

COMMON APPLICATION FORMPlease read the Instructions before completing this Application Form.

App. No.

All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

Name and AMF	l Reg. No.	Sub Agent's	Name and AMFI Re	g. No. Banl	Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN- 58603	- VRIDH	I ARN-					(As allotted by ARN holder)	E 026768
Upfront commission shall be	e paid directly by	the investor to the	AMFI registered Distribu	tors based on the ir	vestors' assessm	ent of various factors incl	uding the service rendered	by the distributor.
I/We hereby confirm that the any interaction or advice be notwithstanding the advice of the distributor / sub broken	y the employee of in-appropriat	/ relationship manag	ger / sales person of th	e above distributor	/ sub broker or	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
TRANSACTION CHARGE Existing Investor -						am a first time invest	tor across Mutual Funds	s.
1. EXISTING INVE					T COMMITTI CHAC		ils in our records under the	Folio number mentioned
						6	e will apply for this application	
			I investors please f	ill Ultimate Bene	ficial Owner (UI	BO) details and subm	it with Application Form	
First / Sole Applicant Name:	○ Mr. ○ Ms		RST		MIDD	LE		LAST
PAN / PEKRN			Date of Bir	th* / Incorporation	D D M M	Y Y Y Y * Re	quired for First holder / Min	or
Name of Guardian (in o		• • •	a Minor) / Name of C	Contact Person (i	ncase of non-in	•		LAST
Guardian PAN / PEKRN					act No.			
	ehalf of Minor	" O Birth Certificate	○ School Certificate ○) Passport () Other	Relationship v	vith Minor (Mandatory)	Father Mother Co	urt Appointed Legal Guardian
Mailing Address								
City			State			P	in Code (Mandatory)	
Country			STD Code				I. Off.	
Overseas Address (Manda	tory for NRI / FII	Applicant) (See Instr	uction 2.ai) on page 21)					
						Country		
GO GREEN (Default m	node of Comm	unication) -	Mobile			E-Mail		
Resident NRI-Rep NRI - On Behalf of Mino Occupation: Private Defence Others (P Gross Annual Income (or OPIO/OCI Sector Service lease Specify	O HUF O Others Public Sector Se	(Please Specify)	Service Student	Non F	Profit Organisation Ot Housewife Busi	iness Retired Agric	
Second Applicant's D	etails	Mode of Holding	(please ✓)	Anyone or Surv	ivor (# Default, in	case of more than one a	pplicant and not ticked)	
Name: OMr. OMs.			FIRST		MIDI	DLE	LAST	
PAN / PEKRN			Date of Birth	D D M M	Y Y Y	Mobile		
Occupation Ovt. Sector						wife Business Retire > 1 Crore OR Net wort	d ○ Defence ○ Agriculturist h ₹	○ Forex Dealer ○ Others
Third Applicant's Det	ails							
Name: OMr. Ms.			FIRST		MIDI	DLE	LAST	
PAN / PEKRN				D D M M		Mobile		
Occupation OPvt. Sector			ov. Service O Housewife	Student O Prof	essional O House	wife Business Retire	d ○ Defence ○ Agriculturist	○ Forex Dealer ○ Others
Additional Details								
Additional Details			PEP) Status : (Also a Karta / Trustee / Whole		sed Are you		ny of the services ment	
First / Sole Applicant				ot Applicable				
Second Applicant				ot Applicable				
Third Applicant				ot Applicable	ag Gold) and Gon	ne A Luvury Care A	Boats • Race-horses	lowellon, Money
Service Businesses (MSB) Street Market stall	& their agents Hotels ● Resta	(excluding Banks) • aurants • Internet	Currency dealers or Cafes Door to door	Exchanges • S sales companies •	ellers for redeeme Taxi • Bars •	ers of traveler's cheques Night Clubs Secon	Money Orders/Remittance of the day of the d	services • Pawn shops cond hand vehicle dealers
3. POWER OF ATT	ORNEY (Po	A) HOLDER DE	「AILS (If the invest	ment is being ma	ade by a Consti	tuted Attorney, please	furnish the details of F	oA Holder)
First / Sole Applicant Mr. Ms.	M/s. Oth	econd Applicant	Third Applica				1	
PAN				PAN card proof	KYC Confirm	nation proof)	Signat	ure of (PoA) Holder
ACKNOWLEDGEME	NT SLIP (Ic	be filled in by the	ne Applicant)			^	App. No.	
Application form received for				onditions			ιρ ρ. Ν υ.	
Mr. / Ms. / M/s Instrument No.	Dated	Drawn on Bank	Account No.	Amount (Rs.)	Schen	ne / Plan / Option	ISC Stamp	Date & Signature
		Sii Baliit		22 (1.0.)	SSHOT	y Spudii		

4. INVESTMENT & PAY			<u> </u>	·			wish to inves	t (refer instruction 4)	(Mandatory)
Zero Balance Lumps	•	ion the fir	st purchase details below			<u> </u>			
Scheme Name / F	Plan / Option		Amount (₹)	Cheque/DD No	./UMRN	Bank / Branch	Pay	ment Mode	Account No.
BNP Paribas Regular Direct Gr Dividend Payout Di	rowth Oivide	nd						DD NEFT RTGS	
•	viderid ixellivest								
BNP Paribas Regular Direct Gr Dividend Payout Di	rowth Oivide	nd						DD NEFT RTGS	
BNP Paribas Regular Direct Gr	rowth O Divide	nd						DD NEFT RTGS	
	vidend Reinvest						U Funds Ira	nster O NACH	
Payment Type	rd Party Payment	◯ Third	Party Payment	(Pleas	e attach "Thi	rd Party Declaration	Form")	'	
F DEMAT ACCOUNT D	ETAILS /wafan	in a turn of	ion 46)						
5. DEMAT ACCOUNT D			•						
National Securities Depositor	·		ory Participant Name		7 5 6:				
Central Depository Services	` '	DP ID N				ry Account No.			
Investor willing to invest in Demat opti		py of the D	P Statement enabling us to r	natch the Demat de	tails as stated	in the Application Forr	n. In case the for	m is not filled, the default opt	ion will be physical mode
6. BANK ACCOUNT DE	TAILS (See	Instruct	tion 3 on page 23)					Mandatory, as per Sl	EBI Regulations)
Bank Name									
Bank A/c. No.				A/c. Type	Savings	○ Current ○ NRI	E ONRO	FCNR	
Branch Name				City				Pin Code	
		/0 D	igit No. poyt to your Chague No.] 1:111 Code [
MICR Code		(a Di	igit No. next to your Cheque No	IFSC Code					
7. FATCA DETAILS For	Individual & HI	IF (Man	datory) Non Individu	ual investors s	hould Mar	ndatorily fill sone	erate EATCA	detail form	
Details under Foreign Tax La			irst / Sole Applicant / G			Second Applicant			
Father's Name	1113.		ii st / ooie Applicant / G	ruui uiaii	•	occona Applicant		Third Applic	ant OPoA
Country and Place of Birth									
Nationality									
Are you a tax resident of any cour	try other than India	? Yes	s No If yes, plea	ase indicate all cou	ıntries in whi	ich you are resident f	or tax purposes	and the associated Tax ID	Numbers below:
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 inc	lividual is a citizen /	green card	d holder of The USA \$ It is	mandatory to supp	ly a TIN or fu	nctional equivalent if t	he country in wh	ich you are tax resident iss	ues such identifiers. If no
TIN is yet available or has not yet be	een issued, please p	rovide an	explanation and attach this	to the form.	•	·	,	•	
8. NOMINATION - MAN	DATORY, even	if no int	ention to nominate. Mi	nor & PoA hold	ler cannot	nominate and sho	ould not fill t	nis section (See Instru	ction 5 on page 24)
1 I/Ma da nat wish ta namin	SICNATI	IDE(C)	First / Cala A	anliaant		Cocond Applica	and a	Third A	nliaant
1. I/We do not wish to nomir	nate SIGNATU	IKE(3)	First / Sole Ap			Second Applica		Third Ap	pplicant
2. Having read and understood the	instruction for Nomi	nation, I / \	We hereby nominate the per-	son(s) more particu	larly describe	d hereunder in respec	t of the Units un	der the Folio held by me/us	n the event of my death.
		Nor	minee Name			Date of Birth [^]	Allocation %#	Guardian Si	gnature^
Nominee 1									
Nominee 2									
Nominee 3									
	no indicate the re-	nonto	of allocation / share for	h of the namine	in whole ****	mhoro only with a	nu dooimala	king a total of 400 mars	ant .
^ In case Nominee is minor. # Plea		bentage o	n allocation / snare for eac	ii oi trie nominees	III WHOIE NUI	inpers only without a	ny decimals ma	iking a total of 100 per ce	ent.
9. DECLARATION & SI									
I / We am / are not prohibited from acce confirm and declare as under:- (1) I / W									
('Fund') indicated above. (2) I / We am									
Scheme(s) is through legitimate source this application form is true and correct									
Registrars and Transfer Agent (RTA) in									
liable for the consequences arising ther									
Advisor and to verify my / our bank deta together with the current application wil									
Trustee, RTA and other intermediaries i	n case of any dispute	regarding t	the eligibility, validity and autho	rization of my/our tra	insactions. (8)	The ARN holder (AMFI	registered Distrib	utor) has disclosed to me / us	all the commissions (in the
form of trail commission or any other m / WE HAVE NOT BEEN OFFERED / CI									EREBY CONFIRM THAT
I / We also confirm that I / We have read							JOINT OIL THE	CIMENI.	
Applicable to Foreign Nationa	als Resident in In	dia only	: I/We will redeem my/our entir			e my / our Indian residen	ncy status. I/We st	nall be fully liable for all conseq	uences (including taxation
arising out of the failure to redeem on a				markate under en : -	rdor / rulina / :-	idament etc. of anima	ulation includir -	SERI I / Wa confirm that are -	polication is in compliant
Applicable to NRIs / PIO / OC with applicable Indian and foreign laws.		Yes	No If yes, (✓)	Repatriation ba		iagment etc., of any regi n-Repatriation basis	uiation, including	סבם. ו / vve coniirm that my a	pplication is in compliance
Dated						-1			
Daidu			ant / Guardian / orised Signatory	Second A	pplicant / Gu	uardian / POA Holder		Third Applicant / Guardian	n / POA Holder
	FUA HOI	uei / AUIN	ionacu oignatury						







<i>A</i> .	CS/NACH/SI _{UMRN} Iandate		Date D M M Y Y Y
	Sponsor Bank	k Code	Utility Code
Tick (✓)	_		
CREATE ✓	I/We hereby authorize	BNP PARIBAS MUTUAL FUNI	to debit (tick√) SB CA CC SB-NRE SB-NRO Other
MODIFY	1		
CANCEL	Bank a/c number		
with Bank	Name of ct	ustomers bank IFSC	or MICR
an amount of			₹
FREQUENCY	′⊠ Mthly- ⊠ -Qtly- ⊠	H-Yrly ☑ Yrly ☑ As & when presented	DEBIT TYPE
Reference 1			Phone No.
Reference 2			Email ID
I agree for the	e debit of mandate processing	charges by the bank whom I am authorizing to debit	it my account as per latest schedule of charges of the bank.
I PERIOD -			•
From D	D M M Y Y Y	Y	
То	D M M Y Y Y	Y Signature Primary Account holder	Signature of Account holder Signature of Account holder
Or 🗆	Until Cancelled	1. Name as in bank records 2	Name as in bank records 3. Name as in bank records
This is a second		CH	- Harrist A. Commont to debit many comments beared on the instructions of comments and cineral bursas.

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit.

Instructions to fill One Time Mandate (OTM)

- 1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- 3. Unit holder(s) need to provide, along with the mandate form, an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. Please mention the Name of the Bank, Branch, and IFSC/MICR code in the OTM form. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- 4. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of BNP Paribas Mutual Fund.
- 5. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- 6. Utility Code of the Service Provider will be mentioned by BNP Paribas Mutual Fund
- 7. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- 8. For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- 9. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.



SIP AUTO DEBIT (ECS / NACH / SI) FACILITY: REGISTRATION CUM MANDATE FORM

			N [refer instruction 1(b)]					
Name and AMF	I Reg. No.	Sub Agent	t's Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No	. Sub-Broker	r Code	EUIN
ARN- 58603	- VRIDHI	ARN-				(As allotte ARN hold		E 026768
			ne AMFI registered Distributors bas			including the service	e rendered by	y the distributor.
y interaction or advice b twithstanding the advice the distributor / sub broke	y the employee / r of in-appropriatene er.	elationship ma ess, if any, pro	ly left blank by me / us as this tran inager / sales person of the above vided by the employee / relationsh atory, if left blank, the ap	e distributor / sub broker o nip manager / sales person	/ Guardian / POA Ho / Authorised Signat	lder / Guardian / P		Third Applicant / Guardian / POA Holder
me of Sole / First Unit			rst Name	Middle N			Last Nan	me
lio No.					Applicat	ion No		
de of Holding (please	✓) Single	Joint Anv	rone or Survivor		• • • • • • • • • • • • • • • • • • • •	t Unit Holder)		
bile No. +91	,g		E-mail ID		,	,		
. SYSTEMATIC	INVESTMEN	T PI AN D	ETAILS					
neme / Plan / Option			72 17 (120					
equency (Please ✓)	Weekly SIF	Mon	thly# SIP Quarterly#	SIP (Calender Quarter i.e	. January, April, July and	l October)		(#ECS available)
Date	Weekly SIP (Mono	lay to Friday):	Day of transfer	Monthly and Quart	erly SIP: Preferred Deb	t Date (Any date exc	ept 29th, 30t	th and 31st)
rolment Period	Regular F	rom M M	/ Y Y Y Y To M M	/	erpetual From M	M / Y Y Y	Y To C	0 1 / 2 0 9 9
ch SIP Amount	₹	No	o. of instalments Total	Amount ₹	First SIP In	stalment via: Che	que No.	
wn on Bank				1			, ,	
nch				A/c.	No.			
Top UP (Optional)	Top Up Amount*	Amount ii	n multiples of ₹ 500 only	Тор	p Up Frequency	Half Yearly \(\square\)	Yearly*	
m BNP Paribas Mutual a undertake to keep suff elayed or not effected a ness day as per the M ual Fund. Bank shall no	Fund/ BNP Pariba ficient funds in the at all for reasons of utual Fund, execu to be liable for, nor	saction is delay as Asset Mana funding accour incomplete or tion of the SIF be in default I	yed or not effected at all for reason gement India Limited, about any often the office of the date of execution of stans incorrect information, I would not will happen on the day of holida by reason of, any failure or delay	ns of incomplete or incorre changes in my bank accou- ding instruction. I hereby d hold the Mutual Fund or iny and allotment of units w in completion of its obliga	is to make payments re cct information, I/We wo unt. I/We have read and eclare that the particula the Bank responsible. It will happen as per the tions under this Agreen	ferred above through uld not hold the user agreed to the terms rs given above are c the date of debit to ferms and Condition ent, where such fail	n participation r institution res s and conditi correct and co my/ our acco as listed in the lure or delay	tions mentioned overleaf. omplete. If the transaction ount happens to be a non he Offer Document of the r is caused, in whole or in
rm BNP Paribas Mutual e undertake to keep suff elayed or not effected a iness day as per the M ual Fund. Bank shall not t, by any acts of God, or e majeure events, or ar separate intimation will	Fund/ BNP Paribaticient funds in the it all for reasons of utual Fund, execut be liable for, nor civil war, civil community other cause of perfective from Executive from E	saction is delay as Asset Mana funding accour incomplete or tion of the SIF be in default I notion, riot, stri eril which is b sank in case o	yed or not effected at all for reason gement India Limited, about any on the date of execution of stand in incorrect information, I would not will happen on the day of holide by reason of, any failure or delay ike, mutiny,revolution, fire, flood, for eyond Bank's reasonable control of non-execution of the instructions	ns of incomplete or incorrechanges in my bank accouding instruction. I hereby dhold the Mutual Fund or any and allotment of units vin completion of its obligation, war, lightening, earthquand which has the effect of any reasons whatsoer	is to make payments re- cct information, I/We wo unt. I/We have read and eclare that the particula- the Bank responsible. It will happen as per the tions under this Agreen uake, change of Gover f preventing the perform	ierred above through uld not hold the user: agreed to the term: rs given above are c the date of debit to ferms and Condition ent, where such fail nment policies, Una nance of the contrac	n participation r institution res s and conditi correct and co my/ our acco as listed in the lure or delay vailability of	on in ECS (Debit Clearing) esponsible. I /We will also tions mentioned overleaf. omplete. If the transaction ount happens to be a non he Offer Document of the ris caused, in whole or in Bank's computer system.
orm BNP Paribas Mutual e undertake to keep suffelelayed or not effected a siness day as per the M tual Fund. Bank shall nt t, by any acts of God, o majeure events, or ar separate intimation will GNATURE AS P o be signed as per M	Fund/ BNP Paribaticient funds in the tall for reasons of utual Fund, executed be liable for, nor will will war, civil common your other cause of pereceived from EER BNP PAR ode of Holding)	saction is delay as Asset Mana funding accour incomplete or tion of the SIF be in default I notion, riot, stri eril which is b sank in case o	yed or not effected at all for reason gement India Limited, about any on the date of execution of stand in incorrect information, I would not will happen on the day of holide by reason of, any failure or delay ike, mutiny,revolution, fire, flood, for eyond Bank's reasonable control of non-execution of the instructions	ns of incomplete or incorrectanges in my bank accouding instruction. I hereby dhold the Mutual Fund or ity and allotment of units vin completion of its obligation, was ignored which has the effect of or any reasons whatsoer	is to make payments re- cct information, I/We wo int. I/We have read and eclare that the particula the Bank responsible. It will happen as per the tions under this Agreen uake, change of Gover f preventing the perforr ver. RE AS PER BAN I by all holder if Mod	ferred above through uld not hold the user agreed to the term is given above are control ferms and Condition ent, where such fail mment policies, Una nance of the contract KRECORDS	n participation restitution res and conditi to receive and conditi to receive and community our account listed in the receive and the receive	in in ECS (Debit Clearing) esponsible. I We will also clions mentioned overleaf. omplete. If the transaction ount happens to be a non ne Offer Document of the ris caused, in whole or in Bank's computer system, lik. I/We acknowledge that
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This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit.