

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
ARN- 0186 / Bonanza	ARN-			(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 11):

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 14) _____

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)
First / Sole Applicant	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable
Second Applicant	<input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable
Third Applicant	<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 services mentioned below? If yes write down it in the following box

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.
BNP Paribas <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	
BNP Paribas <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	
BNP Paribas <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 16) (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 17)

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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Self Certification Declaration
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; text-align: center;"> <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 _____

Enrolment Form No. _____

DISTRIBUTOR / BROKER INFORMATION (refer instruction 1(b)) on page 13					
Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN- 0186 / Bonanza	ARN-			(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.

SIGNATURE(S)	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder

EXISTING UNITHOLDER INFORMATION (The details in our records under the Folio No. mentioned below will only be considered for this application.)	
Folio No.	Unitholder's Name

PAN & KYC DETAILS (Mandatory, as per SEBI Regulations)										(See Instruction 2bi & bii on page 15)											
PAN										Proof Enclosed (✓)		Date of Birth*									
										PAN Card	KYC Confirmation										
First / Sole Applicant										<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y
Second Applicant										<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y
Third Applicant										<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y
Guardian**										<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y
PoA Holder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant										<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y
PoA Holder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant										<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y

** If the Sole / First Applicant is a Minor, then state Guardian's PAN Number * Required for First holder / Mandatory for Minor

APPLICANT'S INFORMATION	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Minor <input type="checkbox"/> Others	Name of Sole / First Applicant (First / Middle / Last Name)
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others	Name of Second Applicant
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others	Name of Third Applicant
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others	Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors) / POA Holder
Minor's Relationship with Guardian <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	
Mode of Holding (please ✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint# <input type="checkbox"/> Anyone or Survivor (# Default, in case of more than one applicant and not ticked)	

STP DETAILS		
Name of Scheme	Transfer From (Transferor Scheme)	Transfer To (Transferee Scheme)
Plan		
Option		
Frequency (Please ✓ any one)	<input type="checkbox"/> Daily STP <input type="checkbox"/> Weekly STP <input type="checkbox"/> Fortnightly STP <input type="checkbox"/> Monthly STP (Default) <input type="checkbox"/> Quarterly STP (Refer instruction 10 & 12 overleaf)	
STP Date	Daily STP Daily Interval (all Business Days)	Weekly STP 1st, 7th, 15th and 25th
	Fortnightly STP 1st and 15th	Monthly and Quarterly STP (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. (Refer instruction 10 & 12 overleaf)
Enrolment Period	From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/>	
Amount of Transfer per Day / Week / Fortnight / Month / Quarter	Fixed Amount <input type="text"/> Rs. OR <input type="checkbox"/> Capital Appreciation (not for Daily STP)	
Contact Details	STD Code <input type="text"/>	Tel. Off. <input type="text"/>
	Mobile <input type="text"/>	Tel. Resi. <input type="text"/>
		Fax <input type="text"/>
E-Mail	<input type="text"/> Default means of communications	
If you wish to receive all communication from us via post or other means, please ✓ here <input type="checkbox"/> (See instruction 1g on page 14)		
Kindly ensure that the e-mail address and telephone numbers mentioned above are those of the First Unitholder. These details shall be used for all communications.		

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder) BNP Paribas Mutual Fund

<p>Systematic Transfer Plan (STP)</p> <p>Received from _____ Date: ____/____/____</p> <p>Mr./Ms./M/s. _____ 'STP' application for transfer of Units;</p> <p>From Scheme _____ Plan _____ Option _____</p> <p>To Scheme _____ Plan _____ Option _____</p> <p><input type="checkbox"/> Fixed STF <input type="checkbox"/> Capital Appreciation STF (not for Daily STP) per <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Fortnight <input type="checkbox"/> Month <input type="checkbox"/> Quarter</p>	<p align="center">ISC Stamp, Date & Signature</p>
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Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme of BNP Paribas Mutual Fund, I / We hereby apply to BNP Paribas Mutual Fund for units of the Scheme and agree to abide by terms and conditions, rules and regulation of the Scheme. 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 NRI's residing in any of these Countries : United States of America & Canada, Iran, Sudan, Syria, Cuba, Belarus, Myanmar, South Sudan, Lebanon, Libya, Zimbabwe, Ivory Coast, Eritrea, Guinea Conakry, Iraq, Liberia, Somalia, Congo, Afghanistan, Central African Republic and Democratic People's Republic of Korea (DPRK).

I/We hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds /income of mine/the HUF / the Company / Trust/ Partnership only and I am / we are the rightful beneficial owner(s) of the funds and the resulting investments therefrom. The abovementioned 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 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. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

I hereby confirm that BNP Paribas Mutual Fund/BNP Paribas Asset Management India Private Limited and its empanelled brokers/distributors has/have not given any indicative portfolio and indicative yield in any manner whatsoever.

Applicable for Foreign tax laws and KYC details: I/We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. 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.

Applicable to NRIs only : 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.

If NRI, (please ✓) Repatriation basis Non-Repatriation basis

First / Sole Applicant /
Guardian / POA Holder /
Authorised Signatory

Second Applicant /
Guardian / POA Holder

Third Applicant / Guardian
/ POA Holder

Date

D	D	M	M	Y	Y	Y	Y
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DECLARATION

SIGNATURE(S)

STP - Instructions

- The STP Enrolment Form should be completed in English and in Block Letters only. Please tick (✓) in the appropriate box (□), where boxes have been provided. To start a STP, the STP Enrolment Form, complete in all respects, must reach at least 14 working days in advance at any of the Official Points of Transactions.
 - A single STP Enrolment Form can be used for one Scheme / Plan / Option only. Investor should use separate forms for more than one Scheme / Plan / Option.
 - Investors are advised to read the Key Information Memorandum / Statement of Additional Information / Scheme Information Document of the Transferee Scheme(s) carefully before investing. The Statement of Additional Information / Scheme Information Document / Key Information Memorandum(s) of the respective Scheme(s) are available with the ISCs / distributors and are also available on our website www.bnpparibasmf.in.
 - Unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) in the Transferee Scheme will be as per the existing folio number of the Transferor Scheme. The investor under MICRO SIP will not be able to opt for STP facility.
 - Facilities available:
STP offers unit holders the following two facilities:
 - Fixed Systematic Transfer Facility (FSTF) where investor can issue a standing instruction to transfer sums at Daily / Weekly / Fortnightly / Monthly / Quarterly (calendar quarter) intervals to plans / options within select schemes of the fund.
 - Capital Appreciation Systematic Transfer Facility (CASTF) where the investor can issue a standing instruction to transfer the entire capital appreciation from Transferor Scheme at Weekly / Fortnightly / Monthly / Quarterly intervals to designated Scheme(s) of the Fund. Both the facilities will offer transfers at weekly, fortnightly, monthly and quarterly intervals. Unit holder is free to opt for any of the above facilities and also choose the frequency of such transfers.
 - Schemes available for Daily STP:**
For the purpose of Daily STP following are the eligible Transferor Scheme(s) and Transferee Scheme(s):
Transferor Scheme(s): BNP Paribas Overnight Fund (an open ended liquid scheme), BNP Paribas Money Plus Fund (an open ended income scheme) and BNP Paribas Short Term Income Fund (an open ended income scheme).
Transferee Scheme(s): BNP Paribas Equity Fund (an open ended equity scheme), BNP Paribas Dividend Yield Fund (an open ended equity scheme), BNP Paribas Midcap Fund (an open ended equity scheme) and BNP Paribas Long Term Equity Fund (an open ended equity linked tax savings scheme)
 - Date of transfer / minimum amount of transfer:

FSTF / CASTF	Date of transfer	Minimum amount of transfer*
Daily (No CASTF)	Daily Interval (all Business Days) ^A	Rs. 1000 and in multiples of Re. 1 thereafter
Weekly	Transfer on 1st, 7th, 15th and 25th of a month	Rs. 1000 and in multiples of Re. 1 thereafter
Fortnightly	Transfer on 1st & 15th of a month	Rs. 1000 and in multiples of Re. 1 thereafter
Monthly	Transfer on 1st or 7th or 15th or 25th of a month	Rs. 1000 and in multiples of Re. 1 thereafter.
Quarterly	Transfer on 1st or 7th or 15th or 25th of the first month of a quarter (i.e. January, April, July, October)	Rs. 1000 and in multiples of Re. 1 thereafter.

^A Investors should note that in case of Daily STP, the commencement date for transfers shall be the 15th working day from the date of receipt of a valid request and thereafter, transfers shall be effected on all business days at NAV based prices, subject to applicable load. In case the Weekly / Fortnightly / Monthly / Quarterly STP execution date falls on non-business day, the next business day will be considered as date of transfer. In the event of an intervening non-business day STP triggers will not take place and consequently the total number of Daily STP installments opted by the investor will be adjusted to that extent i.e., For e.g. if the investor has opted for 50 installments and if 8 nonbusiness days happen to occur in the intervening period, then only 42 Daily STP installments shall be triggered.

*The minimum amount of transfer into BNP Paribas Long Term Equity Fund shall be Rs. 1000 & in multiples of Rs. 500 thereafter. BNP Paribas Long Term Equity Fund is an open ended equity linked tax savings scheme with a lock-in period of 3 years from the date of allotment of units. STP for an amount / value of units not in multiples of Rs. 500 shall be deemed as a transfer request for an amount which is equal to the nearest lower multiple of Rs. 500 and the balance amount, if any, shall remain invested in the Transferor Scheme.
- An investor will have to opt for a minimum of 20 installments under Daily option, 6 installments under Weekly, Fortnightly, Monthly option and 2 installments for Quarterly STP otherwise enrolment request shall be liable to be rejected.
 - An investor has to maintain minimum balance of Rs. 6000 in the opted Transferor Scheme at the time of enrolment of STP. If such minimum balance represented by clear units is not available, the application will be liable to be rejected.
 - An investor has to clearly specify the name & the option of the Transferor & Transferee scheme in the enrolment form. If name of the Transferor or Transferee Scheme is not stated or in case of any ambiguity STP enrolment request shall be liable to be rejected. In absence of information, the default option for Transferee scheme shall be growth option.
 - Load structure of the Transferor Scheme & Transferee Schemes as on the date of enrolment of STP shall be applicable.
 - An investor has to select any one facility i.e. FSTF or CASTF. In case, investor doesn't select any facility or in case of any ambiguity, the STP enrolment request shall be rejected. In case investor has selected any one of the facility but has not selected frequency and / or date or in case of any ambiguity, by default, monthly frequency & 7th day shall be considered as frequency & execution date respectively. **Investors should note that CASTF facility is not available for Daily STP.**
 - In FSTF, in case there is no minimum amount (as specified above) available in the unit holder's account for Transfer into Transferee Scheme, the transfer shall not be executed and the request of unit holder will stand withdrawn with immediate effect.
For Daily STP: If the outstanding balance in "Transferor Scheme" does not cover any of the intermittent Daily STP installment amount, all outstanding units will be liquidated and Daily STP effected for such outstanding balance and Daily STP terminated for subsequent installments. However, if the outstanding balance in "Transferor Scheme" does not cover the last installment under the Daily STP, no transfer shall be effected and Daily STP shall be terminated without effecting the last installment under Daily STP.
 - In CASTF, if there is no minimum appreciation amount in the Transferor scheme for the consecutive three installments, the STP request of the unit holder will stand withdrawn with immediate effect. The capital appreciation, if any, will be calculated from the enrolment date of the CASTF under the folio, till the first transfer date [e.g. if the unit holder has been allotted units on the 23rd of September and the date of enrolment for monthly CASTF is the 1st of November and the unit holder has opted for 15th of every month as the transfer date, capital appreciation, if any, will be calculated from the 1st of November to the 15th of November (first transfer date). Subsequent capital appreciation, if any, will be the capital appreciation between the previous CASTF date (where transfer has been processed) and the next CASTF date].
 - A request for STP will be treated as a request for redemption from the Transferor scheme and subscription into the selected Transferee scheme(s), option(s) / plan(s), at the applicable NAV, subject to load and statutory levy, if any.
 - In case of minor applicant, the guardian can opt for STP only till the date of minor attaining majority. AMC shall suspend the standing instruction of STP enrolment from the date of minor attaining majority by giving adequate prior notice. Further, once the minor attains majority, the guardian will not be able to undertake any financial and non-financial transactions including fresh registration of STP and the folio shall be frozen for the further operation till the time requisite documents for changing the status from minor to major is submitted to the Fund.
 - STP will be automatically terminated if all units are liquidated or withdrawn from the Transferor Scheme or pledged or upon receipt of intimation of death of unit holder.
 - The provision of 'Minimum redemption amount' specified in the Scheme Information Document of Transferor Scheme and 'Minimum application amount' specified in the Scheme Information Documents of the Transferee Schemes will not be applicable for STP.
 - Investors can also choose to terminate the STP by giving a written notice at least 7 Business Days in advance to the Official Points of Transactions. In case of Daily STP, termination shall be effected from 8th Business Day of receipt of valid request.
 - Investors should note that more than one STP (i.e. daily / weekly / fortnightly / monthly or quarterly STP) can be registered under same Plan / Option of the Transferor Scheme.
 - The Trustee / AMC reserve the right to change / modify the terms of the STP or withdraw this facility from time to time.
 - The enrolment form is subject to detailed scrutiny and verification. Applications which are not complete in all respect are liable for rejection either at the collection point itself or subsequently.