

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"/> | Name of Sole / First Applicant (First / Middle / Last Name) |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others | <input type="text"/> | Name of Second Applicant |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others | <input type="text"/> | Name of Third Applicant |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> M/s <input type="checkbox"/> Others | <input type="text"/> | Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors) / POA Holder |

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

 E-Mail

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|---|---|--|---|---|---|
| First / Sole Applicant - Proof Enclosed (✓) PAN <input type="checkbox"/> KYC Letter <input type="checkbox"/> PAN <input type="text"/> | Second Applicant - Proof Enclosed (✓) PAN <input type="checkbox"/> KYC Letter <input type="checkbox"/> PAN <input type="text"/> | Third Applicant - Proof Enclosed (✓) PAN <input type="checkbox"/> KYC Letter <input type="checkbox"/> PAN <input type="text"/> | Guardian** - Proof Enclosed (✓) PAN <input type="checkbox"/> KYC Letter <input type="checkbox"/> PAN <input type="text"/> | PoA Holder - Proof Enclosed (✓) PAN <input type="checkbox"/> KYC Letter <input type="checkbox"/> PAN <input type="text"/> | PoA Holder - Proof Enclosed (✓) PAN <input type="checkbox"/> KYC Letter <input type="checkbox"/> PAN <input type="text"/> |
| | | <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant | | | <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

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

 I / We **Name of the A/c Holder as in Bank Records** 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 15th 25th (of the month) 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)

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|--|----------------------|-----------------------|----------------------|
| SIGNATURE(S) (As in Bank Records) | First Account Holder | Second Account Holder | Third Account Holder |
|--|----------------------|-----------------------|----------------------|