TRANSACTION SLIP

Time Stamp :

BNP PARIBAS MUTUAL FUND

Distributor Code	ARN - 30156	Sub-Distributor Code	ARN-	Internal Code for Sub-broker/ Employee		EUIN No.	

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. Transaction charges if applicable shall be deducted.

EUIN Declaration	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.	First Holder	Second Holder	Third Holder

Folio No.

Mobile No. Email ID

☐ ADDITIONAL PURCHASE REQUEST

Scheme BNP Paribas (Please mention scheme name) **Plan** ☐ Regular ☐ Direct

Option ☐ Growth ☐ Dividend-Payout ☐ Dividend-Reinvestment **Dividend Frequency** (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly)

I/We would like to purchase units of the above mentioned scheme. Amount in Rs. (in figures)

Payment Options

☐ Cheque/DD ☐ RTGS/NEFT ☐ Transfer ☐ Others

Instrument No. Bank & Branch Name

☐ SWITCH

From Scheme BNP Paribas (Please mention scheme name) **Plan** ☐ Regular ☐ Direct

Option ☐ Growth ☐ Dividend-Payout ☐ Dividend-Reinvestment **Dividend Frequency** (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly)

☐ Amount in Rs. (in figures) OR ☐ Units OR ☐ Entire Units

To Scheme BNP Paribas (Please mention scheme name) **Plan** ☐ Regular ☐ Direct

Option ☐ Growth ☐ Dividend-Payout ☐ Dividend-Reinvestment **Dividend Frequency** (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly)

☐ REDEMPTION

Scheme BNP Paribas (Please mention scheme name) **Plan** ☐ Regular ☐ Direct

Option ☐ Growth ☐ Dividend-Payout ☐ Dividend-Reinvestment **Dividend Frequency** (Daily/Weekly/Monthly/Quarterly/Half Yearly/Yearly)

I/We would like to redeem units of the above mentioned scheme.

☐ Amount in Rs. In figures **OR** ☐ Units **OR** ☐ Entire Units

Please credit the redemption proceeds to the following Bank Account which has been registered with you (Applicable only in case multiple banks are registered. Bank details are not required to be mentioned if the proceeds are required to be credited in the default bank mandate registered in the folio).

Bank Name Account No.

I / We have 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 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 authorised 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 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. **I hereby confirm that BNP Paribas Mutual Fund/BNP Paribas Asset Management India Private Limited and its empanelled brokers/distributors has/have not given any indicative portfolio and indicative yield in any manner whatsoever.**

In case there is any change in your KYC information please update the same by using the prescribed "KYC Change Request form" and submit the same at the Point of Service of any KYC Registration Agency.

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 fromfunds in my / our Non-Resident External / Ordinary Account / FCNR Account.

If NRI, (please ✓) ☐ Repatriation basis ☐ Non-Repatriation basis

X Sole / First / POA Holder / Guardian	X Second Account Holder	X Third Account Holder

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BNP PARIBAS MUTUAL FUND - ACKNOWLEDGMENT SLIP

BNP PARIBAS MUTUAL FUND

(To be filled in by the investor)

Received, subject to realization, verification and conditions, an application for

in folio no.

Scheme Name	To Scheme (for switches)	Amount/ Units	Instrument no./ dated/ bank name

Stamp & Signature