

COMMON APPLICATION FORM

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 AMF	Reg. No.	Sub Agent's	Name and AMFI Reg. N	No. Bank	Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN	
ARN- 106392 BLUE CHIP STO	ocks	ARN-					(As allotted by ARN holder)	E- 107715	
Upfront commission shall b		by the investor to the A	MFI registered Distributors	based on the ir	vestors' assessm	nent of various factors incl	uding the service rendered	by the distributor.	
I/We hereby confirm that the any interaction or advice be notwithstanding the advice of the distributor / sub broken.	by the employers of in-appropri-	ee / relationship manag	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder				
		10,000 and above (✓) New Investor - Rs.	any one) (See Instruction on p	page 11):		I am a first time invest I am an existing inves	or across Mutual Fund tor in Mutual Funds.	s.	
1. EXISTING INVE	STOR'S FO	LIO NUMBER F	olio No.				ils in our records under the will apply for this application		
2. APPLICANT'S I First / Sole Applicant			I investors please fill U	Iltimate Bene	ficial Owner (U	BO) details and subm	it with Application Forn	1.	
Name:			RST		MIDE	DLE		LAST	
PAN / PEKRN			Date of Birth* /	Incorporation	D D M M	Y Y Y Y *Re	quired for First holder / Min	or	
Name of Guardian (in o	case of First		a Minor) / Name of Cont	act Person (i	ncase of non-in	•		LAST	
Guardian PAN / PEKRI	N N			Cont	act No.				
For Investment "on be	ehalf of Mind	or" O Birth Certificate	○ School Certificate ○ Pas	ssport Other	Relationship	with Minor (Mandatory)	○ Father ○ Mother ○ Co	urt Appointed Legal Guardian	
Mailing Address									
City			Chate			l s.	in Code (Mand-4)		
City Country			State STD Code				n Code (Mandatory) . Off.		
Overseas Address (Manda	atory for NRI / F	FII Applicant) (See Instru	uction 2.ai) on page 14)						
						Country			
GO GREEN (Default n	node of Com	munication) —	Mobile			E-Mail			
Tax Status:			Individual				Non-Individual		
			O Sole-Proprietorship (Please Specify)			pany	y / Club	LP () AOP / BOI () FPI	
			rvice O Government Servi	ice O Student	Professiona	□ Housewife ○ Busi	ness O Retired O Agric	ulturist O Proprietorship	
Gross Annual Income		<i>v</i> /	5-10 Lacs	> 25 Lacs	- 1 Crore	1 Crore OR Net worth	1₹		
Second Applicant's D			please ✓)				oplicant and not ticked)		
Name: OMr. OMs.			FIRST		MID	DLE	LAST		
PAN / PEKRN			Date of Birth D	D M M	Y Y Y Y	Mobile			
Occupation O Pvt. Sect	or Service O P	ub. Sector Service O Go	ov. Service O Housewife O	Student O Prof	essional \bigcirc House	wife O Business O Retire	d O Defence O Agriculturist	○ Forex Dealer ○ Others	
Gross Annual Income ((₹) ○ Below 1	Lac 01-5 Lacs 05-	-10 Lacs 0 10-25 Lacs	○>25 La	cs - 1 Crore	> 1 Crore OR Net worth	1₹		
Third Applicant's Det	tails								
Name: OMr. OMs.			FIRST		MID	DLE	LAST		
PAN / PEKRN			Date of Birth D			Mobile			
Occupation Ovt. Sect Gross Annual Income (ov. Service O Housewife O -10 Lacs 0 10-25 Lacs			ewife O Business O Retire > 1 Crore OR Net worth		Forex Dealer Others	
Additional Details									
			PEP) Status : (Also applic Karta / Trustee / Whole time		sed Are yo		ny of the services men		
First / Sole Applicant	Sig		n Related to PEP O Not App			write dow	in it in the following box	<u> </u>	
Second Applicant			Related to PEP ONot App						
Third Applicant		○Iam PEP ○Iam	Related to PEP ONot App	plicable					
Service Businesses (MSB) Street Market stall) & their agent Hotels • Res	s (excluding Banks) • staurants • Internet 0	Precious metals (in particular Currency dealers or Exc Cafes • Door to door sale: Gambling Clubs • Slo	changes • S s companies •	ellers for redeem Taxi ● Bars ●	ers of traveler's cheques l Night Clubs Secon	Money Orders/Remittance d hand Goods sales ● Se	services • Pawn shops cond hand vehicle dealers	
3. POWER OF ATT	ORNEY (Po	oA) HOLDER DET	AILS (If the investmer	nt is being ma	ide by a Const	ituted Attorney, please	furnish the details of I	PoA Holder)	
First / Sole Applicant Second Applicant Third Applicant									
Mr. Ms. Others Name of PoA Holder									
PAN			Enclosed PAN	card proof	KYC Confirm	nation proof)	Signat	ure of (PoA) Holder	
ACKNOWLEDGEME Application form received for	•			ions		A	pp. No.		
Mr. / Ms. / M/s.	or purchase of	unito, oubject to realiza					_		
Instrument No.	Dated	Drawn on Bank	Account No. An	mount (Rs.)	Schei	me / Plan / Option	ISC Stamp,	Date & Signature	

4. INVESTMENT & PAYN			•	-			wish to inves	t (refer instruction 4)	(Mandatory)		
		tion the fi	rst purchase details below				D	mont Mode	Account No		
	Scheme Name / Plan / Option			Amount (₹) Cheque/DD No./UMRN		Bank / Branch Pay		ment Mode	Account No.		
Regular Direct Gro	owth ODivide	end						DD O NEFT O RTGS			
BNP Paribas Oirect		end						DD NEFT RTGS			
O Dividend Payout O Div	ridend Reinvest										
BNP Paribas Group	owth ODivide	end					○ Cheque ○ Funds Trans				
Payment Type Non-Third Party Payment Third Party Payment (Please attach "Third Party Declaration Form")											
5. DEMAT ACCOUNT DI			tion 1f) tory Participant Name								
	National Securities Depository Ltd.					siam (Aggt N	y Account No				
Central Depository Services (I			DP ID No. Beneficiary Account No.								
nvestor 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 physi											
6. BANK ACCOUNT DE	IAILS (See	instruc	tion 3 on page 16)					Mandatory, as per SI	EBI Regulations)		
Bank Name				A/- T-	O C:	O	- ONDO	COND			
Bank A/c. No.				A/c. Type	Savings	○ Current ○ NR	E ONRO	FCNR			
Branch Name				City				Pin Code			
MICR Code		(9 D	igit No. next to your Cheque N	o.) IFSC Code							
Are you a tax resident of any country of	ther than India?	Yes [No If yes, please ind	licate all countries	in which you a	re resident for tax purpos	es and the assoc	ciated Tax ID Numbers below	:		
7. FATCA DETAILS For I	ndividual (Mand	latory)	Non Individual inves	tors should Ma	andatorily f	ill separate FATCA	detail form				
Details under Foreign Tax La	ws:	F	irst / Sole Applicant / 0	Guardian		Second Applicant		Third Applic	ant OPoA		
Father's Name											
Country and Place of Birth											
Nationality											
Country#											
Tax Identification Number\$											
Identification Type (TIN or Other, F	Please specify)										
Country#											
Tax Identification Number\$											
Identification Type (TIN or Other, F	Please specify)										
Country#											
Tax Identification Number\$	Naga an!£.\										
Identification Type (TIN or Other, F						E		tabaaaa aa			
# To also include USA, where the indi TIN is yet available or has not yet be					ppiy a TIN or	runctional equivalent if t	ne country in wh	ıcı you are tax resident issi	ues such identifiers. If no		
8. NOMINATION - MANI			·		lder canno	ot nominate and sho	ould not fill t	nis section (See Instru	ction 5 on page 17)		
					-aor-canno						
I/We do not wish to nominate	ate SIGNATU	JKE(S)	First / Sole A	Applicant		Second Applica	ınt	Third Ap	ppiicant		
2. Having read and understood the	instruction for Nomi	nation, I /	We hereby nominate the pe	rson(s) more part	cularly descri	bed hereunder in respec		der the Folio held by me/us i	n the event of my death.		
		Nor	Nominee Name			Date of Birth [^]	Allocation %#	Guardian Si	gnature^		
Nominee 1											
Nominee 2											
Nominee 3											
[^] In case Nominee is minor. [#] Pleas	se indicate the per	centage o	of allocation / share for ea	ch of the nomine	es in whole n	umbers only without a	ny decimals ma	iking a total of 100 per ce	ent.		
9. DECLARATION & SIG	GNAT <u>URES</u>										
I / We am / are not prohibited from acces		under any	order/ruling/judgment etc., of a	any regulation, inclu	iding SEBI. I / V	We confirm that my applica	ation is in complian	nce with applicable Indian and	foreign laws. I / We hereby		
confirm and declare as under:- (1) I / We	have read, understo	od and her	reby agree to comply with the	terms and condition	ns of the schem	ne related documents and	apply for allotmer	nt of Units of the Scheme(s) of	BNP Paribas Mutual Fund		
('Fund') indicated above. (2) I / We am / Scheme(s) is through legitimate sources											
this application form is true and correct a	cheme(s) is through legitimate sources only and is not for the purpose of contravention and/or evasion of any act, rules, regulations, notifications or directions issued by any regulatory authority in India. (3) The information given in / with is application form is true and correct 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 and undertake to inform the AMC / Fund										
Registrars and Transfer Agent (RTA) in writing about any change in the information furnished from time to time. (4) That in the event, the above information and/or any part of it is/are found to be false / untrue / misleading, I/We will b iable for the consequences arising therefrom. (5) 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 / Investmer											
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. (6) I / We confirm that I / We do not have any existing Micro SIP / Investments whic											
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). (7) 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. (8) 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. (9) 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 also confirm that I/We have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same.											
Applicable to 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 ac				I markata	ordo- / -: "	(indomentate of a	ulation in a district	CEDI I/Mef	polication is in according		
Applicable to NRIs / PIO / OCIs with applicable Indian and foreign laws.		are not pro Yes	hibited from accessing capital No If yes, (✓)	markets under any Repatriation		′ judgment etc., of any reg √on-Repatriation basis	ulation, including	SEBI. I / We confirm that my a	pplication is in compliance		
Dated			cant / Guardian /	Second	Applicant / (Guardian / POA Holder		Third Applicant / Guardia	n / POA Holder		
	PUA HOI	uer / Auth	norised Signatory								





