

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 and AMFI Reg. No.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
<b>ARN- 0186 / Bonanza</b>	<b>ARN-</b>			(As allotted by ARN holder)	

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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**TRANSACTION CHARGES FOR Rs. 10,000 and above** (✓ any one) (See Instruction on page 18):

Existing Investor - Rs. 100     New Investor - Rs. 150   
  I confirm that I am a first time investor across Mutual Funds.   
  I confirm that I am an existing investor in Mutual Funds.

**1. EXISTING INVESTOR'S FOLIO NUMBER** Folio No. \_\_\_\_\_ The details in our records under the Folio number mentioned 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**     Mr.     Ms.     M/s.     Minor

Name: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

PAN / PEKRN \_\_\_\_\_ Date of Birth\* / Incorporation           \* Required for First holder / Minor

**Name of Guardian (in case of First / Sole Applicant is a Minor) / Name of Contact Person (incase of non-individual Investors)**

Mr.     Ms Name: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Guardian PAN / PEKRN \_\_\_\_\_ Contact No. \_\_\_\_\_

**For Investment "on behalf of Minor"**     Birth Certificate     School Certificate     Passport     Other    **Relationship with Minor (Mandatory)**     Father     Mother     Court Appointed Legal Guardian

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_

Country \_\_\_\_\_ STD Code \_\_\_\_\_ Tel. Off. \_\_\_\_\_

Overseas Address (Mandatory for NRI / FII Applicant) (See Instruction 2.ai) on page 21

Country \_\_\_\_\_

**GO GREEN (Default mode of Communication)**     Mobile \_\_\_\_\_    **E-Mail** \_\_\_\_\_

**Tax Status:**

**Individual**     Resident     NRI-Repatriation     NRI-Non Repatriation     Sole-Proprietorship     On Behalf of Minor

NRI - On Behalf of Minor     PIO / OCI     HUF     Others (Please Specify) \_\_\_\_\_

**Non-Individual**     Company     Trust     Society / Club     Partnership / LLP     AOP / BOI     FPI

Non Profit Organisation     Others (Please Specify) \_\_\_\_\_

**Occupation:**     Private Sector Service     Public Sector Service     Government Service     Student     Professional     Housewife     Business     Retired     Agriculturist     Proprietorship

Defence     Others (Please Specify) \_\_\_\_\_

**Gross Annual Income (₹)**     Below 1 Lac     1-5 Lacs     5-10 Lacs     10-25 Lacs     > 25 Lacs - 1 Crore     > 1 Crore    OR    Net worth ₹ \_\_\_\_\_

**Second Applicant's Details**    **Mode of Holding** (please ✓)     Joint#     Anyone or Survivor (# Default, in case of more than one applicant and not ticked)

Name:  Mr.     Ms.    \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

PAN / PEKRN \_\_\_\_\_ Date of Birth           **Mobile** \_\_\_\_\_

**Occupation**     Pvt. Sector Service     Pub. Sector Service     Gov. Service     Housewife     Student     Professional     Housewife     Business     Retired     Defence     Agriculturist     Forex Dealer     Others

**Gross Annual Income (₹)**     Below 1 Lac     1-5 Lacs     5-10 Lacs     10-25 Lacs     > 25 Lacs - 1 Crore     > 1 Crore    OR    Net worth ₹ \_\_\_\_\_

**Third Applicant's Details**

Name:  Mr.     Ms.    \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

PAN / PEKRN \_\_\_\_\_ Date of Birth           **Mobile** \_\_\_\_\_

**Occupation**     Pvt. Sector Service     Pub. Sector Service     Gov. Service     Housewife     Student     Professional     Housewife     Business     Retired     Defence     Agriculturist     Forex Dealer     Others

**Gross Annual Income (₹)**     Below 1 Lac     1-5 Lacs     5-10 Lacs     10-25 Lacs     > 25 Lacs - 1 Crore     > 1 Crore    OR    Net worth ₹ \_\_\_\_\_

Additional Details	Politically Exposed Person (PEP) Status : (Also applicable for authorised signatories / Promoters / Karta / Trustee / Whole time Directors)	Are you / entity involved in any of the services mentioned below? If yes write down it in the following box
<b>First / Sole Applicant</b>	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	
<b>Second Applicant</b>	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	
<b>Third Applicant</b>	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable	

**Are you / entity involved in any of the following :**    • Precious metals (in particular buying-selling Gold) and Gems    • Luxury Cars    • Boats    • Race-horses    • Jewellery    • Money Service Businesses (MSB) & their agents (excluding Banks)    • Currency dealers or Exchanges    • Sellers for redeemers of traveler's cheques Money Orders/Remittance services    • Pawn shops    • 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 \_\_\_\_\_

PAN \_\_\_\_\_ Enclosed     PAN card proof     KYC Confirmation proof

Signature of (PoA) Holder

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**    App. No. \_\_\_\_\_

Application form received for purchase of units, subject to realization, verification and conditions

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)**

Zero Balance  Lumpsum  SIP (Mention the first purchase details below and fill and submit the SIP form separately)

Scheme Name / Plan / Option	Amount (₹)	Cheque/DD No./UMRN	Bank / Branch	Payment Mode	Account No.
<b>BNP Paribas</b> <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest				<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> Funds Transfer <input type="radio"/> NACH	
<b>BNP Paribas</b> <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest				<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> Funds Transfer <input type="radio"/> NACH	
<b>BNP Paribas</b> <input type="radio"/> Regular <input type="radio"/> Direct <input type="radio"/> Growth <input type="radio"/> Dividend <input type="radio"/> Dividend Payout <input type="radio"/> Dividend Reinvest				<input type="radio"/> Cheque <input type="radio"/> DD <input type="radio"/> NEFT <input type="radio"/> RTGS <input type="radio"/> Funds Transfer <input type="radio"/> NACH	

**Payment Type**  Non-Third Party Payment  Third Party Payment (Please attach "Third Party Declaration Form")

**5. DEMAT ACCOUNT DETAILS (refer instruction 1f)**

National Securities Depository Ltd.  Central Depository Services (India) Ltd.

Depository Participant Name \_\_\_\_\_  
 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 23) (Mandatory, as per SEBI Regulations)**

Bank Name \_\_\_\_\_  
 Bank A/c. No. \_\_\_\_\_ A/c. Type  Savings  Current  NRE  NRO  FCNR  
 Branch Name \_\_\_\_\_ City \_\_\_\_\_ Pin Code \_\_\_\_\_  
 MICR Code \_\_\_\_\_ (9 Digit No. next to your Cheque No.) IFSC Code \_\_\_\_\_

Are you a tax resident of any country other than India?  Yes  No If yes, please indicate all countries in which you are resident for tax purposes and the associated Tax ID Numbers below:

**7. FATCA DETAILS For Individual & HUF (Mandatory) Non Individual investors should Mandatorily fill separate FATCA detail form**

Details under Foreign Tax Laws:	First / Sole Applicant / Guardian	Second Applicant	<input type="radio"/> Third Applicant <input type="radio"/> PoA
Father's Name			
Country and Place of Birth			
Nationality			
Country#			
Tax Identification Number\$			
Identification Type (TIN or Other, Please specify)			
Country#			
Tax Identification Number\$			
Identification Type (TIN or Other, Please specify)			
Country#			
Tax Identification Number\$			
Identification Type (TIN or Other, Please specify)			

# To also include USA, where the individual is a citizen / green card holder of The USA \$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**8. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section (See Instruction 5 on page 24)**

1. I/We do not wish to nominate **SIGNATURE(S)** First / Sole Applicant Second Applicant Third Applicant

2. Having read and understood the instruction for Nomination, I / We hereby nominate the person(s) more particularly described hereunder in respect of the Units under the Folio held by me/us in the event of my death.

Nominee Name	Date of Birth^	Allocation %#	Guardian Signature^
Nominee 1			
Nominee 2			
Nominee 3			

^ In case Nominee is minor. # Please indicate the percentage of allocation / share for each of the nominees in whole numbers only without any decimals making a total of 100 per cent.

**9. DECLARATION & SIGNATURES**

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- (1) 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") indicated above. (2) I / We am / are eligible Investor(s) as per the scheme related documents and am / are authorised to make this investment as per the Constitutive documents / authorization(s). The amount invested in the Scheme(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 this 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 be liable 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 / 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. (6) 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). (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 account of change in residential status.

**Applicable to NRIs / PIO / OCIs only:** 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 (✓)  Yes  No If yes, (✓)  Repatriation basis  Non-Repatriation basis

Dated _____	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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 <p><b>BNP PARIBAS MUTUAL FUND</b></p>	<p>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</p>		
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**PART I : APPLICANT / INVESTOR DETAILS :**

Investor Name																														
																PAN														

**PART II : DECLARATIONS**

**(A) Particulars**

Is "Entity" a tax resident of any country other than India?  Yes  No  
(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Category			
Applicants	Country of incorporation/constitution	Country of Tax residency	Taxpayer Identification Number #
1.			
2.			
3.			

# in case Taxpayer Identification Number is not available, kindly provide functional equivalent or Company Identification Number or Global Entity Identification Number

**(B) Other Information**

S. No.	Information	Additional Information to be provided								
1.	We are a financial institution [including an FFI] [Refer instructions a]	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the following information: GIIN: _____ (Global Intermediary Identification Number) If GIIN not available [tick any one]: <input type="checkbox"/> Applied for on <table border="1" style="display: inline-table;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <input type="checkbox"/> Not required to apply (please describe) _____ <input type="checkbox"/> Not obtained	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
2.	We are a listed company [whose shares are regularly traded on a recognized stock exchange]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify)								
3.	We are 'Related Entity' of a listed company [Refer instructions b]	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify the name of the listed company _____ Specify the name of any one Stock Exchange where it is traded regularly: 1. BSE/NSE/Other _____ (please specify)								
4.	We are an Active NFFE [Refer instructions c & d] Note: Details of Controlling Persons will not be considered for FATCA purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill UBO form) If Yes, specify the nature of business _____ Please specify the category of Active NFFE _____ (Mention code – refer instructions)								
5.	We are an Passive NFFE [Refer instructions f and g] Note: Details of Controlling Persons will be considered for FATCA purpose	<input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please fill UBO form) If Yes, please provide: 1. Nature of business _____ 2. For all Controlling Persons who are tax residents (including US citizens and green card holders) of countries other than India, please provide the necessary details including Taxpayer Identification Number (TIN) in the UBO form.								

I/We hereby acknowledge and confirm that the information provided hereinabove is/are true and correct to the best of my knowledge and belief. I/We further agree and acknowledge that in the event, the above information and/or any part of it is/are found to be false/untrue/misleading, I/We will be liable for the consequences arising therefrom. I/We hereby authorize you to disclose, share, remit in any form/manner/mode the above information and/or any part of it including the changes/updates that may be provided by me/us to Mutual Fund, its Sponsor/s, Trustees, Asset Management Company, its employees, SEBI registered intermediaries for single updation/submission, any Indian or foreign statutory, regulatory, judicial, quasi- judicial authorities/agencies including but not limited to Financial Intelligence Unit-India (FIU-IND) etc without any intimation/advice to me/us. I/We further agree to promptly intimate you in writing regarding any change/modification to the above information and/or provide additional/further information as and when required by you.

**Signature with relevant seal:**

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Date 

D	D	M	M	Y	Y	Y	Y
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 Place \_\_\_\_\_

**DECLARATION FOR ULTIMATE BENEFICIAL OWNERSHIP (UBO)**

(Mandatory for Non-Individual Applicant / Investor)

(To be filled in BLOCK LETTERS. Please strike off section(s) that is / are not applicable)

**PART I : APPLICANT / INVESTOR DETAILS :**

Investor Name																		
	PAN																	

**PART II : APPLICABLE FOR LISTED COMPANY / ITS SUBSIDIARY COMPANY ONLY**

(i) I / We hereby declare that -

Our Company is Listed Company listed on recognized stock exchange in India

Our Company is a subsidiary of the Listed Company

Our Company is controlled by a Listed Company

(ii) Details of Listed Company<sup>^</sup>

Stock Exchange on which listed \_\_\_\_\_ security ISIN \_\_\_\_\_

<sup>^</sup> The details of holding / parent Company to be provided in case the applicant / investor is a Subsidiary Company.

**PART III : APPLICABLE FOR NON-INDIVIDUALS OTHER THAN LISTED COMPANY / ITS SUBSIDIARY COMPANY**

(i) Category [Please tick (✓) applicable category]:

Unlisted Company     Partnership Firm     Limited Liability Partnership Company     Unincorporated association / body of individuals     Public Charitable Trust

Religious Trust     Private Trust     Private Trust created by a Will     Others (Please specify) \_\_\_\_\_

(ii) Details of Ultimate Beneficiary Owner

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

	1	2	3	4
Name of UBO [Mandatory] Along with Designation / Position wherever applicable				
UBO Code [Refer instruction 3]				
PAN or any other valid ID proof for those where PAN is not applicable <sup>1</sup>				
KYC (Yes/No) <sup>2</sup>				
Taxpayer Identification Number <sup>3</sup>				
Country of Tax Residency [CTR]				
CP / UBO Code [Refer Instruction E]				
Country of Birth [COB]				
Date of Birth [dd-mm-yyyy]				
Country of Permanent Address [CPA]				
Gender [Male, Female, others]				
Father's Name				
Occupation [Service, Business, Others]				
Percentage of Holding (%) <sup>4</sup>				

<sup>1</sup> If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position / Designation like Director / Settlor of Trust / Protector of Trust to be specified wherever applicable.

<sup>2</sup> If UBO is not KYC compliant, request to complete KYC formalities and send the intimation to SBFS / Fund. Attach valid address proof

<sup>3</sup> If UBO is resident / citizen of 'other than India' or citizen/tax resident/green card holder of USA, please provide Taxpayer ID Number / US Social Security Number [SSN]

<sup>4</sup> Attach valid documentary proof like Shareholding pattern duly self attested by Authorized Signatory / Company Secretary

**Note: Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.**

**PART IV: DECLARATION**

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after consulting necessary tax professionals, read & understood the FATCA terms and conditions. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may liable for it. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all / any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/ us to Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, I/We, authorize to share the given information to other SEBI Registered Intermediaries to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required at your end.

**Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]**

Authorized Signatory	Authorized Signatory	Authorized Signatory
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Place \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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