



Enrolment Form No. _____

DISTRIBUTOR / BROKER / SCBS INFORMATION (To ensure to treat the application as "DIRECT" please do not leave the boxes below blank and read the instruction 2)

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

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.

Sub-broker Code (As allotted by ARN holder)	EUIN	I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.
SIGNATURE(S)		

First / Sole Applicant / Guardian	Second Applicant / Guardian	Third Applicant / Guardian
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Existing Folio No.									
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Name of the First / Sole Applicant	PAN	
	Enclosed* (✓) <input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof	
Name of the Guardian** (in case of First / Sole Applicant is a minor)	PAN	
	Enclosed* (✓) <input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof	
Name of the Second Applicant	PAN	
	Enclosed* (✓) <input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof	
Name of the Third Applicant	PAN	
	Enclosed* (✓) <input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof	
Name of the PoA Holder	PAN	
	Enclosed* (✓) <input type="checkbox"/> PAN card proof <input type="checkbox"/> KYC Confirmation proof	

** If the Sole / First Applicant is a Minor then state Guardian's PAN Number. *See Instruction 23 overleaf.

STP DETAILS

Transfer From (Transferor Scheme)		Transfer To (Transferee Scheme)	
Name of Scheme			
Plan			
Option			
Frequency (Please ✓ any one)	<input type="checkbox"/> Weekly STP <input type="checkbox"/> Fortnightly STP <input type="checkbox"/> Monthly STP (Default) <input type="checkbox"/> Quarterly STP	(Refer instruction 12 overleaf)	
STP Date	Weekly STP 1st, 7th, 15th and 25th	Fortnightly STP 1st and 15th	Monthly and Quarterly STP (Please ✓ any one only) <input type="checkbox"/> 1st of the month <input type="checkbox"/> 7th* of the month <input type="checkbox"/> 15th of the month <input type="checkbox"/> 25th of the month *Default. (Refer instruction 12 overleaf)
Enrolment Period	From DD / MM / YYYY To DD / MM / YYYY		

Amount of Transfer per Week / Fortnight / Month / Quarter	Fixed Amount Rs. _____	OR	<input type="checkbox"/> Capital Appreciation
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Contact Details	STD Code _____	Tel. Off. _____	Extn. _____
Mobile _____	Tel. Resi. _____	Fax _____	

E-Mail _____

If you wish to receive all communication from us via post or other means, please ✓ here (See instruction 21 overleaf)

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

DECLARATION	Having read and understood the contents of the Statement of Additional Information / Scheme Information Document of the Scheme of BNP Paribas Mutual Fund, I / We hereby apply to the Trustee of BNP Paribas Mutual Fund for units of the Scheme and agree to abide by terms and conditions, rules and regulation of the Scheme. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. I / We hereby declare that I am / we are not a US person, within the meaning of the United States Securities Act, 1933, as amended from time to time; and that I am / we are not applying on behalf of or as proxyholders of a person who is a US person. I/We hereby declare that I am/ We are competent under the applicable laws and duly authorized where required, to make this investment in the above mentioned scheme. I/We hereby confirm that the proposed investment is being made from known, identifiable and legitimate sources of funds /income of mine/the HUF/ the Company/Trust/ Partnership only and I am / we are the rightful beneficial owner(s) of the funds and the resulting investments therefrom. The abovementioned investment does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions or of the provisions of any law in India including but not limited to The Income Tax Act, the Prevention of Money Laundering Act, 2002, The Prevention of Corruption, 1988 Act and/or any other relevant rules/ guidelines notified in this regard or applicable laws enacted by the Government of India / any other regulatory body from time to time. I / we hereby understand and agree that if any of the aforesaid disclosures made/ information provided by me/us is found to be contradictory or non-reliable to the above statements or if I / we fail to provide adequate and complete information, the AMC / Mutual Fund / Trustees reserve the right to reject the application / withhold the investments made by me / us and/or make disclosures and report the relevant details to the competent authority and take such other actions as may be required 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.	SIGNATURE(S)
	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 ✓) <input type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis	
	DD / MM / YYYY	

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

Systematic Transfer Plan (STP) Date: ____/____/____ **ARN -**

Received from _____ 'STP' application for transfer of Units;

Mr./Ms./M/s. _____

From Scheme _____ Plan _____ Option _____

To Scheme _____ Plan _____ Option _____

Fixed STF Variable STF per Week Fortnight Month Quarter

ISC Stamp, Date & Signature