

**All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.**
**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- 0906	ARN-			(As allotted by ARN holder)	E031087

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

**ZERO BALANCE FOLIO**  Zero Balance  Invest Now

**1. TRANSACTION CHARGES (Please ✓ any one of the below)**

(See Instruction 4 on page 10)

 I confirm that I am a first time investor across Mutual Funds.  I confirm that I am an existing investor in Mutual Funds.

**In case the subscription amount is ₹ 10,000 or more and your Distributor has opted to receive Transaction Charges, the same are deductible as applicable from the purchase/ subscriptions amount and payable to the Distributor. Units will be issued against the balance amount invested.**
**2. 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 
**3. PAN & KYC DETAILS (Mandatory, as per SEBI Regulations)**

(See Instruction 2bi &amp; bii on page 12)

	PAN	Proof Enclosed (✓)		For Micro Investment Applications		Date of Birth*
		PAN Card	KYC Confirmation	Supporting Document Type	Reference Number	
First / Sole Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Second Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Third Applicant	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian**	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PoA Holder	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant						
PoA Holder	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant						

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

\* Required for First holder / Mandatory for Minor

**4. APPLICANT'S INFORMATION**
 Mr.  Ms.  M/s  Minor  Others  Name of Sole / First Applicant (First / Middle / Last Name)  
 Mr.  Ms.  M/s  Others  Name of Second Applicant  
 Mr.  Ms.  M/s  Others  Name of Third Applicant  
 Mr.  Ms.  M/s  Others  Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual investors) / POA Holder

 Minor's Relationship with Guardian  Father  Mother  Legal Guardian

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

**5. FIRST / SOLE APPLICANT'S OTHER DETAILS**

(MANDATORY)

 a. Status (Please ✓)  Individual  Non-Individual

 Resident Individual  NRI-Repatriation  NRI-Non-Repatriation  Partnership  Trust  HUF  AOP  PIO  Company  FIs  Minor through Guardian  
 BOI  OCI  Body Corporate  LLP  Society/Club  FPI  Sole-Proprietorship  Non Profit Organisation  Others [Please specify] \_\_\_\_\_

 b. Occupation Details (Please ✓)  Private Sector Service  Public Sector Service  Government Service  Student  Professional  Housewife  Business [Nature of Business] \_\_\_\_\_  
 Retired  Agriculturist  Proprietorship  Others [Please specify] \_\_\_\_\_

 c. Gross Annual Income (Please ✓):  Below ₹ 1 Lakh  ₹ 1 - 5 Lakhs  ₹ 5 - 10 Lakhs  ₹ 10 - 25 Lakhs  ₹ 25 Lakhs - ₹ 1 Crore  > ₹ 1 Crore

OR

 Net Worth in Rupees (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on date  /  /  (Not older than 1 year)

 d. Politically Exposed Person (PEP) (Please ✓) (Also applicable for Authorised Signatories / Promoters / Karta / Trustee / Whole-time Directors):  I am PEP  I am related to PEP  Not Applicable

e. Investors involved / providing any of the mentioned services

 Wholesalers OR  Retailers in Precious Metals (In particular buying - selling Gold) and Gems  Wholesalers OR  Retailers in Luxury Cars  
 Wholesalers OR  Retailers in Boats  Wholesalers OR  Retailers in Race-horses  Wholesalers OR  Retailers in 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-doors 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

**NOTE: In case the INVESTOR is NOT an INDIVIDUAL, please provide Ultimate Beneficial Owner (UBO) details on page 19. If there is no UBO, please declare that the entity does not have anyone holding beneficial interest. Mandatory for Non-Individual Investors.**
**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 &amp; Signature

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

City										State					Country					Pin Code (Mandatory)									
STD Code					Tel. Off.					Extn.					Tel. Resi.					Fax									
Mobile										E-Mail					Default mode of communication														

If you wish to receive all communication from us via post or other means, please ✓ here

(See Instruction 1g on page 12)

Kindly ensure that the address for correspondence, e-mail address and telephone numbers mentioned above are those of the First Unitholder. These details shall be used for all communications.

I/We would like to register for online transaction facility. (Please use the I-PIN Agreement form attached in this document)

Overseas Address (P.O. Box Address is not sufficient)

Mandatory for NRI/FII Applicant														
Country														

## 6. SECOND APPLICANT'S DETAILS

a. Occupation Details (Please ✓)  Private Sector Service  Public Sector Service  Government Service  Student  Professional  Housewife  Business [Nature of Business] \_\_\_\_\_  
 Retired  Agriculturist  Proprietorship  Others [Please specify] \_\_\_\_\_

b. Gross Annual Income (Please ✓):  Below ₹ 1 Lakh  ₹ 1 - 5 Lakhs  ₹ 5 - 10 Lakhs  ₹ 10 - 25 Lakhs  ₹ 25 Lakhs - 1 Crore  > ₹ 1 Crore OR Net Worth ₹ \_\_\_\_\_

c. Politically Exposed Person (PEP) (Please ✓) (Also applicable for Authorised Signatories / Promoters / Karta / Trustee / Whole-time Directors):  I am PEP  I am related to PEP  Not Applicable

d. Investors involved / providing any of the mentioned services

- |   |   |
|---|---|
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Precious Metals (In particular buying - selling Gold) and Gems  | <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Luxury Cars |
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Boats   | <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Race-horses |
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Jewellery   |   |
| <input type="checkbox"/> Money Service Businesses (MSB) & their agents (excluding Banks)  | <input type="checkbox"/> Currency Dealers or Exchanges                                    |
| <input type="checkbox"/> Sellers for redeemers of traveler's cheques  |   |
| <input type="checkbox"/> Money Orders / remittance services   |   |
| <input type="checkbox"/> Pawn shops <input type="checkbox"/> Street market stall <input type="checkbox"/> Hotels <input type="checkbox"/> Restaurants <input type="checkbox"/> Internet cafes <input type="checkbox"/> Door-to-doors sales companies <input type="checkbox"/> Taxi <input type="checkbox"/> Bars <input type="checkbox"/> Night Clubs |   |
| <input type="checkbox"/> Second hand Goods Sales <input type="checkbox"/> Second hand vehicle dealers (excluding Automobile Franchise)  |   |
| <input type="checkbox"/> Casinos <input type="checkbox"/> Lotteries <input type="checkbox"/> Gambling Clubs <input type="checkbox"/> Slot machines <input type="checkbox"/> Antiques <input type="checkbox"/> Art Galleries <input type="checkbox"/> Art Dealers <input type="checkbox"/> Auctioneer <input type="checkbox"/> Art Expert              |   |

## 7. THIRD APPLICANT'S DETAILS

a. Occupation Details (Please ✓)  Private Sector Service  Public Sector Service  Government Service  Student  Professional  Housewife  Business [Nature of Business] \_\_\_\_\_  
 Retired  Agriculturist  Proprietorship  Others [Please specify] \_\_\_\_\_

b. Gross Annual Income (Please ✓):  Below ₹ 1 Lakh  ₹ 1 - 5 Lakhs  ₹ 5 - 10 Lakhs  ₹ 10 - 25 Lakhs  ₹ 25 Lakhs - 1 Crore  > ₹ 1 Crore OR Net Worth ₹ \_\_\_\_\_

c. Politically Exposed Person (PEP) (Please ✓) (Also applicable for Authorised Signatories / Promoters / Karta / Trustee / Whole-time Directors):  I am PEP  I am related to PEP  Not Applicable

d. Investors involved / providing any of the mentioned services

- |   |   |
|---|---|
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Precious Metals (In particular buying - selling Gold) and Gems  | <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Luxury Cars |
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Boats   | <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Race-horses |
| <input type="checkbox"/> Wholesalers OR <input type="checkbox"/> Retailers in Jewellery   |   |
| <input type="checkbox"/> Money Service Businesses (MSB) & their agents (excluding Banks)  | <input type="checkbox"/> Currency Dealers or Exchanges                                    |
| <input type="checkbox"/> Sellers for redeemers of traveler's cheques  |   |
| <input type="checkbox"/> Money Orders / remittance services   |   |
| <input type="checkbox"/> Pawn shops <input type="checkbox"/> Street market stall <input type="checkbox"/> Hotels <input type="checkbox"/> Restaurants <input type="checkbox"/> Internet cafes <input type="checkbox"/> Door-to-doors sales companies <input type="checkbox"/> Taxi <input type="checkbox"/> Bars <input type="checkbox"/> Night Clubs |   |
| <input type="checkbox"/> Second hand Goods Sales <input type="checkbox"/> Second hand vehicle dealers (excluding Automobile Franchise)  |   |
| <input type="checkbox"/> Casinos <input type="checkbox"/> Lotteries <input type="checkbox"/> Gambling Clubs <input type="checkbox"/> Slot machines <input type="checkbox"/> Antiques <input type="checkbox"/> Art Galleries <input type="checkbox"/> Art Dealers <input type="checkbox"/> Auctioneer <input type="checkbox"/> Art Expert              |   |

8. UNITHOLDING OPTION :  Physical Mode  Demat Mode (Physical mode is the default mode of holding in case demat account details are not provided.) (See Instruction 1f on page 11)

DEMAT ACCOUNT DETAILS - (Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. Demat Account details are compulsory if demat mode is opted above. In case the form is not filled, the default option will be physical mode.)

National Securities Depository Limited	Depository Participant Name										Central Depository Securities Limited	Depository Participant Name									
	Depository Participant (DP) ID											Depository Participant (DP) ID									
	Beneficiary Account Number											Beneficiary Account Number									

Enclosure (Any one is Mandatory) :  Client Investor Master (CIM)  Demat Account Statement

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

(See Instruction 3 on page 13)

A/c. No.																A/c. Type (Please ✓)	<input type="checkbox"/> Savings	<input type="checkbox"/> Current	<input type="checkbox"/> NRE	<input type="checkbox"/> NRO	<input type="checkbox"/> FCNR				
Bank Name																									
Address																									
	City										Pin Code (Mandatory)														
Branch	MICR Code										◀ This is a 9 Digit No. next to your Cheque No.														
IFSC Code	IFSC code will be mentioned on your cheque leaf, else please contact your bank.																								

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

I / We want to receive redemption/ dividend proceed by cheque / demand draft. (Please ✓)



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



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

**Scheme Name** BNP Paribas \_\_\_\_\_

**Plan** \_\_\_\_\_ Please refer instruction no. 4 f on page 13.

**Option** (please ✓)  Growth\*  Dividend  Dividend Mode (please ✓)  Reinvest  Payout  \* Default Option if not ticked

**Investment Amount** ₹ \_\_\_\_\_ **Cheque / DD No.** \_\_\_\_\_ **Dated** D D / M M / Y Y Y Y

**Mode of Payment**  Cheque  Demand Draft  Fund Transfer **DD charges, if any** ₹ \_\_\_\_\_ (Max as per SBI rates from time to time)

**Drawn on Bank** \_\_\_\_\_

**Branch** \_\_\_\_\_ **A/c. No.** \_\_\_\_\_

**Frequency** (please ✓)  Weekly SIP  Monthly# SIP  Quarterly# SIP (Calendar Quarter i.e., January, April, July and October) (# ECS available)

**SIP Date** Weekly SIP: 1st, 7th, 15th and 25th  
Monthly and Quarterly SIP (Please ✓ any one only):  1st  7th  10th  15th  25th  28th (of the month) [available w.e.f. August 1, 2014]

**Enrolment Period**  Regular From M M / Y Y Y Y To M M / Y Y Y Y  
 Perpetual From M M / Y Y Y Y To 0 1 / 2 0 9 9

**Each SIP Amount** ₹ \_\_\_\_\_ **No. of Instalments** \_\_\_\_\_ **Total Amount** ₹ \_\_\_\_\_ **First SIP Instalment via** : Cheque No. \_\_\_\_\_

**Drawn on Bank** \_\_\_\_\_

**Branch** \_\_\_\_\_ **A/c. No.** \_\_\_\_\_

**SECOND AND SUBSEQUENT INSTALMENT DETAILS**

SIP / SI THROUGH AUTO-DEBIT (ECS) - Please fill up SIP Auto Debit (ECS) Facility Form

SIP THROUGH POST-DATED CHEQUES

**Total Cheques** \_\_\_\_\_ **Cheque No. From** \_\_\_\_\_ **To** \_\_\_\_\_ **Dated From** D D / M M / Y Y Y Y **To** D D / M M / Y Y Y Y

**Drawn on Bank** \_\_\_\_\_

**Branch** \_\_\_\_\_ **A/c. No.** \_\_\_\_\_

**11. FOR THIRD PARTY PAYMENT (As specified on page 13)**

**Third Party Name** \_\_\_\_\_

**PAN** \_\_\_\_\_ **KYC Confirmation attached** (Please ✓)  **Relationship with applicant** \_\_\_\_\_

**12. NOMINATION - MANDATORY, even if no intention to nominate. Minor & PoA holder cannot nominate and should not fill this section. (See Instruction 5 on page 14)**

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	Relationship with Applicant	Date of Birth in case Nominee is minor	# Percentage of Allocation/Share	Nominee Signature
<b>Nominee 1</b>					
<b>Nominee 2</b>					
<b>Nominee 3</b>					
<b>Address</b>	Nominee 1	Nominee 2	Nominee 3		

\* 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 or is Ambiguous 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 \_\_\_\_\_ State \_\_\_\_\_ Pin Code (Mandatory) \_\_\_\_\_

**Guardian's relationship with the Minor Nominee** \_\_\_\_\_

Not Mandatory  
Signature of Guardian

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

1)  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

2)  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

## 14. 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 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 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 

D	D	/	M	M	/	Y	Y	Y	Y
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<b>SIGNATURE(S)</b>	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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**Details of Ultimate Beneficial Owners :** (please refer Instructions below)

<b>Sr. No</b>	<b>Name of Beneficial Owners</b>	<b>Nationality</b>	<b>Address</b>	<b>Identity proof</b> (Please enclose self-attested proof)*	<b>Ownership %</b>
1				PAN : _____ Other ID proof (if PAN not available) _____ (Please Specify)	
2				PAN : _____ Other ID proof (if PAN not available) _____ (Please Specify)	
3				PAN : _____ Other ID proof (if PAN not available) _____ (Please Specify)	
4				PAN : _____ Other ID proof (if PAN not available) _____ (Please Specify)	
5				PAN : _____ Other ID proof (if PAN not available) _____ (Please Specify)	
6				PAN : _____ Other ID proof (if PAN not available) _____ (Please Specify)	

If the above space is insufficient, please provide the information by way of an annexure, duly attested.

Pursuant to SEBI master circular vide ref. no. CIR/ISD/AML/3/2010 dated December 31, 2010 on anti-money laundering standards and guidelines on identification of Beneficial Ownership issued by SEBI vide its circular ref. no. CIR/MIRSD/2/2013 dated January 24, 2013, investors (other than Individuals) are required to provide details of Ultimate Beneficial Owner(s) ("UBO(s)") and submit proof of identity (viz. PAN with photograph or any other acceptable proof of identity prescribed in common KYC form) of UBO(s).

The Ultimate Beneficial Owner means:

• **For Investor other than individuals or trusts:**

A 'Natural Person', who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of / entitlements to:

- i. more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
- ii. more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership; or
- iii. more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

In cases where there exists doubt as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity details should be provided of the natural person who is exercising control over the juridical person through other means (i.e. control exercised through voting rights, agreement, arrangements or in any other manner). However, where no natural person is identified, the identity of the relevant natural person who holds the position of senior managing official should be provided.

• **For Trust:**

The settler of the trust, the trustees, the protector, the beneficiaries with 15% or more of interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

**Exemption in case of listed companies:**

The provisions w.r.t. Identification of UBO are not applicable to the investor or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company.

**Applicability for foreign investors:**

The identification of beneficial ownership in case of Foreign Institutional Investors (FIIs), their sub-accounts and Multilateral Funding Agencies / Bodies Corporate incorporated outside India with the permission of Government of India / Reserve Bank of India may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012.

**List of self-attested documents to be submitted along with the form:**

- (i) Copy of PAN card; or
- (ii) Copy of other identity proofs (any one)
  - Passport
  - Aadhaar card (UID)
  - Driving license
  - Voter Identity Card
  - Photo Identity card issued by any of the following: Central/State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities. Professional Bodies such as ICAL, ICWAL, ICSI, Bar Council etc. to their Members; and Credit cards / Debit Cards issued by Banks.

### COMMON CHECKLIST

**Please ensure that :**

- I. Non-resident Indians residing/ FPI (Foreign Portfolio Investors as defined under SEBI (Foreign Portfolio Investors) Regulations 2014) having place of business in the 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)..
- II. Your Application Form is complete in all respect, Name, Address & Contact Details are mentioned in full, signed by all applicants.
- III. Permanent Account Number (PAN) of all Applicants is mentioned.
- IV. Your bank account details are entered completely and correctly. **This is mandatory, if this is not included your application will be rejected.**
- V. Appropriate Plan / Option is selected. If the Dividend Option is chosen, Dividend Payout or Re-investment is indicated.
- VI. If units are applied for jointly, Mode of Operation of account is indicated.
- VII. Your investment Cheque / DD is drawn in favour of the respective Scheme dated and signed.
- VIII. Application Number is mentioned on the reverse of the Cheque / DD.
- IX. Documents as listed alongside are submitted along with the Application Form (as applicable to your specific case).
- X. Third Party Payment Declaration is submitted along with the Application Form.

Documents	Resident Individual	Companies / Body Corporates	Trusts	Societies	HUF	Partnership Firms	FIs	Investments through Constituted Attorney
1. Certificate of Incorporation / Registration		✓	✓			✓	✓	
2. Resolution / Authorisation to invest		✓	✓	✓		✓	✓	
3. List of Authorised Signatories with Specimen Signature(s)		✓	✓	✓		✓	✓	✓
4. Memorandum & Articles of Association		✓						
5. Trust Deed			✓					
6. Bye-Laws				✓				
7. Partnership Deed / Deed of Declaration					✓	✓		
8. Overseas Auditor's Certificate							✓	
9. Notarised Power of Attorney								✓
10. Proof of PAN	✓	✓	✓	✓	✓	✓	✓	✓
11. Proof of KYC complied	✓	✓	✓	✓	✓	✓	✓	✓

All documents in 1 to 7 above should be originals / true copies certified by the Director / Trustee / Company Secretary / Authorised Signatory / Notary Public.

### SIP AUTO DEBIT - CHECKLIST

- I. Please ensure that if you are an existing investor, you have quoted your Folio No. in the SIP Application Form.
- II. Investment Scheme / Plan / Option in which you wish to do systematic investments is clearly indicated in the SIP Application Form.
- III. The SIP Amount, the SIP Frequency, your preferred SIP Date and Period are clearly indicated in the SIP Application Form.
- IV. Your First SIP Cheque from the same bank from which you wish your Auto-Debits to happen is enclosed and the cheque details are clearly indicated in the SIP Auto Debit Facility Form.
- V. Your Bank Account Details are correctly and completely furnished including the 9 Digit MICR Code.
- VI. Cancelled Cheque leaf of the Bank Account mentioned in the SIP Auto Debit (ECS) Account to be attached.
- VII. In case of current account, please affix company's seal at columns "ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY)" and AUTHORISATION OF BANK ACCOUNT HOLDER section.
- VIII. Authorisation of Bank Account is signed in the same manner as your signatures in Bank Records.

### MICRO INVESTMENT - CHECKLIST

**Documents required for Micro SIP applications (any one of the following):**

Ref. No.	Documents
I.	Voter Identity Card
II.	Driving License
III.	Government / Defense identification card
IV.	Passport
V.	Photo Ration Card
VI.	Photo Debit Card
VII.	Employee ID cards issued by companies registered with Registrar of Companies
VIII.	Photo Identification issued by Bank Managers of Scheduled Commercial Banks / Gazetted Officer / Elected Representatives to the Legislative Assembly / Parliament
IX.	ID card issued to employees of Scheduled Commercial / State / District Co-operative Banks.
X.	Senior Citizen / Freedom Fighter ID card issued by Government.
XI.	Cards issued by Universities / deemed Universities or institutes under statutes like ICAI, ICWA, ICSI.
XII.	Permanent Retirement Account No (PRAN) card issued to New Pension System (NPS) subscribers by CRA (NSDL).
XIII.	Any other photo ID card issued by Central Government / State Governments / Municipal authorities / Government organizations like ESIC / EPFO.

In addition to the photo identification documents prescribed above, a copy of the proof of address which is self attested and also attested by the ARN Holder will be required.

### CHECKLIST FOR "APPLICATIONS ON BEHALF OF MINOR"

I.	Birth certificate of the minor, or School leaving certificate / Mark sheet issued by Higher Secondary Board of respective states, ICSE, CBSE etc., or Passport of the minor, or Any other suitable proof evidencing the date of birth of the minor / relationship.
II.	Copy of PAN of Guardian.
III.	KYC acknowledgement of Guardian.

**APPLICANT'S INFORMATION**

 Application Form No.  OR Folio No.   
 (For New Applicants) (For Existing Unit holders)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Minor <input type="checkbox"/> Others	<input type="text"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others	<input type="text"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others	<input type="text"/>
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others	<input type="text"/>

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

 E-Mail 

First / Sole Applicant - Proof Enclosed (✓) PAN KYC Letter PAN <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> Guardian** - Proof Enclosed (✓) PAN KYC Letter <input type="text"/> <input type="checkbox"/> <input type="checkbox"/>	Second Applicant - Proof Enclosed (✓) PAN KYC Letter <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> PoA Holder - Proof Enclosed (✓) PAN KYC Letter <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant	Third Applicant - Proof Enclosed (✓) PAN KYC Letter <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> PoA Holder - Proof Enclosed (✓) PAN KYC Letter <input type="text"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant
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\*\* If the Sole / First Applicant is a Minor then state Guardian's PAN Number

**ECS / STANDING INSTRUCTION DEBIT BANK ACCOUNT DETAILS (MANDATORY)** (Please read Terms & Conditions)

 I / We  hereby authorise BNP Paribas Mutual Fund/BNP Paribas Asset Management India Private Limited and their authorised service providers, to debit my/our following bank account by ECS (Debit Clearing) / Direct Debit / Standing Instruction for collection of SIP payments as per Terms and Conditions

 Name of Bank & Branch  City  A/c No. 

 A/c. Type (Please ✓)  Savings  Current  Cash Credit  NRE  NRO 9 Digit MICR Code  Mandatory Enclosure  Copy of Cancelled Cheque

 Scheme 

 Plan  Option 

 SIP Auto Debit Date (Please ✓ any one only):  1st  7th  10th  15th  25th  28th (of the month) [available w.e.f. August 1, 2014]

 Frequency  Instalment Amount ₹ 

 Enrolment Period  Regular From  To   
 Perpetual From  To 
**AUTHORISATION OF BANK ACCOUNT HOLDER [To be signed by Account Holder(s)]**

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit / Standing Instruction and that my payment towards my investment in BNP Paribas Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit / Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform BNP Paribas Mutual Fund/BNP Paribas Asset Management India Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit to my/our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond Bank's reasonable control and which has the effect of preventing the performance of the contract by the Bank. I/We acknowledge that no separate intimation will be received from Bank in case of non-execution of the instructions for any reasons whatsoever.

 Account Number 
**Banker's Attestation (For Bank use only):** Certified that the signature of account holder and the details of bank account and its MICR code are correct as per our records.

 Signature of Authorised  
 Official from Bank  
 (Bank Stamp and Date)

<b>SIGNATURE(S) (As in Bank Records)</b>	First Account Holder	Second Account Holder	Third Account Holder
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**THIRD PARTY PAYMENT DECLARATION (Should be enclosed with each payment)**

Payments by : Parent/Grand-Parents/Related Persons Other than the Registered Guardian  
 Payments to : To a Minor Folio only; In consideration of: Natural love and affection or as gift only  
 Maximum Value : Not Exceeding Rs 50,000/- (each regular purchase)

**Application and Payment Details** (All details below are **Mandatory**, including relationship, PAN & KYC):

Folio No.		Application Form No.										
Beneficial Minor's Name												
Investment Amount in ₹												
Payment Cheque No.				Dated	D	D	M	M	Y	Y	Y	Y
Cheque Drawn on Bank												
Cheque Drawn on A/c No.												

**Declaration and Signatures:**

	Parent/Grand-Parents/Related Persons Other than the Registered Guardian	Guardian of Minor, as registered in the Folio
Name		
Relationship with Minor		
Income Tax PAN		
KYC Acknowledgement	<input type="checkbox"/> Attached (Mandatory for any amount)	<input type="checkbox"/> Attached (Mandatory for any amount)
Declaration	I hereby declare and confirm the minor stated above is the beneficial owner of the investment details mentioned above and I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only.	I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the Minor.
Signature		
Contact Number		

**BANKER'S CERTIFICATE in case of Demand Draft / Pay Order / Any Other pre-funded instrument:**

To whomsoever it may concern, we hereby confirm the following details regarding the instrument issued by us:

**Instrument Details:**

Instrument Type	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order / Banker's Cheque
Instrument Number		Date
Investment Amount in ₹		
In Favour of / Favouring		
Payable At		

**Details of Bank Account Debited for issuing the instrument:**

Bank Account No.		Account Type
Account Holder Details	Name	Income Tax PAN
1.		
2.		
3.		

**If the issuing Bank branch is outside India:**

We further declare that we are registered as a Bank/branch as mentioned below:

Under the Regulator	Name of the Regulator
In the Country	Country Name
Registration No.	Registration Number

We confirm having carried out necessary Customer Due Diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws and other applicable relevant laws in our country

**Branch Manager/Declarant(s)**

Signature \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Postal code \_\_\_\_\_  
 Country \_\_\_\_\_ Contact Number : \_\_\_\_\_

Bank & Branch Seal \_\_\_\_\_

**Important Note:** It is clarified that the bankers certificate suggested above is recommendatory in nature, as there may be existing Bank Letters / Certificates / Declarations, which will confirm to the spirit of the requirements, if all required details are mentioned in the certificate.



**CUSTODIAN ON BEHALF OF AN FII OR CLIENT** (Should be enclosed with each Third party payment. See Instruction biii) on page 13)

To whomsoever it may concern

Application and Payment Details (All details below are **Mandatory**):

Folio No.													Application Form No.													
Beneficial Applicant/ Investor Name																										
Investment Amount in ₹																										
Payment Mode	<input type="checkbox"/> Cheque		<input type="checkbox"/> Fund Transfer				<input type="checkbox"/> RTGS				<input type="checkbox"/> NEFT															
Payment Cheque / UTR No.																	Dated	D	D	M	M	Y	Y	Y	Y	
Payment from Bank																										
Payment from A/c No.																										

We further declare that we are registered as a Custodian with SEBI under Registration No: \_\_\_\_\_

We confirm the beneficial owner as stated above and that this payment is issued by us in our capacity as Custodian to the Applicant/Investor. The source of this payment is from funds provided to us by the Applicant/Investor.

Signature of Declarant(s): \_\_\_\_\_

Name of Declarant(s): \_\_\_\_\_

Income Tax PAN: \_\_\_\_\_

Address of Declarant(s) \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

**PAYMENT BY EMPLOYER ON BEHALF OF EMPLOYEE** (Under Systematic Investment Plans or lump sum / one-time subscription, through Payroll deductions. Should be enclosed with each Third party payment. See Instruction biii) on page 13)

To whomsoever it may concern

We hereby declare that the Application Form No/s. \_\_\_\_\_ for subscription of units in \_\_\_\_\_

\_\_\_\_\_ (Name of the Scheme / Plan / Option) is accompanied by

Cheque No. \_\_\_\_\_ Dated \_\_\_\_\_

Drawn on \_\_\_\_\_ (Name of the Bank / Branch).

We confirm that the beneficial owner(s) of the investment in these units is/are \_\_\_\_\_

\_\_\_\_\_ (Name of the Employee/s, with employee number/s),

who is / are my / our employee/s and am providing the funds for these investments through the payroll deduction.

Signature of Declarant(s) \_\_\_\_\_

Name of Declarant(s) \_\_\_\_\_

Income Tax PAN \_\_\_\_\_ KYC Acknowledgement attached (Mandatory for any amount)

Address of Declarant(s) \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Signature of Beneficiary (ies) \_\_\_\_\_

Signature of Beneficiary (ies) \_\_\_\_\_

Please read the terms & conditions of Internet Personal Identification Number (I-PIN) on this page before signing the application form. Investors are requested to complete this form and send it to your nearest office of BNP Paribas Mutual Fund or Sundaram BNP Paribas Fund Services - Customer Care Centre (hereinafter referred to as "the Registrar"). On receipt of the same, an I-PIN will be sent to you at your registered e mail id.

I-PIN - is a mandatory requirement for transacting online in the Schemes of BNP Paribas Mutual Fund (hereinafter referred to as "the Fund"). The I-PIN will enable you to buy, sell or switch units and also place requests for non-financial transactions, at the click of a button.

We also offer you the facility of receiving electronic Account Statements on your below mentioned email id.

**Investor Information (As per the practice, we will issue I-PIN only to one person)**

Name																			
Folio No / s																			
Permanent Account No (PAN):																			
Mobile No.																			
Email Id																			

**Agreement for Internet Personal Identification Number - I-PIN**

This Agreement is made between BNP Paribas Asset Management India Private Limited, Investment Manager to BNP Paribas Mutual Fund, having its registered office at BNP Paribas House, 1 North Avenue, Maker Maxity, Bandra Kurla Complex, Bandra (East), Mumbai 400 051 (hereinafter referred to as "the AMC") and the investor (whose details are available in this agreement form hereinafter referred to as "the unit holder") (hereinafter referred to as the Agreement). The date of this agreement is indicated in the panel on Investor Information in this form. WITNESSTH:

**AND WHEREAS:** The AMC offers the facility of an Internet Personal Identification Number for the convenience of its unit holders to transact online;

**AND WHEREAS:** The Unitholder has indicated to avail of the I-PIN facility offered by the AMC, subject to the terms and conditions stated in the application form and has for this purpose, indicated to the Registrar the name of his/ her/ its Bank, Branch account Number;

**AND WHEREAS:** The AMC is willing to extend the I-PIN facility to the unitholder on the terms and conditions as set out herein;

Now THEREFORE, in consideration of the mutual understanding as set forth in this Agreement, the parties hereto agree to the following terms and conditions:

1. The I-PIN granted to the Unitholder pursuant to this Agreement shall be communicated to the Unit holder by an email along with user id and password. The Unit holder acknowledges and agrees that the AMC has no responsibility or liability whatsoever for the use of this e mail.
2. The following shall be the mode of operation of the I-PIN facility:
  - a) If the mode of operation is "Single" or "Anyone or Survivor", I-PIN will be issued to the Single investor or to the first unit holder mentioned in the folio as the case may be.
  - b) If the mode of operation is "Joint", I-PIN will be issued to the first unit holder mentioned in the folio.
  - c) If the unit holder is a minor, then Natural Guardian or the Legal Guardian shall be eligible to access online transaction facility till the minor attains majority.
  - d) If the unit holder is a non-individual investor like company, an institution/trust or body corporate, the authorized signatories registered in our records may designate any one of the authorised signatory to access online transaction facility.

The AMC reserves the right to call for additional information that may be required by the AMC from time to time.

3. The Unitholder may access the following services through the internet, using the I-PIN facility,
  - a) Purchase including switch in/ additional purchase of existing folios
  - b) Redemption including switch out
  - c) Access to NAV information

- d) Access to balance information Print Account Statements for the previous and current financial year in a client - independent standard format;
- e) Viewing portfolio & transaction inquiry;
- f) Links to the other Internet/web-sites of the Fund;
- g) Ability to email service requests to the Transfer Agent

The unit holder hereby agrees and confirms that the services mentioned hereinabove are only inclusive list and the AMC / Fund may add or remove any services it may in its absolute discretion decide, which services the unit holder may use the PIN facility to access and utilize.

4. The AMC/ Fund / Registrar will take best efforts to keep its website updated on a daily basis so as to provide most current information to unitholders. However, the Unitholder agrees that because of technical issues, it is possible that the website may not be functioning or updated, at times. The Unitholder also agrees that the look and feel of the Web screen and outputs there from may differ based on the nature of the software used by the unitholder to browse the website.
5. The AMC/ Fund/ Registrar shall take best efforts to protect security of the data placed on the Internet. However, the AMC may disclose in strict confidence to the other institutions any personal information as may be reasonably in order to comply with any legal directive, for fraud prevention, statutory reporting, audits or as may be required by regulatory authorities from time to time.
6. The AMC/ Fund/ Registrar shall ask the Unitholder for his /her/its I-PIN and Folio Number before accepting instructions on behalf of the AMC. The AMC/ Fund/ Registrar may wherever required in the interest of the Unit holder, may request additional confirmation including fax on the instructions received and shall not act until the further confirmation and additional confirmation is received from the Unitholder. In case, if the additional confirmation is sent via fax then fax indemnity provision stated in the SID shall also be applicable.
7. The Unit holder shall be responsible for safekeeping of the PIN and shall not disclose his / her /its I-PIN to any person and shall take all possible care to prevent discovery of the PIN by any person. The Unit holder shall not use his/her/its PIN after the disclosure of the same to any third party. In the event of accidental disclosure of the PIN to any third party or if the unitholder forgets his password, the Registrar may at the request of the unitholder and at its absolute discretion issue to the Unitholder a new I-PIN on these terms and conditions or under such terms and conditions, as the AMC/ Fund/ Registrar may deem fit. The Unitholder shall be fully liable to the AMC/ Fund/ Registrar for every transaction entered into using the I-PIN facility, whether with or without the knowledge of the Unitholder. The Unitholder hereby agrees to not hold the AMC/ Fund/ Registrar responsible for any liability, whatsoever against misuse of the I-PIN wherein the unitholder may have incurred a loss / damage.
8. The AMC/ Fund/ Registrar shall not be liable at all for any misuse if any, of any data placed on the Internet, by third parties "hacking" or unauthorized access of the servers or system breakdown or system failure by the AMC or the service providers. The Unit holder shall be solely responsible for