

## COMMON APPLICATION FORM Please read the Instructions before completing this Application Form.

Time Stamping Section

App. No.

All sectio	ns should be co	mpleted in English a	nd in BLOCK LET	TERS with blue or bl	ack ink only.							
	Name and AM	FI Reg. No.	Sub Agent	's Name and AMFI R	leg. No.	Sub-Broker Cod	e	EUIN*	RIA Code <sup>++</sup>			
ARN-	ARN-877	61	ARN-			(As allotted by AF holder)	E07	5033				
Upfront corr	mission shall be pa	id directly by the investor to	the AMFI registered D	istributors based on the ir	vestors' assessn	nent of various factors incl	uding the service r	endered by the	distributor.			
interaction or the advice of in ++ I/We, have provide the tra Managed by y	advice by the employee n-appropriateness, if any a invested in the Schem ansactions data feed/ po you, to the above mention	box has been intentionally left the / relationship manager / sales p y, provided by the employee / relation (e(s) of your Mutual Fund under ortfolio holdings/ NAV etc. in resist ned Mutual Fund Distributor / S ES for Bc. 10.000 and	erson of the above distribut ttionship manager / sales pe Direct Plan. I/We hereby of pect of my/our investments EBI-Registered Investment	tor / sub broker or notwithstand erson of the distributor / sub bro give you my/our consent to sh under Direct Plan of all Scher t Adviser.	ding ker. are/ mes / Guan / Auth	/ Sole Applicant dian / POA Holder orised Signatory	Second Apj / Guardian / PC	)A Holder	Third Applicant / Guardian / POA Holder			
TRANSACTION CHARGES for Rs. 10,000 and above ( <li>any one) (See Instruction on page 22):</li> <li>L confirm that I am a first time investor across Mutual Funds.</li> <li>L confirm that I am an existing investor in Mutual Funds.</li>												
1. EX	ISTING INVES	TOR'S FOLIO NUM	BER Folio No.				-	ur records und	der the Folio number mentioned			
2. AP	PLICANT'S IN	FORMATION (Non-I	ndividual investor	s please fill Ultimate	Beneficial Ov	wner (UBO) details a	nd submit with	Application	Form.			
First / S	ole Applicant	○ Mr. ○ Ms. ○ M/s.	Minor				<b>D</b> (					
Name:		FIRST	0.1	MIDDLE		LAST	Incorp	f Birth* /				
(Please mer PAN / PE		haar card. Refer instruction no KYC Identi	o. 2. ai) fication Number (KIN	A) A	adhaar Numbe	r	(Mention GSTIN		Card) * Required for 1st holder/Minor			
Guardia	n Details 🛛 I	Mr. Ms. (in case of	First / Sole Applic	ant is a Minor) / Nam	ne of Contact	Person (incase of no	n-individual In	vestors)				
Name:		FIRST	0	MIDDLE		LAST	Date o					
Please mer		haar card. Refer instruction no	o. 2. al) fication Number (KIN	A (I	adhaar Numbe	r	Mobile		ion as per Aadhaar Card)			
For Inve	stment "on beh	nalf of Minor" O Birth	Certificate O School	Certificate O Passport	Other Rela	tionship with Minor (	Mandatory) 🔿	Father 🔿 Mothe	r 🔿 Court Appointed Legal Guardiar			
Mailing Ac	ddress											
City				State				de (Mandator	y)			
Country			S	STD Code			Tel. Off.					
Overseas	Address (Mandato	ry for NRI / FII Applicant)	(See Instruction 2.ai) or	n page 28)		Col	untry					
GO GRE	EN (Default mode	of Communication) ->	Mobile		E-Mail							
Tax State	us:			Individual			Non-	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)												
	ion: ○ Private Se ce ○ Others (Ple		Sector Service () G	overnment Service ()	Student O Pro	ofessional () Housewif	ie 🔾 Business	◯ Retired ◯	Agriculturist O Proprietorship			
Gross A	nnual Income (₹	) 🔿 Below 1 Lac 🔿 1-5	5 Lacs O 5-10 Lacs	○ 10-25 Lacs ○ > 2	5 Lacs - 1 Crore	e O>1 Crore OR	Net worth ₹					
Second	Applicant's De	tails Mode of	Holding (please ✓)	O Joint O Anyone of	or Survivor# (#	Default, in case of more	than one applica	nt and not ticke	ed)			
-	Mr. 🔿 Ms.	FIRST		MIDDLE		LAST	Da	···· [	D D M M Y Y Y Y			
(Please mer PAN / PE		haar card. Refer instruction no	,			•		) Mol	Mention as per Aadhaar Card)			
		KYC Identificat Number (KIN)	tion		Aad Nun	haar nber			Dire			
Occupat	ion OPvt. Sector	Service O Pub. Sector Set	rvice O Gov. Service	Housewife O Student	OProfessional	O Housewife O Busines	s O Retired O D	efence O Agric	ulturist O Forex Dealer O Others			
Gross Ar	nnual Income (₹)	⊖Below 1 Lac ⊖1-5 L	acs O 5-10 Lacs	◯ 10-25 Lacs	> 25 Lacs - 1 Cr	ore O>1 Crore OI	R Net worth ₹					
Third Ap	oplicant's Detai	ls						_				
	Mr. O Ms.	FIRST	0	MIDDLE		LAST	Da	te of Birth				
Please mer		Ihaar card. Refer instruction no KYC Identificat	,		A ad	haar		) Mol	Mention as per Aadhaar Card) hile			
		Number (KIN)			Nun				5110			
		Service Pub. Sector Se			O Professional			efence O Agric	ulturist O Forex Dealer O Others			
	nal Details	Politically Exposed	Person (PEP) Stat	us : (Also applicable for stee / Whole time Directo	authorised	Are you / entity i		of the servic	ces mentioned below? wing box			
First / So	ole Applicant								<b>•</b> • • •			
	Applicant	O I am PEI		~								
Third Ap		lam PE		0 ii 11 iii i	huving colling (	ald) and Camp . Luw	uni Cara e Dar	ta e Daaa h	araa a lawallaru a Manay			
<ul> <li>Service B</li> <li>Street</li> </ul>	usinesses (MSB) & Market stall • H	their agents (excluding otels      Restaurants	Banks) ● Currenc Internet Cafes ● D	y dealers or Exchanges loor to door sales compa	<ul> <li>Sellers for anies</li> <li>Taxi</li> </ul>	r redeemers of traveler's Bars ● Night Clubs	<ul> <li>cheques Money</li> <li>Second hand</li> </ul>	Orders/Remitt Goods sales	orses   Jewellery  Money  Ance services  Pawn shops  Second hand vehicle dealers  Expert  None of the above			
3. PO	WER OF ATTO	ORNEY (PoA) HOLD	DER DETAILS (II	f the investment is b	eing made by	a Constituted Attorn	ney, please furr	ish the detai	ils of PoA Holder)			
_	Sole Applicant	Second Appl	icant 🔤	Third Applicant	Name of I	PoA Holder						
Mr.	Ms N	//s. Others KYC Identific	ation		Aadha	PoA Holder						
PAN		Number (KIN			Numb				mature of (D. 1) II II			
		f KYC Confirmation p						Si	gnature of (PoA) Holder			
ACKNC	WLEDGEMEN	NT SLIP (To be filled	in by the Applica	ant)				App No				
Application	form received for	purchase of units, subjec	t to realization, verific	ation and conditions				App. No.				
Mr. / Ms. /												
Instrun	nent No. D	ated Drawn on E	Bank Accou	unt No. Amount (F	Rs.)	Scheme / Plan / Opti	on		mp, Date & Signature			

4. INVESTMENT & PAYMENT DE	· · · · · ·	-			ou wish to inve	st (refer instruction	4) (Mandatory)					
	(Mention the first purchase deta				•		Devent					
Scheme Name / Plan / Option BNP Paribas	Amount (₹)	Cheque/DD No./	UMRN Bank / E	sranch	Accou	NT NO.	Payment Mode					
Regular         Direct         Growth         Div           Dividend Payout         Dividend Reinve         Dividend Reinve							NEFT RTGS Funds Transfer OTM					
BNP Paribas	idend						Cheque DD NEFT RTGS					
Dividend Payout     Dividend Reinve  BNP Paribas							Funds Transfer OTM     Cheque DD					
Regular Direct Growth Div     Dividend Payout Dividend Reinve	st		(Disease 11 )				NEFT ORTGS Funds Transfer OTM					
, , , , , , , , , , , , , , , , , , , ,	ment O Third Party Payment		(Please attach "Thir	d Party Declaratio	on Form")							
5. DEMAT ACCOUNT DETAILS (refer instruction 1f10 on page 27)												
National Securities Depository Ltd. Depository Participant Name												
Central Depository Services (India) Ltd. 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 on page 30) (Mandatory, as per SEBI Regulations)												
6. BANK ACCOUNT DETAILS	(See Instruction 3 on page	930)				(Mandatory, as pe	er SEBI Regulations)					
Bank Name Bank A/c. No.		A/c. Typ	be O Savings	⊖Current ◯N								
Branch Name		City	<b>3</b> .	0	0	Pin Code						
MICR Code	(9 Digit No. next to your		Code									
7. OVERSEAS EXPOSURE - MA	NDATORY ONLY FOR CO	RPORATES / B	ANKS / FINANO	CIAL INSTITU	TIONS							
Does your Entity* have any offices, transactions			🗌 Yes	No								
* includes any business directly or indirectly or	ontrolled by, or under common co	ontrol with your entity		whone who ( )	in							
If the answer is "Yes", please fill out the "Majo												
8. FATCA DETAILS For Individual Details under Foreign Tax Laws:	(Mandatory) Non Individu First / Sole Applicant /	al investors inclu Guardian		Mandatorily fil	III separate FAT	-	licant O BoA					
Place & Country of Birth	r inst / Sole Applicant /	Guaruiali	360	and Applicatit		C Third App	licant OPOA					
· · ·	O Indian US					Indian OUS						
Nationality	Others (Please Specify)		Others (Please Specify)			Others (Please Specify)						
Address Type	Residential Registered Off	○ Residential ○ Registered Office ○ Business			○ Residential ○ Registered Office ○ Business							
Are you a tax resident (i.e. are you asso	essed for Tax) in any other c	ountry outside In	dia? 🗌 Yes	No (If Y	res, please pro	vide information be	elow)					
Country of Tax Residency Tax Identification Number or Functional Equivalent												
Identification Type (TIN or Other, please specify)												
If TIN is not available, please tick	Reason O A O B O C	Please Specify)	Reason O A O B O C (Please Specify)			Reason O A O B O C (Please Specify)						
Country of Tax Residency												
Tax Identification Number or Functional Equivalent Identification Type (TIN or Other, please specify)												
If TIN is not available, please tick	Reason O A O B O C (Please Specify)		Reason O A O B O C (Please Specify)				c (Please Specify)					
Reason A: The country where Account Holder is	liable to pay tax does not issue TI					ective country of tax residents						
do not require the TIN to be collected) 9. NOMINATION - MANDATORY,	Reason C: others, please specify		holdor connet	ominate and a	hould not fill t	his soction (See In	struction 5 on nors 20					
			chorder cannot r									
1. I/We do not wish to nominate SIG	iNATURE(S) First	/ Sole Applicant			licant	Thi	rd Applicant					
2. Having read and understood the instruction for		the person(s) more par	ticularly described her									
Nominee 1	Nominee Name		Date of Birth <sup>^</sup> Allocation %			6# Guardian Signature^						
Nominee 2												
Nominee 3												
^ In case Nominee is minor. # Please indicate t		e for each of the nor	ninees in whole nur	nbers only without	it any decimals m	aking a total of 100 pe	er cent.					
10. DECLARATION & SIGNATURE		ation includies OFDL LUM	onfirm that any an it with the	in compliance "" "	lieghle leafing and for	I min I / We have he was for	d dealara ao us dan 1710 bi sa sa ta					
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 marking 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 applicable laws and duly autivations where required to make this as 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 applicable laws and duly autivations where required to make this westement in the above mentioned scheme. I/ We have existent and We are not applicable laws and duly autivations where required to make this investement in the approxed investment declare as under:- I if the scheme related documents including the provisions of the section of Who cannot Invest and dapty for allotment of Units of the Scheme(s) of BNP Paritaes Mutual Fund (Fund). IWe hereby confirm that the proposed investment dapty for allotment of Units of the Scheme(s) of SNP Paritaes Mutual Fund (Fund). IWe hereby confirm that the proposed investment is being made from known, identifiable and legitariae sources of funds / income of mine only and I am / we are not applicable on the resulting investment is being made from known. Individual guest for any Act, Pales. Regulations or Directions or Other provisions of any law in India including but not limited to The Income Tax Act, the Prevention of Money Laundering Act, 2002. The Prevention of Corruption Act, 1988 and / or any law in India including but not limited to applicable indices and add indices provided by me is its found to be contradictory or non-reliable to the above statements or if I we fail a prote fragments or II we fail of provi												
adequate and complete information, the AMC / Mutual Fund / Trustees reserve the right to not create a foilo / 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 combine with the additional 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 combine with the additional 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 combine with the additional 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 combine with the AMC / Mutual Fund / Trustees mer details reading to account, reject the application / withhold the investments made by me / us and / or make additional 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 combine with the AMC / Mutual Fund / Trustees mer details reading to competent authority and take such other actions as may be required to combine with the AMC / Mutual Fund / Trustees mer details reading to combine with the investments made by mer / us and / or make additional account, reject the application and take additional account, reject the application account, rejec												
1/We heep' authories the Fund, AMC and its Agents to disclose my our details including investment details to my / our banks (s) and / or Distributor / Broker / Investment Advisor and to verify my / our banks (s). So (000 - In a fund) and the approximate set of the approximat												
/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 PvLLd (AMC) / Fund. 1 further undertake o advise the AMC / Mutual Fund <sup>1</sup> Trustees promptly of any change in circumstances which causes the information contained benet in become incored and to provide the AMC Mutual Fund <sup>1</sup> Trustees with a suitably updated self-disdaration within 30 days of such change in circumstances. hereby declare that the AMC / Fund can provide my information ta my institution / fax uthorities of your tennet allo before incored and paperopriate withfinding from the accurate reveals in relation thereito.												
I/We hereby provide my /our consent in accordance with Aadhaar Ac PMLA. I/We hereby provide my/our consent for sharing/disclosing o To receive physical annual statements and scheme	fmy Aadhaar number(s) including demographic	nformation with the asset mar										
Additional declaration for NRIs only : 1 / We confirm th			by confirm that the funds for	subscription have been	remitted from abroad th	rough normal banking channels	or from funds in my / our Non-Resident					
External / Ordinary Account / FCNR Account. A												
account of change in residential status. Additional declaration for NRIs / PIO / OCIs only: 1/ We am / are not prohibited from accessing capital markets under any order / ruling / judgment etc., of any regulation, including SEBI. 1/ We confirm that my application is in compliance with applicable Indian and foreign laws.												
please (*) 🗌 Yes 📄 No 🔰 If yes, (*) 📄 Repatriation basis												
		Se	cond Applicant / Gu	ardian / POA Hold	der	Third Applicant / Gua	ardian / POA Holder					
BNP PARIBAS	BNP Paribas Asset Managerr BNP Paribas House, 1 North Bandra (East), Mumbai - 400 Toll Free: 1800 102 2595 ● \	Avenue, Maker Max 051, Maharashtra, Ir	tity, Bandra Kurla C ndia.	omplex,	Call (	in In	vest online @ ww.bnpparibasmf.in					

Bandra (East), Mumbai - 400 051, Maharashtra, India. Toll Free: 1800 102 2595 • Web : www.bnpparibasmf.in E-mail: customer.care@bnpparibasmf.in



