$\begin{tabular}{ll} \textbf{Common Application Form (For Lumpsum and SIP)} \\ \textbf{Please read product labelling details available on cover page and the instructions before filling up the Application form. Tick (\checkmark) whichever is applicable, strike out whichever is not required. \\ \end{tabular}$



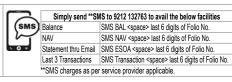
All sections should be completed in English and in BLOCK LETTERS with blue or black ink only.

Distributor / Broker ARN	Sub-Broker Cod	le Sub-Brok	er ARN	EUIN*	LG Cod	е	RIA Code++
ARN-181211			1	Ξ			
Jpfront commission shall be paid directly	by the investor to the AMFI registe	red Distributors based on the	investors' assess	ment of various factors incli	uding the service rende	red by the distribut	or.
I/We hereby confirm that the EUIN box ha nteraction or advice by the employee / relati he advice of in-appropriateness, if any, provi ++ I/We, have invested in the Scheme(s) share/provide the transactions data feed/ of all Schemes Managed by you, to the at	s been intentionally left blank by monshipmanager/sales person of the dedbytheemployee/relationshipm of your Mutual Fund under Direct portfolio holdings/ NAV etc. in re	e / us as this transaction is exe e above distributor/sub broker- anager/salespersonofthedist Plan. I/We hereby give you i spect of my/our investments	ecuted without any or notwithstanding ributor/subbroker my/our consent to under Direct Plar	First / Sole Applica	ant older	·	Third Applicant / POA Holder
	I confirm that I am a first tin	ne investor across Mutual Fu	unds. (Rs. 150 de				
1. EXISTING INVESTOR'S						records under the	Folio number mentioned alongside
2. APPLICANT'S INFORM	ATION (Non-Individual in	vestors please fill Ultim	nate Beneficia	l Owner (UBO) detail		••	orm
SOLE / FIRST APPLICANT'S I apears in your PAN Card Name: (Please mention Name as per PAN Card	PERSONAL DETAILS (PION Mr. Ms. Ms. M/s. Minor	•		` '		• •	
Date of Birth* / Incorporation D D M M Y Y Y Y * Required for 1st holder/Minor	PAN / PEKRN	KYC Identifi	cation Number (KIN)	GSTIN		
Guardian Details Mr. N	ls. (in case of First / Sole	Applicant is a Minor) / I	Name of Cont	act Person (incase o	f non-individual In	vestors)	
Name:	FIRST	.,, , ,	MIDDLE		LAST	,	
(Please mention Name as per PAN Card)							
Date of Birth	PAN / PEKRN	KYC Identifi	cation Number (KIN)	Mobile	No.	
For Investment "on behalf of Minor"	' ○ Birth Certificate ○ School	Certificate O Passport O	Other Rela	ationship with Minor (Man	ndatory) O Father O	Mother O Court	Appointed Legal Guardian
Mailing Address							
City		State			Pin Co	de (Mandatory)	
Country		STD Code			Tel. Off.		
Overseas Address (Mandatory for NRI / F	FII Applicant)						
				Country		Zip Code	
GO GREEN (Default mode of Commu	nication)		E-Mail				
Status (Please ✓) Self Spouse (Wherever email ID is registered an electr Investors are advised to give their emai consequences that can arise out of provi Tax Status:	onic Statement of Account (e-SOA IDs or that of their family memb	a) will be shared with the inves				and in SMS. This	
Resident NRI-Repatriation NRI-Minor PIO / OCI HUF Occupation: Private Sector Servi	Others (Please Specify)		O Bank O	Government Body Oth	ners (Please Specify)		FPI Non Profit Organisation Agriculturist Proprietorship
Defence Others (Please Specify) Gross Annual Income (₹) Below 1							7 grioditariot 7 Toprictorion
Politically Exposed Person (PEP) State							
Second Applicant's Details		✓) ○ Joint [#] ○ Anyone		efault, in case of more than	one applicant and not t	icked)	
Name: OMr. OMs.	FIRST	, ,	MIDDLE	,	LAST	,	
(Please mention Name as per PAN Card)							
Date of Birth	PAN / PEKRN	KYC Identific	ation Number (M	(IN)	Mobile	No.	
Occupation O Pvt. Sector Service O	Pub Sector Service Gov Sen	rice Housewife Studen	Professiona	Housewife Rusines	ss O Retired O Defer	nce Agriculturis	t O Forey Dealer O Others
Gross Annual Income (₹) ☐ Below 1			25 Lacs - 1 Crore	> 1 Crore OR Ne			O I OTON DEGIGI O ULICIS
Politically Exposed Person (PEP) State				<u> </u>			
Third Applicant's Details			<u>. </u>				
Name: Mr. Ms.	FIRST		MIDDLE		LAST		
(Please mention Name as per PAN Card) Date of Birth	PAN / PEKRN	KYC Identific	ation Number (K	INI\	Mobile	No.	
DDMMYYYY							
Occupation ○ Pvt. Sector Service ○ Gross Annual Income (₹) ○ Below 1 Politically Exposed Person (PED) State	Lac 01-5 Lacs 05-10 Lacs	○ 10-25 Lacs ○ >	25 Lacs - 1 Crore			ice () Agriculturis	t U Forex Dealer U Others
Politically Exposed Person (PEP) State 3. POWER OF ATTORNEY				by a Constituted Att	tornov places from	sich tha data!!	of Do A Holder
First / Sole Applicant	Second Applicant	Third Applicant	is being made	by a Constituted At	torriey, piease turi	iisii tile uetali	o or FOA Holder)
	Others	типа другсант	Name	of PoA Holder			
PAN	KYC Identification N	lumber (KIN)					
Enclosed PAN card proof KYC C	confirmation proof)					:	Signature of PoA Holder
ACKNOWLEDGEMENT SLI Application form received for purchase of	•						
Mr. / Ms. / M/s							
Instrument No. Dated	Drawn on Bank	Account No. Amou	nt (Rs.)	Scheme / Plan / C	Option		np, Date & Signature

4. INVEST FOR ZERO BA		T & PAYME										
Zero Balanc		Lumpsum (ple			alls below							
Scheme Name: I	Baroda								Amour			
Cheque No./UMF		OID DI	CII 1 4 11	Bank	(II 0 I D (Account No.			Pa	yment Mo	de: Oheque NEFT RTGS OTM
FOR SIP / MUL For Multiple SIP -						SIP Schemes to be	e mentioned in t	he below tah	ole and si	nale instrument	for the tot	al consolidated amount favouring Baroda BNP
					w and in SIP Form.			20.011 102	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			a. ooooaa.oa aoa a.oag
				Scheme Name			Pla			Option		Amount
1. Baroda BNP P							Direct / I	Regular				₹
2. Baroda BNP P	Paribas						Direct / I	Regular				₹
3. Baroda BNP P	Paribas						Direct / I	Regular				₹
4. Baroda BNP P	Paribas						Direct / I	Regular				₹
Total Amount (In	Words								Total A	mount (In Figur	es)	
Cheque No./UMRN: Bank:							Account No.			Payı	ment Mod	e: O Cheque O NEFT O RTGS O OTM
Payment Type : (○ Nor	-Third Party Pay	ment O	Third Party Pay	ment (Please attach "Third Par	ty Declaration Fo	rm")					
5. DEMAT	ACC	OUNT DET	AILS									
National Secu			,0	Denosit	ory Participant Name							
Central Depo			l td	DP ID N	•	Benefician	y Account No	n .				
		. ,				5						
			,,	.,	AILS (Mandatory)							, the default option will be physical mode.
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Ac. no. (In Words	s)											
Branch Address	ļ					ا بيم ا						D: 0 1
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MICR Code	[(9 Digit No. next to your Chec	que No.) IFSC C	ode					(11 Digit No. appearing on Cheque)
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							.,					
7. FATCA Details under Fo	oreign [*]		lividual (• • • • • • • • • • • • • • • • • • • •	Non Individual inves / Sole Applicant / Guardian	tors including		d Mandate cond Applic		separate F	ATCA de	etail form Third Applicant PoA
Nationality	OI BII(II			○ Indian ○	US Others (Please Sp	ecify)	Indian OUS	Othore	(Please	Specify)	○ India	n OUS Others (Please Specify)
												G CC G CLICIC
Address Type	-!	,			Registered Office Bu		Residential O	•			∪ Resid	dential Registered Office Business
			sessea for	iax) in any oth	er country outside India?	Yes No	(it tes, pi	ease provid	ae intorm	ation below)		
Country of Tax Re		•	Equivalent									
Identification Type			•									
If TIN is not availa			эрсспу)	Reason O A	OB OC (Please Spe	ecify) Roa	son OA OB	200	(Please	Specify)	Passon	OAOBOC (Please Specify)
			older is liab		es not issue TIN to its residents	1100				1 1/		of the respective country of tax residents do no
require the TIN to b					rs, please specify the reason a				u (00.001	a o, a o		or are respective established as in
8. NOMINA	ATIO	N - MANDA	TORY,	even if no in	ention to nominate. Min	nor & PoA ho	Ider cannot	nominate	and sh	nould not fill	this se	ction
1. I/We do not w	vish to	nominate	SIG	NATURE(S)	First / Sole Ap	oplicant			id Applic	cant		Third Applicant
2. Having read a	and und	erstood the instr	uction for N	Nomination 1/W	e hereby nominate the nerson	(s) more particula	ırly described be	reunder in re	espect of	the Units under	the Folio	held by me/us in the event of my death.
2. Having read at	and und	erstood trie iristi	uction for f	Nominee Na			Relationship	Date of		Allocation %		Guardian Signature ^A
Namina d				TYOTHINGO TYC	iiiio	- '	Tolutionionip	Date of	Direit	7 tilocation 70		Guardian dignature
Nominee 1												
Nominee 2												
Nominee 3												
[^] In case Nominee	e is min	or. # Please indic	cate the pe	rcentage of alloc	cation / share for each of the no	ominees in whole	numbers only w	ithout any de	ecimals m	naking a total of	100 per c	ent.
9. DECLA	RATI	ON & SIGN	ATURE	S								
I / We hereby confirm have neither received applying on behalf of agree to comply with t	n and de d nor be f or as pr the term	clare as under:- I / en induced by any oxyholders of a pe s and conditions of	We am / are rebate or gift rson who is a f the scheme	not prohibited from ts, directly or indirect a US person. I am/ related document	ectly in making this investment. I am We are competent under the appli s including the provisions of the sec	n / we are not a US cable laws and duly tion of 'Who cannot	person, within the authorised where Invest' and apply f	meaning of the required, to ma or allotment of	e United Si ake this inv f Units of th	tates Securities And restment in the abuse Scheme(s) of Boundary	ct, 1933, as ove mentio aroda BNP	npliance with applicable Indian and foreign laws. I / W amended from time to time; and that I am / we are no ned scheme. I / We have read, understood and hereb Paribas Mutual Fund ("Fund"). I We hereby confirm the ents therefrom. The above mentioned investment doe
not involve and is not Act, 2002, The Prevei if any of the aforesaid not create a folio / act as the AMC / Mutual F	t designe ention of d disclos count, re Fund / 1	ed for the purpose of Corruption Act, 19 sures made / inforn eject the application frustees may deem	of any contra 88 and /or a nation provid n / withhold to n proper at the	vention or evasion ny other relevant r led by me / us is fo he investments ma eir sole ontion	of any Act, Rules, Regulations, No ules / guidelines notified in this reg- ound to be contradictory or non-reli- ade by me / us and / or make disclo	otifications or Direction ard or applicable law able to the above significant to boures and report the	ons or of the provis ws enacted by the tatements or if I / v e relevant details t	sions of any la Government ove to the competer	w in India i of India / ar ide adequa ent authorit	ncluding but not li ny other regulator ite and complete i ty and take such c	mited to The y body from nformation, other actions	e Income Tax Act, the Prevention of Money Launderin time to time. I / we hereby understand and agree that the AMC / Mutual Fund / Trustees reserve the right is as may be required to comply with the applicable lat verify my / our bank details provided by me / us, or t
disclose to such service a financial year or a round The ARN holder (AMF being recommended to the service).	rice provi rolling pe FI regist to me / u	ders as deemed ne eriod of one year. I ered Distributor) ha us. I / WE HEREBY	ecessary for / We will indo as disclosed to CONFIRM	conduct of busines emnify the Fund, A to me / us all the co FHAT I / WE HAVE	is. I / We confirm that I / We do not I MC, Trustee, RTA and other interm Immissions (in the form of trail comi NOT BEEN OFFERED / COMMUN	have any existing M nediaries in case of a mission or any other NCATED ANY INDIC	icro SIP / Investme any dispute regard mode), payable to CATIVE PORTFOL	ents which tog ling the eligibil him / them fo JO AND / OR /	ether with t lity, validity or the differe ANY INDIC	the current application and authorization ent competing Schart CATIVE YIELD BY	ation will res of my / our nemes of va THE FUND	ult in aggregate investments exceeding Rs. 50,000/- i
India Pvt Ltd (AMC) / updated self-declarati I hereby declare that t	Fund. I tion with the AMO	further undertake to in 30 days of such C / Fund can provic	o advise the change in ci de my inform	AMC / Mutual Fun- rcumstances. ation to any institu	d/ Trustees promptly of any change tion / tax authorities / governmental	in circumstance wh	ich causes the info	rmation conta	ined hereir	n to become incor	rect and to p	provide the AMC /Mutual Fund/ Trustees with a suitable
To receive physical	annual	statements and s	cheme wise	abridged report	please tick here (✓)				-			through normal banking channels or from funds in m
/ our Non-Resident Ex	xternal /	Ordinary Account	/ FCNR Acc	ount.	,		•					·
Additional declaration failure to redeem on a				India only: I/We	will redeem my / our entire investm	nent/s before I / We	change my / our li	ndian residend	cy status. I	/ We shall be fully	y liable for a	all consequences (including taxation) arising out of the
Additional declaration	ion for N	IRIs / PIŎ / OCIs o	nly: I / We a	m / are not prohibi	ted from accessing capital markets	under any order / ru	iling / judgment etc	., of any regul	lation, inclu	iding SEBI. I / We	confirm tha	t my application is in compliance with applicable India
and foreign laws.	plea	ise (✓) ☐ Yes [No	If yes, (✓)	Repatriation basis N	Ion-Repatriation bas	sis					
Dated					cant / Guardian / norised Signatory	S	econd Applicar	nt / POA Ho				Third Applicant / POA Holder
						1						

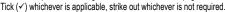


BNP Paribas Asset Management India Private Limited
Crescenzo, 7th Floor, G-Block, Bandra Kurla Complex, Mumbai – 400051, Maharashtra, India.
Email Id-service@barodabnpparibasmf.in Board line no.- 022 69209600 • Toll Free no.- 1800 2670 189
Fax no.- 022 69209 460/470 Website URL- www.barodabnpparibasmf.in
CIN no.- U65991MH2003PTC142972



SIP REGISTRATION CUM NACH MANDATE FORM

Please read product labelling details available on cover page and the instructions before filling up the Application Form.





se (✓) SIP Registration Distributor / Broker ARN	SIP Cancella		SIP - Change in		SIP - Change in B						
		Sub-Broker (Code	Sub-Brok	er ARN	EUIN*		LG Code		RIA Code*	•
			MEI								
nt commission shall be paid direct			•			assessment of v	arious tactors ii	ncluding the se	ervice rendered	by the distribut	or.
nereby confirm that the EUIN box ha eraction or advice by the employee Istanding the advice of in-approprial distributor / sub broker. e, have invested in the Scheme(s) corovide the transactions data feed/ chemes Managed by you, to the abo	e / relationship r teness, if any, p of your Mutual F portfolio holding	manager / sale provided by the Fund under Dir gs/ NAV etc. in	es person of the a e employee / relat rect Plan. I/We he n respect of my/ou	above distributor tionship manage reby give you my ir investments ur	/ sub broker or r / sales person y/our consent to nder Direct Plan	First / Sole Appl Guardian / POA / Authorised Sign	Holder		POA Holder T	hird Applicant / F	
	O I confirm th	hat I am a first	t time investor ac	cross Mutual Fu	nds. (Rs. 150 deduc						
APPLICANT'S INFOR	RMATION	(Mandato	ory, if left bla	ank, the ap	plication is li	ıble to be re	jected)				
No.			f Sole / First Unit		First Name		Middle Name	е	l	Last Name	
PEKRN DETAILS (mandatory) *If the //Sole Applicant	e First Applica	int is a Minor,	Second App		dian. Please attach	'AN proot.	Third Appli	cant			
SYSTEMATIC INVEST	TMENT P	I AN DET			MULTI SIP						
uency (Please ✓) Daily S		kly SIP	Monthly SIP	Quarterly S							
	ne Name		ondiny on	SIP Amount	SIP Date / Day (Fo	r Start Date	Perpetual*	End Date	Top Up Amount	Top Up F	requency
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ulti SID - SID can be registered in ma											
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