

TRANSACTION SLIP

Time Stamp:



**BNP PARIBAS
MUTUAL FUND**

| | | | | | | | | | |
|------------------|----------|----------------------|------|--|--|-----------|---------|----------------|--|
| Distributor Code | ARN-4464 | Sub-Distributor Code | ARN- | Internal Code for Sub-broker/ Employee | | EUIIN No. | E032737 | RIA code+/PMRN | |
|------------------|----------|----------------------|------|--|--|-----------|---------|----------------|--|

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.

| | | | | |
|-------------------|---|--------------|---------------|--------------|
| EUIIN Declaration | I/We hereby confirm that the EUIIN 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 |
| | | | | |

+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.

Folio No. Mobile No. +91 E-mail ID

ADDITIONAL PURCHASE REQUEST

Scheme (Please mention scheme name) Plan Regular Direct

Option Growth Dividend-Payout Dividend-Reinvestment **Dividend Frequency**

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

Payment Options Cheque/DD RTGS/NEFT Transfer Others

Instrument No. Bank & Branch Name

SWITCH

From Scheme (Please mention scheme name) Plan Regular Direct

Option Growth Dividend-Payout Dividend-Reinvestment **Dividend Frequency**

Amount in Rs. OR Units OR Entire Units

To Scheme (Please mention scheme name) Plan Regular Direct

Option Growth Dividend-Payout Dividend-Reinvestment **Dividend Frequency**

REDEMPTION

Scheme (Please mention scheme name) Plan Regular Direct

Option Growth Dividend-Payout Dividend-Reinvestment **Dividend Frequency**

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

Amount in Rs. 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.

FATCA DETAILS For Individual (Mandatory) Non Individual investors including HUF should Mandatorily fill separate FATCA detail form

| Details under Foreign Tax Laws: | First / Sole Applicant / Guardian | Second Applicant | <input type="radio"/> Third Applicant <input type="radio"/> PoA |
|---|--|--|--|
| Place & Country of Birth | | | |
| Nationality | <input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify) | <input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify) | <input type="radio"/> Indian <input type="radio"/> US <input type="radio"/> Others (Please Specify) |
| Address Type | <input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business | <input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business | <input type="radio"/> Residential <input type="radio"/> Registered Office <input type="radio"/> Business |
| Are you a tax resident (i.e. are you assessed for Tax) in any other country outside India? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please provide information below) | | | |
| Country of Tax Residency | | | |
| Tax Identification Number or Functional Equivalent | | | |
| Identification Type (TIN or Other, please specify) | | | |
| If TIN is not available, please tick | Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) | Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) | Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) |
| Country of Tax Residency | | | |
| Tax Identification Number or Functional Equivalent | | | |
| Identification Type (TIN or Other, please specify) | | | |
| If TIN is not available, please tick | Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) | Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) | Reason <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C (Please Specify) |
| Reason A: The country where Account Holder is liable to pay tax does not issue TIN to its residents do not require the TIN to be collected) | | Reason B: No TIN Required (Select this only if the authorities of the respective country of tax residents | |
| Reason C: others, please specify the reason above | | | |

ADDITIONAL KYC DETAILS

| Particulars | First / Sole Applicant / Guardian | Second Applicant | Third Applicant |
|---|--|--|--|
| Occupation | <input type="radio"/> Pvt. Sector Service <input type="radio"/> Pub. Sector Service <input type="radio"/> Gov. Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Defence <input type="radio"/> Agriculturist <input type="radio"/> Proprietorship <input type="radio"/> Others | <input type="radio"/> Pvt. Sector Service <input type="radio"/> Pub. Sector Service <input type="radio"/> Gov. Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Defence <input type="radio"/> Agriculturist <input type="radio"/> Proprietorship <input type="radio"/> Others | <input type="radio"/> Pvt. Sector Service <input type="radio"/> Pub. Sector Service <input type="radio"/> Gov. Service <input type="radio"/> Student <input type="radio"/> Professional <input type="radio"/> Housewife <input type="radio"/> Business <input type="radio"/> Retired <input type="radio"/> Defence <input type="radio"/> Agriculturist <input type="radio"/> Proprietorship <input type="radio"/> Others |
| Gross Annual Income / Net Worth (₹) | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> > 25 Lacs - 1 Crore <input type="radio"/> > 1 Crore OR Net worth ₹ | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> > 25 Lacs - 1 Crore <input type="radio"/> > 1 Crore OR Net worth ₹ | <input type="radio"/> Below 1 Lac <input type="radio"/> 1-5 Lacs <input type="radio"/> 5-10 Lacs <input type="radio"/> 10-25 Lacs <input type="radio"/> > 25 Lacs - 1 Crore <input type="radio"/> > 1 Crore OR Net worth ₹ |
| Politically Exposed Person (PEP) Status | <input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable | <input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable | <input type="radio"/> I am PEP <input type="radio"/> I am Related to PEP <input type="radio"/> Not Applicable |

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Sole / First / POA Holder / Guardian | <input checked="" type="checkbox"/> Second Account Holder | <input checked="" type="checkbox"/> Third Account Holder |
|--|---|--|

BNP PARIBAS MUTUAL FUND - ACKNOWLEDGMENT SLIP

(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 |
|-------------|--------------------------|---------------|----------------------------------|
| | | | |



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Stamp & Signature