

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.	Sub-Broker Code	EUIN*	RIA Code**
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.

\*\* I/We, have invested in the Scheme(s) of your Mutual Fund under Direct Plan. I/We hereby give you my/our consent to share/provide the transactions data feed/ portfolio holdings/ NAV etc. in respect of my/our investments under Direct Plan of all Schemes Managed by you, to the above mentioned Mutual Fund Distributor / SEBI-Registered Investment Adviser.

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 ✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor			PAN (First Unit Holder)
Mobile No. +91	E-mail ID		

**2. SYSTEMATIC INVESTMENT PLAN DETAILS**

Scheme / Plan / Option			
Frequency (Please ✓) <input type="checkbox"/> Daily SIP <input type="checkbox"/> Weekly SIP <input type="checkbox"/> Monthly SIP <input type="checkbox"/> Quarterly SIP (Calendar Quarter i.e. January, April, July and October)			
SIP Date	Daily SIP (Start Date): DD	Weekly SIP (Monday to Friday): Day of transfer	
	Monthly and Quarterly SIP: Preferred Debit Date (Any date 1 to 31) DD		
Enrolment Period	<input type="checkbox"/> Regular From MM / YYYY To MM / YYYY	<input type="checkbox"/> Perpetual From MM / YYYY 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	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly*

**3. DECLARATION**

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, 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.

	<b>ECS/NACH/SI Mandate</b>	UMRN		Date	DD MM YYYY
Tick (✓)	Sponsor Bank Code	Utility Code			
<input checked="" type="checkbox"/> CREATE <input type="checkbox"/> MODIFY <input type="checkbox"/> CANCEL	I/We hereby authorize	<b>BNP PARIBAS MUTUAL FUND</b>	to debit (tick ✓)	<input checked="" type="checkbox"/> SB CA CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other	
	Bank a/c number				
with Bank	Name of customers bank	IFSC		or MICR	
an amount of Rupees		₹			
FREQUENCY	<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qtrly <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> 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 DD MM YYYY To DD MM YYYY	Signature Primary Account holder	Signature of Account holder	Signature of Account holder	
Or	<input type="checkbox"/> 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.