas | O Dividend | _ | | | | | | Cheque DD |
| Regular Direct Growth Dividend Payout Dividence | Dividend Reinvest | | | | | | | NEFT RTC |
| NP Paribas | | | | | | | | Cheque ODD |
| | Oividend | i | | | | | | NEFT RTG |
| Dividend Payout Dividend | Reinvest | | | | | | | ○ Funds Transfer ○ 0 |
| ayment Type Non-Third P | arty Payment | Third Party Payment | nt (| Please attach "Th | ird Party Decla | ration Form") | | |
| 5. DEMAT ACCOUNT DET | AILS (refer | r instruction 1f) | | | | | | |
| National Securities Depository Ltd | I. | Depository Participar | nt Name | | | | | |
| Central Depository Services (Indi | a) Ltd. | DP ID No. | | Benefic | ary Account No | | | |
| estor willing to invest in Demat option, r | | opy of the DP Statement o | enabling us to match the De | mat details as state | d in the Applicati | on Form. In case t | the form is not filled, the defa | ault option will be physical n |
| BANK ACCOUNT DETA | LS (See | Instruction 3 on p | age 19) | | | | (Mandatory, as p | oer SEBI Regulation |
| ank Name | | | | O | <u> </u> | | DO O FOUR | |
| ank A/c. No. | | | A/c. Typ | ie | Current | ○ NRE ○ NI | RO OFCNR | |
| ranch Name | | (9 Digit No. next to | City | | | | Pin Code | |
| | | | | | | | | |
| 7. OVERSEAS EXPOSURE | | | | | | TUTIONS | | |
| oes your Entity* have any offices, trai | | <u> </u> | | Ye | S No | | | |
| includes any business directly or inc the answer is "Yes", please fill out t | | | | | ww.bnpparibas | mf.in. | | |
| 3. FATCA DETAILS For Indi | vidual (Man | idatory) Non Indi | vidual investors inclu | ding HUF shou | ld Mandatoril | y fill <u>separate</u> | FATCA detail form | |
| etails under Foreign Tax Laws | | First / Sole Applica | nt / Guardian | Se | cond Applica | nt | ◯ Third Ap | pplicant OPoA |
| ace & Country of Birth | | | | | | | | |
| ationality | _ | Indian OUS | | | US | | ○ Indian ○ US | |
| | | | _ | Others | (Please Sp | | Others | (Please Specify) |
| Idress Type | | Residential Registered | | Residential C | | | | istered Office Business |
| re you a tax resident (i.e. are yountry of Tax Residency | Ju assessed | a for fax) in any other | er country outside ind | lia? Yes | No | (ir res, piease | provide information I | below) |
| ax Identification Number or Functional E | uivalent | | | | | | | |
| entification Type (TIN or Other, please s | | | | | | | | |
| TIN is not available, please tick | Rea | ason OA OB OC_ | (Please Specify) | Reason OA O | B O C(Pl | ease Specify) | Reason O A O B O | C (Please Specify) |
| ountry of Tax Residency | | | | | | | | |
| x Identification Number or Functional E | | | | | | | | |
| entification Type (TIN or Other, please s TIN is not available, please tick | | ason OA OB OC | (Please Specify) | Reason OA O | 2 0 2 (10) | ease Specify) | D 04 0 D 0 |) c (Please Specify) |
| eason A: The country where Account | | | | | | | Reason A B C | |
| not require the TIN to be collected) | Reas | son C: others, please spe | ecify the reason above | | • | | | • |
| 9. NOMINATION - MANDA | ORY, even | if no intention to no | ominate. Minor & PoA | holder cannot | nominate ar | id should not | fill this section (See I | nstruction 5 on page |
| | | | | | | | Th | |
| . I/We do not wish to nominate | SIGNAT | UKE(S) | | | | | | nird Applicant |
| | | ` ' | nate the person(s) more part | icularly described h | ereunder in resp | | der the Folio held by me/us | |
| | | ` ' | nate the person(s) more part | icularly described h | ereunder in responder | ect of the Units un | | - ' ' |
| Having read and understood the instru | | nation, I / We hereby nomin | nate the person(s) more part | icularly described h | | ect of the Units un | | in the event of my death. |
| Having read and understood the instru Jominee 1 Jominee 2 | | nation, I / We hereby nomin | nate the person(s) more part | icularly described h | | ect of the Units un | | in the event of my death. |
| Having read and understood the instru- lominee 1 lominee 2 lominee 3 | ction for Nomin | nation, I / We hereby nomir Nominee Name | | • | Date of Bir | ect of the Units un th^ Allocation | Guard | in the event of my death. dian Signature^ |
| Nominee 1 Nominee 2 Nominee 3 Nominee is minor. # Please is | ction for Nomin | nation, I / We hereby nomir Nominee Name | | • | Date of Bir | ect of the Units un th^ Allocation | Guard | in the event of my death. dian Signature^ |
| Nominee 1 Nominee 2 Nominee 3 n case Nominee is minor. # Please in the control of | ndicate the pe | nation, I / We hereby nomin Nominee Name ercentage of allocation / | share for each of the nom | ninees in whole no | Date of Bir | ect of the Units un th^ Allocation hout any decima | Guard | in the event of my death. dian Signature ^A per cent. |
| Nominee 1 Nominee 2 Nominee 3 Nomine | ndicate the per ATURES arkets under any orn by or indirectly in ma | Nominee Name Nominee Name ercentage of allocation / rder / ruling / judgment etc., of any | share for each of the non | ninees in whole nu | Date of Bir | hout any decima | als making a total of 100 foreign laws. I / We hereby confirm as amended from time to time; and | in the event of my death. dian Signature^ per cent. and declare as under:-1/We have that I am I we are not applying on by |
| Having read and understood the instru- lominee 1 lominee 2 lominee 3 n case Nominee is minor. # Please i 0. DECLARATION & SIGN, le am / are not prohibited from accessing capital in vived nor been induced by any rebate or gifts, directs surveylolders of a person who is a LIS nerson M | ndicate the per ATURES arkets under any ori | nation, I / We hereby nomin Nominee Name Procentage of allocation / rder / ruling / judgment etc., of any aking this investment. I / We had a lam/We are compelent under | share for each of the nom | ninees in whole no | Date of Bir | ect of the Units un th^ Allocation hout any decima applicable Indian and s Securities Act, 1933, | als making a total of 100 protein laws. I / We hereby confirm as amended from time; and when be / We tomic from the law / we | in the event of my death. dian Signature^ per cent. and declare as under1/We have that I am we are not NBIs / 10/00 presiding in a zero nt NBIs / 10/00 presiding in an |
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| Having read and understood the instru- Jominee 1 Jominee 2 Jominee 3 n case Nominee is minor. # Please in the case in the | ndicate the pe ATURES arkets under any or y or indirectly in ma le hereby declare th ddendums to the SIG evasion of any Act, I this regard or applic | nation, I / We hereby nomine Nominee Name Nominee Name ercentage of allocation / rder / ruling / judgment etc., of any aking this investment. I / We hereb hat I am/ We are competent under D. I / We have read, understood a entifiable and legitmate sources or Rules, Regulations, Notifications o abble laws enacted by the Govern ovide adequate and complete info | share for each of the non regulation, including SEBI. I / We can be a seen as a seen a | onfirm that my application on firm that my application be person, within the mean ised where required to me terms and conditions of if me ware the rightful benny law in India including the coopy from time to time. If you | Date of Bir Imbers only with is in compliance with ng of the United State to the United State to the State of the United State to | hout any decimal applicable Indian and applicable Indian and as Securities Act, 1933, the above mentioned suments and apply for a funds and the rapid and agree that if any count, reject the applicable. | als making a total of 100 protein laws. I / We hereby confirm as amended from time to time; and indement of Units of the Scheme(s) or investments therefrom. The above rention of Money Laundering Act. 20 | in the event of my death. dian Signature^ per cent. and declare as under-1/We have that I am / we are not applying on but are not NRIs / PlOs residing in am of BNP Paribas Mutual Fund (Fund / entitioned investment does not invo 20. The Prevention of Corruption for Corruption of |
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