

Enrolment Form No.

DISTRIBUTOR / BROKER INFORMATION ([refer instruction 1(b)] on page 20)

Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	KARVY 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.

SIGNATURE(S)

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory

Second Applicant / Guardian / POA Holder

Third Applicant / Guardian / POA Holder

EXISTING UNITHOLDER INFORMATION (The details in our records under the Folio No. mentioned below will only be considered for this application.)

Folio No.	Unitholder's Name

PAN & KYC DETAILS (Mandatory, as per SEBI Regulations) (See Instruction 2bi & bii on page 22)

	PAN	Proof Enclosed (✓)		Date of Birth*											
		PAN Card	KYC Confirmation												
First / Sole Applicant		<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y		
Second Applicant		<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y		
Third Applicant		<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y		
Guardian**		<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y		
PoA Holder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant		<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y		
PoA Holder <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Applicant		<input type="checkbox"/>	<input type="checkbox"/>	D	D	/	M	M	/	Y	Y	Y	Y		

** If the Sole / First Applicant is a Minor, then state Guardian's PAN Number

* Required for First holder / Mandatory for Minor

APPLICANT'S INFORMATION

Mr. Ms. M/s Minor Others [] Name of Sole / First Applicant (First / Middle / Last Name)

Mr. Ms. M/s Others [] Name of Second Applicant

Mr. Ms. M/s Others [] Name of Third Applicant

Mr. Ms. M/s Others [] Name of Guardian (in case of Minor) OR Contact Person (in case of Non-individual Investors) / POA Holder

Minor's Relationship with Guardian Father Mother Legal Guardian

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

STP DETAILS

	Transfer From (Transferor Scheme)	Transfer To (Transferee Scheme)
Name of Scheme		
Plan		
Option		

Frequency (Please ✓ any one) Daily STP Weekly STP Fortnightly STP Monthly STP (Default) Quarterly STP (Refer instruction 10 & 12 overleaf)

STP Date Daily STP Daily Interval (all Business Days) Weekly STP 1st, 7th, 15th and 25th Fortnightly STP 1st and 15th Monthly and Quarterly STP (Please ✓ any one only) 1st of the month 7th* of the month 15th of the month 25th of the month *Default. (Refer instruction 10 & 12 overleaf)

Enrolment Period From [D D / M M / Y Y Y Y] To [D D / M M / Y Y Y Y]

Amount of Transfer per Day / Week / Fortnight / Month / Quarter Fixed Amount Rs. [] OR Capital Appreciation (not for Daily STP)

Contact Details STD Code [] Tel. Off. [] Extn. [] Mobile [] Tel. Resi. [] Fax []

E-Mail [] Default means of communications []

If you wish to receive all communication from us via post or other means, please ✓ here (See instruction 1g on page 21)

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.

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

Systematic Transfer Plan (STP)

Date: [] / [] / []

Received from Mr./Ms./M/s. [] 'STP' application for transfer of Units;

From Scheme [] Plan [] Option []

To Scheme [] Plan [] Option []

Fixed STF Capital Appreciation STF (not for Daily STP) per Day Week Fortnight Month Quarter

ISC Stamp, Date & Signature

