



App. No.

DISTRIBUTOR / BROKER INFORMATION To ensure to treat the application as "DIRECT" please do not leave the boxes below blank and read the instructions mentioned in 1(b))

Name and AMFI Reg. No. ARN- 34120	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	CAMS Serial No.
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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.

1. EXISTING UNITHOLDER INFORMATION (Please fill in your Folio No., Name, PAN & Bank Account details in Section 2 & 3, and then proceed to Section 5)

Folio No. _____ Unitholder's Name _____
 The details in our records under the Folio No. mentioned above will only be considered for this application.

2. PAN & KYC DETAILS (Mandatory, as per SEBI Regulations.) (See Instruction 2bi) & bii) on page 25)

First / Sole Applicant	PAN _____	Enclosed (✓)
Second Applicant	PAN _____	<input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof
Third Applicant	PAN _____	<input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof
Guardian**	PAN _____	<input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof
PoA Holder	PAN _____	<input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof

** If the Sole / First Applicant is a Minor then state Guardian's PAN Number

3. BANK ACCOUNT DETAILS (Mandatory, as per SEBI Regulations)

A/c. No. _____ A/c. Type (please ✓) Savings Current NRE NRO FCNR

Bank Name _____

Address _____

City _____ Pin Code _____

Branch _____ MICR Code _____ ◀ This is a 9 Digit No. next to your Cheque No.

RTGS / IFSC Code _____ NEFT / IFSC Code _____ ◀ IFSC code will be mentioned on your cheque leaf, else pls contact your bank branch.

All Redemptions / Dividend Payouts will be payable to the First Applicant at the City and Bank Account details mentioned above.

DIRECT CREDIT FACILITY (See instruction 3d on page 26. Please ✓ and indicate your preference) Cheque Payouts : I / We want to receive redemption/ dividend proceed by cheque / demand draft. RTGS / NEFT Default mode of payout will be RTGS / NEFT if IFSC code is provided

4. APPLICANT'S INFORMATION

Name of Sole / First Applicant (First / Middle / Last Name) _____ Title Mr. Ms. M/s Minor Others _____

Date of Birth* _____ * Required for First holder / Minor

Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors) _____ Title Mr. Ms. M/s Minor Others _____

Name of Second Applicant _____ Title Mr. Ms. M/s Minor Others _____

Name of Third Applicant _____ Title Mr. Ms. M/s Minor Others _____

Mode of Holding (please ✓) Single Joint* Anyone or Survivor (* Default, in case of more than one applicant and not ticked)

Address for Correspondence (P.O. Box Address is not sufficient) _____

City _____ Pin Code (Mandatory) _____ State _____

STD Code _____ Tel. Off. _____ Extn. _____

Mobile _____ Tel. Resi. _____ Fax _____

E-Mail _____

If you wish to receive all communication from us via e-mail, please ✓ here

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.

Occupation (please ✓) Service Professional Business Housewife Retired Student Agriculture Others _____

Status (please ✓) Individual HUF Company FIs NRI-Repatriation NRI-Non Repatriation Bank Proprietorship Firm Trust Society/Club Partnership Body Corporate On behalf of Minor Others _____ (please specify)

Overseas Address (Required for NRIs/FIs applicants in addition to mailing address) (P.O. Box Address is not sufficient) _____

DEBIT MANDATE (Royal Bank of Scotland N.V. Account Holders Only) - All applications with Debit Mandate to be submitted to (Royal Bank of Scotland N.V. Collection Centres Only)

I/We _____ (Name of the account holder)

authorise Royal Bank of Scotland N. V. to debit my/our A/c. No. _____

A/c. Type (please ✓) Savings Current NRE NRO FCNR with Rs. _____

Rs. (words) _____ and pay (name of Scheme) _____

_____ for purchase of Units. Date : _____

Debit Mandate No. _____

Authorised Signature _____

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Received from _____

Mr./Ms/M/s _____

an application for purchase of Units of _____ Scheme _____ Plan _____ Option _____

along with Cheque / DD No. _____ dated _____

drawn on (Bank) _____ A/c. No. _____

for Rs. _____ All purchases are subject to realisation of Cheques / DD.

App. No.

ISC Stamp, Date & Signature

MANDATORY

5. INVESTMENT & PAYMENT DETAILS – Separate Cheque / DD / Fund Transfer instruction required for investment in each Scheme / Plan / Option (MANDATORY)

Scheme Name **BNP Paribas** Plan Regular* Institutional Institutional Plus

Option (please ✓) Growth* Dividend Daily**** Dividend Weekly*** Dividend Monthly Dividend** Quarterly Dividend
 Half Yearly Dividend Fortnightly Dividend Annual Dividend

Dividend Mode (please ✓) Reinvest Payout ~

Investment Amount Rs. _____ Cheque / DD No. _____ Dated _____ / _____ / _____

Mode of Payment Cheque / Demand Draft / Fund Transfer DD charges, if any Rs. _____

Drawn on Bank _____
 Branch _____ A/c. No. _____

* Default Plan / Option if not ticked, except in **BNP Paribas Flexi Debt Fund**. For BNP Paribas Flexi Debt Fund, unless specified otherwise, the default Plan & Option shall be BNP Paribas Flexi Debt Fund - Regular Plan - Growth Option. ** Default Dividend Option if not ticked, except in BNP Paribas Flexi Debt Fund and BNP Paribas Bond Fund where the default Dividend Option is Quarterly Dividend Option & Annual Dividend Option respectively. *** With compulsory Dividend Re-investment except in case of BNP Paribas Money Plus Fund.**** With compulsory Dividend Re-investment ~ Default Dividend Mode except in case of **BNP Paribas Money Plus Fund** - Weekly Dividend Option. **Cheques / DD to be drawn in favour of the Scheme / Plan applied for.**

6. FOR THIRD PARTY PAYMENT (As specified on page 26)

Third Party Name _____
 PAN _____ Relationship with applicant _____
 KYC Acknowledgement attached (Please ✓)

7. NOMINATION (To be filled in by Individual(s) applying Singly or Jointly) (See instruction 5 on page 27)

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

Particulars	Nominee 1	Nominee 2	Nominee 3
Name	_____	_____	_____
Address	_____	_____	_____
Relationship with Applicant	_____	_____	_____
Date of Birth in case Nominee is minor	_____	_____	_____
# Percentage of Allocation/Share	_____	_____	_____

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. If the percentage allocation is not mentioned or is left blank then the AMC shall apply the default option of equal distribution among the multiple designated Nominees.

If Nominee is a Minor, details of the Guardian required : Name and Address of the Guardian

City _____ Pin Code _____
 State _____

Guardian's relationship with the Minor Nominee _____

Signature of Guardian _____

8. POWER OF ATTORNEY (PoA) HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish the details of PoA Holder)

Name of PoA Holder _____ Title Mr. Ms. M/s Others _____

PAN _____ Enclosed* (✓) PAN card proof KYC Confirmation proof

Signature of (PoA) Holder _____

9. DECLARATION & SIGNATURES

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 the Trustee of 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 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, 1988 Act 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.

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

Dated _____ / _____ / _____

SIGNATURE(S)

First / Sole Applicant / Guardian _____
 Second Applicant / Guardian _____
 Third Applicant / Guardian _____



**BNP PARIBAS
MUTUAL FUND**

BNP Paribas Asset Management India Private Limited
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 Fort, Mumbai 400 001 Tel. : 91-22 6656 0000
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For any further queries / correspondence, please contact :
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