

Time Stamping Section

## App. No.

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

All Sections Should be compl	<b>J</b>				ODEC Carial Na	Cub Droker Cod			
Name and AMFI Reg.	NO.	Sub Agent's Name a	and Amfi Reg. No.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code			
ARN- ARN-16717	4	ARN-				E326136	IN		
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 / Guardian / PÓA Holder / Guardian / PÓA Holder / Guardian / PÓA Holder									
notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person / Authorised Signatory / Guardian / POA Holder / Guardian / POA Holder									
TRANSACTION CHARGES for Rs. 10,000 and above (       any one) (See Instruction on page 20):       I confirm that I am a first time investor across Mutual Funds.         Existing Investor - Rs. 100       New Investor - Rs. 150       I confirm that I am an existing investor in Mutual Funds.									
The debile is our reards under the Felia number metioned									
1. EXISTING INVESTOR'S FOLIO NUMBER Folio No. 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 OM: Ms. Ms. Minor									
					LACT	Date of Birth* /			
Name: (Please mention Name as per Aadhaar (	FIRST and Referinstr	uction no. 2 ai)	MIDDLE		LAST	Incorporation	ard) * Required for 1st holder/Minor		
PAN / PEKRN		Identification Number (M	(IN)	Aadhaar Number		GSTIN	and) Required for fat holder/without		
	) Ms. (in ca	ise of First / Sole Appl	icant is a Minor) / Na	ame of Contact Pers	on (incase of non-indivi	dual Investors)			
Name:	FIRST	- <b>(</b> - <b>)</b>	MIDDLE		LAST		MMYYYY		
(Please mention Name as per Aadhaar (				Aadhaar Numbor		(Mentior Mobile No.	n as per Aadhaar Card)		
PAN / PEKRN		Identification Number (M		Aadhaar Number					
For Investment "on behalf	of Minor"	Birth Certificate O Scho	ol Certificate O Passnor	t Other Relations	hip with Minor (Mandato	<b>bry)</b> O Father O Mother (	Court Appointed Legal Guardiar		
Mailing Address					,				
City			State			Pin Code (Mandatory)			
Country			STD Code		1	el. Off.			
Overseas Address (Mandatory for	NRI / FII Apr	licant) (See Instruction 2 ai)	on page 25)						
	THU / THY P		(011 pugo 20)		Country				
GO GREEN (Default mode o	f Communi	cation) → Mobile			E-Mail				
Tax Status:			Individual			Non-Individual			
Resident      NRI-Repatriation	n O NRI-N	on Repatriation O Sole		Behalf of Minor OC	company O Trust O Soci		/ LLP O AOP / BOI O FPI		
○ NRI - On Behalf of Minor ○ F			1 07		on Profit Organisation				
Occupation: O Private Sector O Defence O Others (Please		Public Sector Service ()	Government Service (	Student OProfessi	onal 🔾 Housewife 🔾 Bu	siness O Retired O A	Agriculturist O Proprietorship		
Gross Annual Income (₹) ◯	1 27	○ 1-5 Lacs ○ 5-10 Lac	s 0 10-25 Lacs 0 :	> 25 Lacs - 1 Crore	> 1 Crore OR Net wo	rth₹			
Second Applicant's Details		de of Holding (please ✓			It, in case of more than one	applicant and not ticked)			
Name: OMr. Ms.	FIRS		MIDDLE		, ST	Date of Birth			
(Please mention Name as per Aadhaar							ention as per Aadhaar Card)		
PAN / PEKRN		ntification		Aadhaar		Mobil	e		
	Number	. ,		Number					
Occupation OPvt. Sector Servi			-	nt ○ Professional ○ Ho ○ > 25 Lacs - 1 Crore	Usewife O Business O Reti		urist () Forex Dealer () Others		
Gross Annual Income (₹) O	elow I Lac	JI-5 Lacs OS-10 Lacs	0 10-25 Lacs	25 Lacs - 1 Crore					
Third Applicant's Details	FIDO	Ŧ	MIDDLE		от	Date of Birth			
Name: Mr. Ms. (Please mention Name as per Aadhaar (	FIRS ard. Refer instr		MIDDLE	LA	ST		ention as per Aadhaar Card)		
PAN / PEKRN		ntification		Aadhaar		Mobil	. ,		
	Number			Number					
Occupation OPvt. Sector Servi							urist O Forex Dealer O Others		
Gross Annual Income (₹) ○ E			-	> 25 Lacs - 1 Crore	○>1 Crore OR Net wo				
Additional Details Po	itically Exp	osed Person (PEP) States / Promoters / Karta / Tr	atus : (Also applicable	for authorised	Are you / entity involved	in any of the service down it in the followi	s mentioned below?		
First / Sole Applicant		am PEP OI am Related			ii yes white	sown it in the followi	19 504		
Second Applicant		am PEP OI am Related							
Third Applicant		am PEP OI am Related							
Are you / entity involved in any of the following :  Precious metals (in particular buying-selling Gold) and Gems Luxury Cars Boats Boats Race-horses Jewellery Money Currency dealers or Exchanges Sellers for redeemers of traveler's cheques Money Orders/Remittance services Pawn shops									
<ul> <li>Street Market stall</li> <li>Hotels</li> </ul>	<ul> <li>Restaura</li> </ul>	nts  Internet Cates	Door to door sales con	npanies 🔹 Taxi 🔍 Bar	rs      Night Clubs      Seco	ond hand Goods sales •	Second hand vehicle dealers		
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									
	Numb	er (KIN)		Number					
Enclosed PAN card proof	KYC Confirm	ation proof)				Sigr	nature 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 App. No.									

Mr. / Ms. / M/s.						_	
Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Scheme / Plan / Option		ISC Stamp, Date & Signature

4. INVESTMENT & PAYMENT DETAILS : Please issue separate Cheque / DD favouring the Scheme Name you wish to invest (refer instruction 4) (Mandatory)										
	ance Lumpsum					1		,		
	eme Name / Plan / Op	otion	Amount (₹)	Cheque/DD N	lo./UMRN	Bank / Bi	ranch	Acce	ount No.	Payment Mode
BNP Paribas	~ ~	Olividend								
O Regular ( O Dividend Pa	~	-								O NEFT O RTGS
BNP Paribas	, _									
Regular		Olividend								O Cheque O DD O NEFT O RTGS
O Dividend Pa	ayout O Dividend	Reinvest								◯ Funds Transfer ◯ OTM
BNP Paribas										◯ Cheque ◯ DD
Regular     O     Dividend Pa	<ul> <li>Direct</li> <li>Growth</li> <li>Dividend</li> </ul>									ONEFT ORTGS Funds Transfer OTM
Payment Typ	, -		Third Party Paym	ent	(Please	attach "Third	Party Der	claration Form")		
				ont	(110000		Turty Doc	sidiration i onni y		
5. DEMAT ACCOUNT DETAILS (refer instruction 1f)										
National Securities Depository Ltd.     Depository Participant Name       Central Depository Services (India) Ltd.     DP ID No.   Beneficiary Account No.										
		,		enabling us to match th	e Demat det	·			form is not filled the defa	ult option will be physical mode.
-	ACCOUNT DETAI		Instruction 3 on	•	o Boinar doi		r u to r appilo			er SEBI Regulations)
Bank Name										, í l
Bank A/c. No.				A/c	. Туре	Savings	Current			
Branch Name				Cit	v				Pin Code	
MICR Code			(9 Digit No. next t		C Code					
7. OVERS	SEAS EXPOSURE	- MANDAT	ORY ONLY FOR	CORPORATES	BANKS	/ FINANC	IAL INS	TITUTIONS		
Does your Entit	ty* have any offices, trans	sactions, investi	ments, activities or pla	anned activities offshore	ə?	Yes	No			
	business directly or ind					r website	(hang)	aomf in		
	s "Yes", please fill out th									
	DETAILS For Indiv r Foreign Tax Laws:		atory) Non Ind First / Sole Applie	ividual investors in ant / Guardian	ICluding H		Mandato nd Applic			plicant OB-4
Place & Country			. nat / Gole Applit			0000				plicant OPoA
	or bitur		dian OUS			ian OUS	:		◯ Indian ◯ US	
Nationality		Ot		ase Specify)	_ 00th		(Please S	Specify)		(Please Specify)
Address Type		⊂ Re	esidential O Register	ed Office O Business	ORes	sidential 🔿 Re	gistered Of	ffice O Business	O Residential O Regi	stered Office O Business
Are you a tax	x resident (i.e. are yo	ou assessed	for Tax) in any ot	ner country outside	e India?	Yes	No	(If Yes, please p	rovide information b	elow)
Country of Tax R										
	Number or Functional Eq	·								
	be (TIN or Other, please sp			(5) 0		0.0-		(0) 0 0 0 0 0 0		• (D) 0 0 0 1 (C)
If TIN is not avail		Reaso		(Please Specify)	Reasor		)C	(Please Specify)	Reason O A O B O	C (Please Specify)
Country of Tax R	Number or Functional Eq	uivalent								
	be (TIN or Other, please sp				_					
If TIN is not avail				(Please Specify)	Reasor		)C	(Please Specify)	Reason O A O B O	C (Please Specify)
Reason A: The	country where Account H	lolder is liable to	pay tax does not iss	ue TIN to its residents	Re	ason B: No T	IN Require	ed (Select this only if	the authorities of the resp	ective country of tax residents
	e TIN to be collected)			pecify the reason above						
9. NOMIN	iation - Mandat	ORY, even i	t no intention to i	nominate. Minor &	PoA hold	er cannot no	ominate	and should not fi	II this section (See Ir	struction 5 on page 29)
1. I/We do no	ot wish to nominate	SIGNATU	RE(S)	First / Sole Applicar	nt			Applicant	Th	ird Applicant
2 Having read a	and understood the instruc	ction for Nominat	ion I/We hereby nom	inate the person(s) more	e narticularly	described here	under in res	spect of the Units unde	r the Folio held by me/us ir	the event of my death
2			Nominee Nam		o particulariy		Date of I			an Signature <sup>^</sup>
Nominee 1										
Nominee 2										
Nominee 3										
			entage of allocation	/ share for each of the	nominees	in whole numl	bers only v	without any decimals	making a total of 100 p	er cent.
	ARATION & SIGNA		r Ladina Liudamenteta	nu manulation, includion OEDL L	/ We eestim "	at my opplication 1.1	n comp <sup>E</sup>	with applicable ladian and for	nian lawn 1 / Wa harshi and	nd dealars on under 1700s have a 200
received nor been indu	uced by any rebate or gifts, directl	ly or indirectly in maki	ng this investment. I / We he	eby declare that I am / we are :	not a US person	, within the meaning	of the United	States Securities Act, 1933, a	as amended from time to time; and	nd declare as under:- I / We have neither that I am / we are not applying on behalf
of or as proxynoiders of terms and conditions of	of a person who is a US person. I/ of the scheme related documents i	/we nereby declare tr including the provision	hat I am/ we are competent t is of the section of 'Who canr	inder the applicable laws and d of Invest' and apply for allotmer	uly authorised w nt of Units of the	nere required, to ma Scheme(s) of BNP I	ke this investr Paribas Mutual	nent in the above mentioned : I Fund ('Fund'), I/We hereby ;	scheme. I / we have read, underst confirm that the proposed investme	ood and nereby agree to comply with the int is being made from known, identifiable
and legitimate sources Regulations, Notification	s of funds /income of mine only an	id I am / we are the ric ons of any law in India	ghtful beneficial owner(s) of the including but not limited to T	e funds and the resulting inves he income Tax Act, the Prevent	tments therefron ion of Money I a	n. The above mentic undering Act 2002	ned investmer The Prevention	nt does not involve and is not n of Corruption Act, 1988 and	designed for the purpose of any co	intravention or evasion of any Act, Rules, elines notified in this regard or applicable
and legitimate sources of funds income of mine only and 1 am five are the rightful beneficial owner(s) of the tunds and the resultime investments therefrom. The above mentioned investment does not involve and is not designed for the purpose of any contravention or evacion of any Az, Rulas, Regulations, Notifications or Directions or of the provisions of any law in India induding but not limited to The Income Tax Act, the Prevention of Money Laundering Act, 2002, The Prevention of Corruption Act, 1988 and for any law in India induding but not limited to The Income Tax Act, the Prevention of Money Laundering Act, 2002, The Prevention of Corruption Act, 1988 and for any law in India induding but not limited to The Income Tax Act, the Prevention of Money Laundering Act, 2002, The Prevention of Money Laundering Act, 1988 and for any other relevant rules / guidelines notified in this regard or applicable laws enacted by the Government of India <i>any</i> other regulatory body from time to time. I / we hereby understand and agree that I any of the adjressaid disclosures made / information provided by me / us is found to be constraidatory or non-reliable to the above statements or II / 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.										
1 / 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). 1/ 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 Mulual Funds from annongst which the Scheme is being recommended to me / us. 1 / WE HEREBY CONFIRM THAT I / WE HAVE NOT BEEN OFFERED / COMMUNICATED ANY INDICATIVE OPRIFICIO AND / OR ANY INDICATIVE YIELD BY THE FUND / AMC / ITS DISTRIBUTOR FOR THIS INVESTMENT.										
1 / 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. 1 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.										
We hereby provide my lour consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. IWe hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.										
Additional declar	ation for NRIs only : //We									s or from funds in my / our Non-Resident
External / Ordinary Acc Additional declara	ation for Foreign National	s Resident in Inc	tia only: I/We will redeem i	ny / our entire investment/s bef	ore I / We chang	e my / our Indian re	sidency status.	. I / We shall be fully liable for	all consequences (including taxati	on) arising out of the failure to redeem on
account of change in re	esidential status.									ith applicable Indian and foreign laws.
please (✓) Yes [		Repatriation basi			i aci / ruiniy / juu	ignioni dib., Ul ally fi	-yunaduri, IIIGU	ioning OLDI. 17 THE CONTINUE (18	а ту аррисалот is in compliance w	non opprication intulari antu itileigii idws.
Dated		First / So	le Applicant / Guard	ian /					T11.1.4	1. (DOAL)
								A Holder		
	· · ·									



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



