

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-	ARN-			(As allotted by ARN holder)	

Upront 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 12):
 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

D	D	M	M	Y	Y	Y	Y
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 * 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 17) _____

Country _____

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

Tax Status:

Individual	Non-Individual
<input type="radio"/> Resident <input type="radio"/> NRI-Repatriation <input type="radio"/> NRI-Non Repatriation <input type="radio"/> Sole-Proprietorship <input type="radio"/> On Behalf of Minor <input type="radio"/> NRI - On Behalf of Minor <input type="radio"/> PIO / OCI <input type="radio"/> HUF <input type="radio"/> Others (Please Specify) _____	<input type="radio"/> Company <input type="radio"/> Trust <input type="radio"/> Society / Club <input type="radio"/> Partnership / LLP <input type="radio"/> AOP / BOI <input type="radio"/> FPI <input type="radio"/> Non Profit Organisation <input type="radio"/> 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

D	D	M	M	Y	Y	Y	Y
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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

D	D	M	M	Y	Y	Y	Y
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Mobile _____

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

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

Additional Details

Politically Exposed Person (PEP) Status : (Also applicable for authorised signatories / Promoters / Karta / Trustee / Whole time Directors)	Are you / entity involved in any of the services mentioned below? If yes write down it in the following box
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 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 19) (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 _____

7. FATCA DETAILS For Individual (Mandatory) Non Individual investors including HUF 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
Place & Country of Birth			
Nationality	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify)	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify)	<input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify)
Address Type	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business	<input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business
Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide information below)			
Country of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify)	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify)	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify)
Country of Tax Residency			
Tax Identification Number or Functional Equivalent			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify)	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify)	Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify)

Reason A: The country where Account Holder is liable to pay tax does not issue TIN to its residents
Reason B: No TIN Required (Select this only if the authorities of the respective country of tax residents do not require the TIN to be collected)
Reason C: others, please specify the reason above

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 20)

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 ^A	Allocation % [#]	Guardian Signature ^A
Nominee 1			
Nominee 2			
Nominee 3			

^A 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

Please (✓) SIP Registration SIP Renewal SIP Cancellation SIP - Change in Bank Details

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-	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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1. APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected)

Name of Sole / First Unit Holder First Name Middle Name Last Name

Folio No. Application No.

Mode of Holding (please ✓) Single Joint Anyone or Survivor PAN (First Unit Holder)

Mobile No. +91 E-mail ID

2. SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option

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

SIP Date Weekly SIP (Monday to Friday): Day of transfer Monthly and Quarterly SIP: Preferred Debit Date (Any date except 29th, 30th and 31st)

Enrolment Period Regular From To Perpetual From 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.

SIP Top UP (Optional) Top Up Amount* Amount in multiples of ₹ 500 only Top Up Frequency Half Yearly Yearly*

3. DECLARATION & SIGNATURES

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 hereafter. 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, lightning, 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.

SIGNATURE AS PER BNP PARIBAS MUTUAL FUND (To be signed as per Mode of Holding)	
Sole/First Applicant/Guardian	<input type="text"/>
Second Applicant (Not applicable if first applicant is minor)	<input type="text"/>
Third Applicant (Not applicable if first applicant is minor)	<input type="text"/>

SIGNATURE AS PER BANK RECORDS (To be signed by all holder if Mode of Operation in the Bank is Joint)	
Sole / First Holder	<input type="text"/>
Second Holder	<input type="text"/>
Third Holder	<input type="text"/>

ECS/NACH/SI Mandate UMRN Date

Sponsor Bank Code Utility Code

Tick (✓) CREATE MODIFY CANCEL

I/We hereby authorize **BNP PARIBAS MUTUAL FUND** to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY Mthly Qtrly H-ly Y-ly As & when presented DEBIT TYPE Fixed Amount Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD From To

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 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.

SIP - INSTRUCTIONS

- The SIP Enrolment Form should be completed in English and in Block Letters only. Please tick (✓) in the appropriate box (□), where boxes have been provided. The SIP Enrolment Form, complete in all respects, should be submitted to any of the Official Points of Acceptance of Transactions.
- A single SIP Enrolment Form can be used for one Scheme / Plan / Option / SIP Date only. Investor should use separate forms for more than one Scheme / Plan / Option.
- Existing unit holders are required to submit only the SIP Enrolment Form. Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing folio number.
- New investors who wish to enroll for SIP are required to fill the Common Application Form and SIP Application Form. New investors are advised to read the Key Information Memorandum(s) and Scheme Information Document carefully before investing and the same are available with the ISCs / distributors.
- To start an SIP, an investor has to provide the specified number of postdated cheques in advance, for the minimum amount for the facility chosen by the investor (as given in instruction no. 9). The 1st cheque can be of any date but the subsequent cheques should be of the same amount and same date. The enrolment form should reach at least 30 days before the due date at any of the Official Points of Acceptance of Transactions.
- Under SIP the investor can for a continuous period of time invest a fixed amount at regular intervals for purchasing additional Units of the Scheme(s) at the Applicable NAV, subject to applicable Load.
- SIP offers investors the following three facilities and the minimum application amount for SIP will be as follows:
 - Weekly Systematic Investment Facility (WSIF):** ₹ 500/- and in multiples of ₹ 1/- thereafter on a weekly basis by providing in advance a minimum of 6 post-dated cheques.
 - Monthly Systematic Investment Facility (MSIF):** ₹ 500/- and in multiples of ₹ 1/- thereafter on a monthly basis by providing for a minimum of 6 installments.
 - Quarterly Systematic Investment Facility (QSIF):** W.e.f. August 1, 2014 ₹ 500/- and in multiples of ₹ 1/- thereafter on a quarterly basis by (i.e., January, April, July, October) providing for a minimum of 6 installments.

The minimum investment amount required under SIP facility of BNP Paribas Long Term Equity Fund for WSIF or MSIF or QSIF will be ₹ 500 and in multiples of ₹ 500 thereafter.

Accordingly, the provision for SIP facility which requires the standing instruction for SIP (including Post Dated Cheque (PDC) or Auto Debit / NACH) to be such that the criteria of minimum application amount of that particular scheme in which investment is intended via SIP facility is complied with, shall no longer be applicable.
- Post-dated cheques for SIP should be dated 1st or 7th or 15th or 25th of a month under WSIF. For MSIF it should be either 1st or 7th or 10th or 15th or 25th or 28th of a month or first month of each quarter under QSIF (e.g. 1st or 7th or 10th or 15th or 25th or 28th of January, April, July and October). In case the date falls on a Non-Business Day or falls during a book closure period, the immediate next Business Day will be considered for the purpose of determining the applicability of NAV subject to the realization of cheques. Units will be allotted on the above applicable dates. If both from date and SIP date is not ticked in the SIP investment application, 7th of every month shall be considered as default SIP date.
- Applicable Load Structure for SIP (For All Schemes):**

Entry Load: Nil

The provisions of Exit Load as applicable to the normal investments as on the date of enrollment will be applicable to fresh SIP investments.
- Separate SIP Enrolment Forms are required to be filled for WSIF, MSIF and QSIF.
- The cheques should be drawn in favour of the respective "Scheme / Plan / Option" and crossed "A/c Payee Only" and must be payable at the locations where applications are submitted at the Official Points of Acceptance of Transactions. Unit holders must write the SIP Enrolment Form number, if any, on the reverse of the cheques accompanying the SIP Enrolment Forms. Outstation cheques will not be accepted and applications accompanied by such cheques are liable to be rejected. No cash, money orders or postal orders will be accepted.
- Returned cheque(s) will not be presented again for collection. In case of bouncing of cheque / no credit receipt for SIP for 3 consecutive times, such SIP application shall be cancelled. In case, the reason mentioned by the respective bank for returning the cheque is 'A/C Closed', the SIP will stand cancelled immediately on receipt of this feed from the respective banks.
- Investors have the right to discontinue the SIP facility at any time by sending a written request to any of the Official Points of Acceptance of Transactions. Such notice should be received at least 14 days prior to the due date of the next cheque. On receipt of such request, the SIP facility will be terminated and the remaining un-utilised post-dated cheque(s) will be returned to the investor.
- The enrolment period of SIP will be as per the instruction given by the investor. In case it is instructed to continue SIP "Till instruction to discontinue the SIP is submitted" investors will have to submit SIP cancellation request to discontinue the SIP. In case of any ambiguity in enrolment period or if the end date of SIP is not mentioned, the default period for SIP will be 5 years.
- In case investor has not selected any frequency or incase of any ambiguity, monthly frequency shall be considered as default option. Similarly, 7th day shall be considered as default execution date. In case of any ambiguity in the enrolment form, the SIP enrolment request shall be liable to be rejected.
- In case of minor application, AMC will register standing instructions till the date of the minor attaining majority, though the instructions may be for a period beyond that date. Prior to minor attaining majority, AMC shall send advance notice to the registered correspondence address advising the guardian and the minor to submit an application form along with prescribed documents to change the status of the account to "major". The account shall be frozen for operation by the guardian on the day the minor attains the age of majority and no fresh transactions shall be permitted till the documents for changing the status are received.
- The Trustee / AMC reserves the right to change / modify the terms of the SIP. The above load structure will be in force till further notice. This load structure is subject to change and may be imposed / modified prospectively from time to time, as may be decided by the Trustee / AMC from time to time.
- If no start date is mentioned by the investors, the SIP will be registered to start from a period after 30 days from the date of submission of the application form.

The terms and conditions for availing the 'Top-Up SIP' shall be as follows:

- Frequency for Top-Up SIP**
 - For Monthly SIP:**
 - Half Yearly Top-Up SIP: Under this option, the amount of investment through SIP installment shall be increased by amount chosen / designated by Investor post every 6th (sixth) SIP installment.
 - Yearly Top-Up SIP: Under this option, the amount of investment through SIP installment shall be increased by amount chosen / designated by Investor post every 12th (twelfth) SIP installment.
 - For Quarterly SIP:**
 - Yearly Top-Up SIP: Under this option, the amount of investment through SIP installment shall be increased by amount chosen / designated by Investor post every 4th (fourth) SIP installment. In case the investor who has registered under Quarterly SIP opts for Half Yearly Top-Up SIP, the same shall be registered and processed as Yearly Top-Up SIP.
- Minimum Top-Up SIP Amount:**
₹ 500 and in multiples of ₹ 500 thereafter.
- Default Top-Up SIP Frequency and amount:**
In case the investor fails to specify either the frequency or amount for Top-Up SIP, the same shall be deemed as Yearly Top-Up SIP and ₹ 500 respectively and the application form shall be processed accordingly. In case the investor fails to specify both, i.e. the frequency for Top-Up SIP and amount for Top-Up SIP, the application form may be processed as conventional SIP, subject to it being complete in all other aspects.
- Top-Up SIP shall be available for SIP Investments only through NACH / ECS (Debit Clearing) / Direct Debit Facility only. Top-Up SIP shall not be available under SIP facility availed by Investors through Standing Instructions / PDCs or investing through Channel Partners or through Stock Exchange Platforms.
- Top-Up SIP facility shall not be available under Weekly SIP option.
- Top-Up SIP facility can be availed by the investors only at the time of registration of SIP or renewal of SIP.
- Investors should note that for modification of any of the details of Top-Up SIP details, the existing SIP with Top-Up facility shall be required to be cancelled and investor would be required to enroll a fresh SIP with modified Top-Up facility details.

Declaration: I / We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH / ECS / Direct Debit / Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I / We further hereby agree and acknowledge that I / we will not hold the AMC and/or responsible for any delay and / or failure in debiting my bank account for reasons not attributable to the negligence and / or misconduct on the part of the AMC I / We hereby declare and confirm that, irrespective of my / our registration of the above mobile number in the 'DO NOT DISTURB (DND)', or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I / We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my / our aforementioned bank account(s). I / We hereby agree to abide by the terms and conditions that may be intimated to me / us by the AMC / Bank with respect to the NACH / ECS / Direct Debit / SI from time to time.

Authorisation to Bank: This is to inform that I / We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my / our investments in the Schemes of BNP Paribas Mutual Fund shall be made from my / our above mentioned bank account with your Bank. I / We hereby authorize the representatives of BNP Paribas Asset Management India Private Limited, Investment Manager to BNP Paribas Mutual Fund carrying this mandate form to get it verified and executed. I / We authorize the Bank to debit my / our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my / our participation in NACH / ECS / Direct Debit / SI.