

DISTRIBUTOR / BROKER INFORMATION [refer instruction 1(b)]					
Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN- ARN-87761	ARN-			(As allotted by ARN holder)	E075033

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.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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**1. APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected)**

Name of Sole / First Unit Holder	First Name	Middle Name	Last Name
Folio No.			Application No.
Mode of Holding (please ✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor			PAN (First Unit Holder)
Mobile No. +91	E-mail ID		

**2. SYSTEMATIC WITHDRAWAL PLAN DETAILS**

Scheme / Plan / Option			
Type of SWP	<input type="checkbox"/> Fixed SWP	<input type="checkbox"/> Capital Appreciation SWP	Amount:
Frequency (Please ✓) <input type="checkbox"/> Weekly SWP <input type="checkbox"/> Monthly SWP <input type="checkbox"/> Quarterly SWP	(Calendar Quarter i.e. January, April, July and October)		
SWP Date	Weekly SWP (Please ✓ any one only) <input type="checkbox"/> 1st <input type="checkbox"/> 7th* <input type="checkbox"/> 15th <input type="checkbox"/> 25th *Default.	Monthly and Quarterly SWP (Please ✓ any one only)	
		<input type="checkbox"/> 1st of the month <input type="checkbox"/> 7th* of the month <input type="checkbox"/> 15th of the month <input type="checkbox"/> 25th of the month *Default.	
Enrolment Period	<input type="checkbox"/> Regular From <input type="text" value="MM/YY/YY"/> To <input type="text" value="MM/YY/YY"/>	<input type="checkbox"/> Perpetual From <input type="text" value="MM/YY/YY"/> To <input type="text" value="01/20/99"/>	

DECLARATION	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 confirm that I am / we are not NRIs / PIOs residing in any of the prohibited / banned Countries mentioned in the SID / addendums to the SID. I / We have read, understood and hereby agree to comply with the terms and conditions of the scheme related documents 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, 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.	First / Sole Applicant / Guardian
	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.	Second Applicant / Guardian
	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.	Third Applicant / Guardian
	<b>Additional declaration for NRIs only :</b> 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. <b>Additional declaration for Foreign Nationals Resident in India only:</b> 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. <b>Additional declaration for NRIs / PIO / OCIs only:</b> 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 (✓) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, (✓) <input type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis	Date <input type="text" value="DD/MM/YY"/>

**ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)**
**BNP Paribas Mutual Fund**
**Systematic Withdrawal Plan (SWP)**

Date: 

Received from Mr./Ms./M/s. \_\_\_\_\_

'SWP' application for redemption of Units; Scheme \_\_\_\_\_

Plan \_\_\_\_\_ Option \_\_\_\_\_

Amount Rs. \_\_\_\_\_ per ☐ Week ☐ Month ☐ Quarter

**ISC Stamp, Date & Signature**