

**COMMON APPLICATION FORM**Please read the Instructions before completing this Application Form.

App. No.

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

|  | Name and AMFI F  | Reg. No.  | Sub Agent's Name and  | d AMFI Reg. No.   | Sub-Broker Code   | EUIN*  | RIA Code++   |
|--|--|---|---|---|---|--|--|
| ARN-   | ARN-3  | -3086 ARN-  |   |   | (As allotted by ARN holder)   |  |  |
| Upfront com  | nmission shall be paid dir   | rectly by the investor to   | the AMFI registered Distributors base   | ed on the investors' as                                   | sessment of various factors including                                     | ng the service rendered by the dis                                 | stributor.   |
| interaction or a<br>the advice of ir<br>++ I/We, have<br>provide the tra | advice by the employee / rela<br>n-appropriateness, if any, prov<br>e invested in the Scheme(s) of<br>ansactions data feed/ portfolion | tionship manager / sales pe<br>vided by the employee / relat<br>of your Mutual Fund under I<br>o holdings/ NAV etc. in resp | ank by me / us as this transaction is exect<br>rson of the above distributor / sub broker or<br>onship manager / sales person of the distrib<br>Direct Plan. I/We hereby give you my/our c<br>ect of my/our investments under Direct Plan<br>IBI-Registered Investment Adviser. | notwithstanding<br>utor / sub broker.<br>onsent to share/ | First / Sole Applicant<br>Guardian / POA Holder<br>/ Authorised Signatory | Second Applicant<br>/ Guardian / POA Holder                        | Third Applicant<br>/ Guardian / POA Holder           |
| 1  | ACTION CHARGES t<br>ting Investor - Rs. 1  | •   | above (✓ any one) (See Instruction tor - Rs. 150  |   | confirm that I am a first time<br>confirm that I am an existing           |  |  |
| 1. EXI   | ISTING INVESTO   | R'S FOLIO NUME  | BER Folio No.   |   |   | ne details in our records unde<br>ongside will apply for this appl | r the Folio number mentioned                         |
| 2. AP  | PLICANT'S INFO   | RMATION (Non-In   | dividual investors please fill  | Ultimate Benefici   |   |  |  |
|  | ole Applicant  | ,   | <u> </u>  | Oraniaco Bononer  | ar Owner (050) detaile and  | oubline with repplication r  |  |
| Name:  | ntion Name as per Aadhaar  | FIRST card. Refer instruction no.   | MIDDLE  | Aadhaar Nu  | LAST  | Date of Birth* / Incorporation (Mention as per Aadhaar Ca          | ard) * Required for 1st holder/Minor                 |
|  |  |   |   |   |   |  |  |
| Guardia<br>Name:   | n Details  | Ms. (in case of I   | First / Sole Applicant is a Min   | or) / Name of Con   | tact Person (incase of non-i  |  | MMYYYY   |
|  | ntion Name as per Aadhaar  |   |   |   | LAGI  |  | n as per Aadhaar Card)                               |
| PAN / PE   | (RN  | KYC Identifi  | ication Number (KIN)  | Aadhaar Nu  | ımber   | Mobile No.   |  |
| For Inve   | stment "on behalf  | of Minor" O Birth (   | Certificate O School Certificate O I  | Passport Other  | Relationship with Minor (Ma   | ndatory)   | Court Appointed Legal Guardian                       |
| Mailing Ad   | ddress   |   |   |   |   |  |  |
| City   |  |   | State   |   |   | Pin Code (Mandatory  |  |
| Country  |  |   | STD Code  |   |   | Tel. Off.  |  |
| Overseas   | Address (Mandatory fo  | or NRI / FII Applicant) (   | See Instruction 2.ai) on page 28)   |   | 0   | ,  |  |
| CO CBE   | EN /Defectly made of /   | Communication)  | Mahila  | E-Mail  | Country   | <i>y</i>   |  |
| Tax Statu  | EN (Default mode of (  | Communication)  | Individu  |   |   | Non-Individual   |  |
| ○ Reside   | ent NRI-Repatriati   | on O NRI-Non Rep  | atriation Sole-Proprietorship   | On Behalf of M  | inor Company Trust  |  | / LLP O AOP / BOI O FPI                              |
| O NRI - C  | On Behalf of Minor O   | PIO / OCI O HUF   | Others (Please Specify)   |   | Non Profit Organisation   | Others (Please Specify)  |  |
|  | ion: O Private Sector ce Others (Please  |   | Sector Service O Government Se  | rvice Student   | Professional O Housewife  | Business Retired A   | Agriculturist O Proprietorship                       |
|  |  |   | Lacs  | cs  > 25 Lacs - 1   | Crore O> 1 Crore OR N   | et worth ₹   |  |
| Second   | Applicant's Detail   | S Mode of H   | lolding (please ✓)  | Anyone or Survivor  | # (# Default, in case of more tha   | n one applicant and not ticked                                     | )  |
| Name: O  | Mr. O Ms.  | FIRST   | MIDDLE  | •   | LAST  | Date of Birth  | DMMYYYY  |
| PAN / PE   | ntion Name as per Aadhaar<br><b>(RN</b>  | KYC Identificati  | ,   |   | Aadhaar   | (M<br>Mobi   | ention as per Aadhaar Card)<br>le                    |
| Occupati   | ion Obut Contor Con  | Number (KIN)  | ion Cov Coning Housewife  | Student O Professo  | Number Pusings C  | Potirod Optono O Agricult  | uriot O Earay Daglar O Othor                         |
|  | nnual Income (₹) ○   |   | vice Gov. Service Housewife acs 5-10 Lacs 10-25 Lac   |   | _   |  | urist Forex Dealer Others                            |
|  | oplicant's Details   |   |   |   |   |  |  |
| Name: O  | Mr. O Ms.  | FIRST   | MIDDLE  |   | LAST  | Date of Birth  | DMMYYYY  |
| (Please mer  | ntion Name as per Aadhaar  |   | ,   |   | Andhoor   | (M) (M<br>Mobi   | ention as per Aadhaar Card)                          |
|  |  | KYC Identificati Number (KIN)   | on  |   | Aadhaar<br>Number   |  |  |
| Occupat  | ion O Pvt. Sector Serv   | rice O Pub. Sector Serv   | rice O Gov. Service O Housewife   | Student O Profess   | ional O Housewife O Business C  | Retired O Defence Agricult   | turist O Forex Dealer O Others                       |
| Gross Ar   | nnual Income (₹)   | Below 1 Lac 1-5 La  | acs   | cs O > 25 Lacs  | -1 Crore OR N   | et worth ₹   |  |
| Addition   | nal Details  | Ditically Exposed F<br>signatories / Pro  | Person (PEP) Status : (Also app<br>moters / Karta / Trustee / Whole til   | olicable for authorised<br>me Directors)                  | Are you / entity invo   | olved in any of the service write down it in the follow            | s mentioned below?<br>ina box                        |
| First / Sc   | ole Applicant  | O I am PEP  | 0 0   | Applicable  | ,,,,  |  | •  |
|  | Applicant  | O I am PEP  |   | Applicable  |   |  |  |
| Third Ap   |  | I am PEP  | Ol am Related to PEP ONot Appring: ● Precious metals (in  | Applicable  | ling Gold) and Gems A Luyury  | Care A Roate A Paca-ho   | reas A lawallary A Money                             |
| Service Bu  Street   | usinesses (MSB) & the<br>Market stall   Hotels   | eir agents (excluding E<br>s ● Restaurants ●  | Banks) • Currency dealers or E<br>Internet Cafes • Door to door sa<br>otteries • Gambling Clubs • S   | ixchanges ● Selle<br>elles companies ● 1                  | ers for redeemers of traveler's ch<br>「axi ● Bars ● Night Clubs ●         | eques Money Orders/Remittal<br>Second hand Goods sales •           | nce services  Pawn shops Second hand vehicle dealers |
|  | Sole Applicant  Ms. M/s.   | Second Applic Others KYC Identifica Number (KIN)  | tion  | t<br>Name   | e by a Constituted Attorney e of PoA Holder  Aadhaar Number               |  | s of PoA Holder) nature of (PoA) Holder              |
| ACKNO  | WI FDGEMENT  | SI IP (To be filled   | in by the Applicant)  |   |   |  |  |
| Application  | form received for purc   | •   | to realization, verification and con-   | ditions   |   | App. No.   |  |
| Mr. / Ms. / I  | M/s<br>nent No. Dated  | Drawn on B  | ank Account No.   | Amount (Rs.)  | Scheme / Plan / Option  | ISC Ston   | np, Date & Signature                                 |
| IIIIIIIIIII  | Daled  | DIAWII UII B  | ACCOUNT NO.   | milouiit (No.)  | Ocheme / Flam / Option  | 130 3(8)1  | ip, Date & Signature                                 |

| 4. INVESTMENT & PAYMENT  | DETAILS   | : Please issue sep   | arate Cheque / DE  | favouring the S  | cheme Name                                     | you wish to inve  | est (refer instruction   | 4) (Mandatory)   |
|--|---|--|--|--|--|---|--|--|
| Zero Balance Lumpsum Scheme Name / Plan / Optic  |   | n the first purchase de<br>Amount (₹)                                  | tails below and fill an<br>Cheque/DD No.                           |  | m separately)  Branch                          | Accou   | ınt No.  | Payment Mode   |
| BNP Paribas  |   | 7 mount (t)  |  |  |  | 7.000   |  | ○ Cheque ○ DD  |
| Regular Direct Growth Dividend Payout Dividend R   |   |  |  |  |  |   |  | ○ NEFT ○ RTGS<br>○ Funds Transfer ○ OTM  |
| BNP Paribas  | D:::  |  |  |  |  |   |  | Cheque ODD   |
| Regular Direct Growth Dividend Payout Dividend Regular Dividend Regular Dividend Regular Regular Dividend Re | Dividend einvest                                |  |  |  |  |   |  | ○ NEFT ○ RTGS<br>○ Funds Transfer ○ OTM  |
| BNP Paribas  | Dividend  |  |  |  |  |   |  | Cheque ODD   |
| Dividend Payout Dividend Re  |   |  |  |  |  |   |  | ○ NEFT ○ RTGS<br>○ Funds Transfer ○ OTM  |
| Payment Type   | / Payment C                                     | Third Party Payment  |  | (Please attach "Th   | ird Party Decla                                | aration Form")  |  |  |
| 5. DEMAT ACCOUNT DETAIL  |   |  | · • · ·  |  |  |   |  |  |
| National Securities Depository Ltd.  Central Depository Services (India) L   |   | Depository Participant DP ID No.                                       | Name   | Benefici   | ary Account No                                 | ).  |  |  |
| Investor willing to invest in Demat option, may  |   |  | abling us to match the I   |  | •  |   | orm is not filled, the defaul  | t option will be physical mode.  |
| 6. BANK ACCOUNT DETAILS  |   | struction 3 on pa  |  |  |  |   |  | r SEBI Regulations)  |
| Bank Name  |   |  | A/c. T   | vne Savings  | Current  | ○ NRE ○ NRO   | ○ FCNR   |  |
| Bank A/c. No.  Branch Name   |   |  | City   | ype Oavings  | Ourient  | O NICE O NICO   | Pin Code   |  |
| MICR Code  |   | (9 Digit No. next to yo  | our Cheque No.) IFSC   | Code   |  |   | T III COGC   |  |
| 7. OVERSEAS EXPOSURE -   |   |  |  |  |  | ITUTIONS  |  |  |
| Does your Entity* have any offices, transact includes any business directly or indire  |   |  |  | Ye:  | S □ No   |   |  |  |
| If the answer is "Yes", please fill out the "  |   |  |  |  | ww.bnpparibas                                  | smf.in.   |  |  |
| 8. FATCA DETAILS For Individ   |   |  | dual investors inc   |  |  |   |  | lineut O Do A  |
| Details under Foreign Tax Laws: Place & Country of Birth   | <u>'</u>  | First / Sole Applican  | t / Guarulan   | 36   | cond Applicar                                  | III.  | ◯ Third Appl   | licant O PoA   |
| Nationality  | Olndia  |  | Specify)   | O Indian   | US<br>(Please Sp                               | ooifu)  | Olndian OUS  | llogge Chooify)  |
| Address Type   | Othe  | erssidential O Registered (  | Specify) Office  Business  | Others   |  | _   | Others Regist  | lease Specify) ered Office O Business  |
| Are you a tax resident (i.e. are you   |   |  |  |  |  |   | ovide information be   |  |
| Country of Tax Residency Tax Identification Number or Functional Equiv   | (alant  |  |  |  |  |   |  |  |
| Identification Type (TIN or Other, please spec   |   |  |  |  |  |   |  |  |
| If TIN is not available, please tick   | Reason  | $OA \bigcirc B \bigcirc C$   | (Please Specify)   | Reason OA O  | 3 O C (Pl                                      | lease Specify)  | Reason OA OB O   | (Please Specify)   |
| Country of Tax Residency Tax Identification Number or Functional Equiv   | /alent  |  |  |  |  |   |  |  |
| Identification Type (TIN or Other, please spec   |   |  |  |  |  |   |  |  |
| If TIN is not available, please tick  Reason A: The country where Account Hole   |   | n OA OB OC   | (Please Specify) TIN to its residents                              | Reason B: No   |  |   | Reason OA OB OC  | C (Please Specify) ctive country of tax residents                                      |
| do not require the TIN to be collected)  | Reason  | C: others, please spec   | ify the reason above   |  |  | ` ,   | '  |  |
| 9. NOMINATION - MANDATO  |   |  |  | DA noider cannot   |  |   |  |  |
| 1. I/We do not wish to nominate  | SIGNATUR  |  | st / Sole Applicant  |  | Second A                                       |   |  | d Applicant  |
| Having read and understood the instruction   | on for Nominatio                                | Nominee Name   | te the person(s) more p  | articularly described h                                    | Date of Bir                                    |   |  | n Signature <sup>^</sup>   |
| Nominee 1<br>Nominee 2   |   |  |  |  |  |   |  |  |
| Nominee 3  |   |  |  |  |  |   |  |  |
| ^ In case Nominee is minor. # Please indic   |   | ntage of allocation / sh   | nare for each of the n   | ominees in whole nu  | mbers only wit                                 | thout any decimals r  | naking a total of 100 pe   | r cent.  |
| 10. DECLARATION & SIGNAT  1/We am / are not prohibited from accessing capital marke  |   | ruling / judgment etc., of any re                                      | aulation, including SEBL I / W                                     | e confirm that my application                              | is in compliance with                          | h applicable Indian and foreig                                  | on laws. I / We hereby confirm and   | declare as under:- I / We have neither   |
| received nor been induced by any rebate or nifts, directly or  | r indirectly in making                          | this investment 1/We herehy  | declare that I am I we are not                                     | a LIC noreon within the mea                                | ning of the United Sta                         | atae Sacuritiae Act 1933 ac                                     | amended from time to time, and the   | at I am / we are not anniving on hehalf  |
| of or as proxyholders of a person who is a US person. I/We terms and conditions of the scheme related documents incl. and legitimate sources of funds /income of mine only and I a   | uding the provisions am / we are the right      | of the section of 'Who cannot In<br>tful beneficial owner(s) of the fu | vest' and apply for allotment of<br>nds and the resulting investme | Units of the Scheme(s) of B<br>nts therefrom. The above me | NP Paribas Mutual Fu<br>Intioned investment de | und ('Fund'). I/We hereby con<br>does not involve and is not de | nfirm that the proposed investment<br>esigned for the purpose of any cont      | is being made from known, identifiable travention or evasion of any Act, Rules,        |
| Regulations, Notifications or Directions or of the provisions laws enacted by the Government of India / any other regular  | of any law in India in<br>tory body from time t | ncluding but not limited to The Ir<br>to time. I / we hereby understan | ncome Tax Act, the Prevention<br>d and agree that if any of the a  | of Money Laundering Act, 20<br>foresaid disclosures made / | 02, The Prevention of<br>nformation provided b | of Corruption Act, 1988 and /<br>by me / us is found to be con  | or any other relevant rules / guideli<br>tradictory or non-reliable to the abo | ines notified in this regard or applicable ove statements or if I / we fail to provide |
| law's enacted by the Government of India I any other regulatory body from time to time. If we hereby understand and agree that if any of the aforesaid disclosures made / information provided by me / us is found to be contradictory or non-reliable to the above statements or if I / we fail to provide adequate and complete information, the AMC / Mutual Fund / Trustees reserve the right to not create a folio / account, reject the application / withhold the investments made by me / us and / or make disclosures and report the relevant details to the competent authority and take such other actions as may be required to comply with the applicable law as the AMC / Mutual Fund / Trustees may deem proper at their sole option.   |   |  |  |  |  |   |  |  |
| 1/We hereby authorise the Fund, AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / Fund's bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to disclose to such service providers as deemed necessary for conduct of business. 1/We confirm that 1/We do not have any existing Micro SIP / Investments which together with the current anglication will result in appropriate investments exceeding Rs. 50 000/- in a financial year or a rolling need of one year (Applicable for PAN).  |   |  |  |  |  |   |  |  |
| exempt category of investors). I / We will indemnify the Fund, AMC, Trustee, RTA and other infermediaries in case of any dispute regarding the eligibility, validity and authorization of my / our transactions. The ARN holder (AMFI registered Distributor) has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him / them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us. I / WE HEREBY CONFIRM THAT I / WE HAVE NOT BEEN OFFERED / COMMUNICATED  |   |  |  |  |  |   |  |  |
| ANY INDICATIVE PORTFOLIO AND FOR ANY INDICATIVE YIELD BY THE FUND FAMCETTS DISTRIBUTOR FOR THIS INVESTMENT.  I/We declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete and further agree to furnish such other further/additional information as may be required by the BNP Paribas Asset Management India Pvt Ltd (AMC) / Fund. I further undertake   |   |  |  |  |  |   |  |  |
| to advise the AMC / Mutual Fund/ Trustees promptly of any change in circumstances which causes the information contained herein to become incorrect and to provide the AMC / Mutual Fund/ Trustees with a suitably updated self-declaration within 30 days of such change in circumstances.  I hereby declare that the AMC / Fund can provide my information to any institution / tax authorities / governmental body for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.  |   |  |  |  |  |   |  |  |
| I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.   |   |  |  |  |  |   |  |  |
| To receive physical annual statements and so Additional declaration for NRIs only :   / We co  |   |  |  | reby confirm that the funds                                | or subscription have t                         | been remitted from abroad t                                     | hrough normal banking channels o   | or from funds in my / our Non-Resident   |
| External / Ordinary Account / FCNR Account.  Additional declaration for Foreign Nationals F  | Resident in India                               | a only: I/We will redeem my /  | our entire investment/s before                                     | I / We change my / our India                               | residency status. I /                          | We shall be fully liable for al                                 | l consequences (including taxation   | ) arising out of the failure to redeem on  |
| account of change in residential status.  Additional declaration for NRIs / PIO / OCIs or  |   |  |  | / ruling / judgment etc., of a                             | ny regulation, including                       | ng SEBI. I / We confirm that n                                  | ny application is in compliance with   | applicable Indian and foreign laws.  |
|  | Repatriation basis First / Sole                 | Non-Repatriation basis  Applicant / Guardian                           | /  |  |  |   |  |  |
| Dated  |   | er / Authorised Signato  |  | Second Applicant / G                                       | uardian / POA                                  | Holder  | Third Applicant / Gua  | rdian / POA Holder   |



BNP Paribas Asset Management India Private Limited BNP Paribas House, 1 North Avenue, Maker Maxity, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051, Maharashtra, India.
Toll Free: 1800 102 2595 ● Web: www.bnpparibasmf.in E-mail: customer.care@bnpparibasmf.in





| A  | CS/NACH/SI <sub>UMRN</sub>                                 |   |              | Date              |                             |  |  |  |
|--|--|---|--------------|-------------------|-----------------------------|--|--|--|
|  | Sponsor Bank Code  |   | Utility Code |                   |                             |  |  |  |
| Tick (✓)   |  |   |              |                   |                             |  |  |  |
| CREATE ✓   | I/We hereby authorize                                      | BNP PARIBAS MUTUAL FUND                   | to deb       | oit (tick√) SB CA | CC SB-NRE SB-NRO Other      |  |  |  |
| MODIFY   | Bank ala number  |   |              |                   |                             |  |  |  |
| CANCEL   | Bank a/c number  |   |              |                   |                             |  |  |  |
| with Bank  | Name of customer   | s bank IFSC                               |              | or MICR           |                             |  |  |  |
| an amount of Rupees ₹  |  |   |              |                   |                             |  |  |  |
| FREQUENCY  | ☑ <del>Mthly</del> ☑ <del>Qtly</del> ☑ <del>H-Yrly</del>   | − 🔀 <del>Yrly</del> 🗹 As & when presented | DEBIT TYPE   | ☐ Fixed Amount    | ✓ 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 D   | D M M Y Y Y  |   |              |                   |                             |  |  |  |
| То 3   | 3 1 1 2 2 0 9 9 Signature Primary Account holder Signature |   |              | holder            | Signature of Account holder |  |  |  |
| lor 💳  | 1. Name as in bank records 2. Name a                       |   |              |                   | 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

## Instructions to fill One Time Mandate (OTM)

- 1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility may fill the form.
- 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- 3. Unit holder(s) need to provide, along with the mandate form, an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. Please mention the Name of the Bank, Branch, and IFSC/MICR code in the OTM form. The Unit holder(s) cheque/ bank account details are subject to third party verification.
- 4. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of BNP Paribas Mutual Fund.
- 5. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- 6. Utility Code of the Service Provider will be mentioned by BNP Paribas Mutual Fund
- 7. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- 8. For the convenience of the investors the frequency of the mandate will be "As and When Presented"
- 9. Please affix the Names of customer/s and signature/s as well as seal of Company (where required) and sign the undertaking.

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our aforementioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS / NACH (Debit Clearing) / Direct Debit / SI facility and that the payment towards my/our investments in the Schemes of BNP Paribas Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of BNP Paribas Asset Management India Private Limited, Investment Manager to BNP Paribas Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ ECS/Direct Debit/SI.