Request for Consolidation of Folios



Please complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink

BNP Paribas	ARN-4464	E032737 VIKRA	M S. BAGADTHEY
Sub: Consolidation of Folios			
PERSONAL DETAILS			
Name of Sole/1st Unit Holder F I R S T Folio No.	MI	D D L E	LAST
1st Unit Holder		nit Holder	3 rd Unit Holder
PAN/PEKRN** KIN*			
Date of Birth	D D M M Y Y	YY	A M Y Y Y Y
Mobile No. +91-	E-mail ID		
KYC is mandatory. Please enclose copies of KYC ackno	wledgement letters for all app		
[^] 14 digit KYC Identification Number (KIN) and Date of Birtl	n is mandatory for individual(s)	who has registered under Central KY	Records Registry (CKYCR).
er Sir/Madam, er wish to consolidate my/our following investments into folio no			
Sr. No. Folios to be Merged Nan	ne of 1 st Unit Holder	Name of 2 nd Unit Holder	Name of 3 rd Unit Holder
All unit holders in the source folios are also unit holders The mode of operation across source folio & target folio The bank mandate and postal address across source folio The nomination details across source folio & target folio	s in the target folio in the same o are the same olio & the target folios are the s o are the same		
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ACKNOWLEDGEMENT SLIP (To be filled in by the Ap	BNP PARIBAS MUTUAL FUND	
Received from	Folio No./ Application No.:	For Office Hos Only
Mobile No:	PAN:	For Office Use Only
Request submitted		Acknowledgement
Subject to further verification and furnishing of mandatory i	Stamp & Date	