

Broker Name & Code ARN-108058 AMFI Registration No.	Sub-broker Name & Code AMFI Registration No.	Sub-broker Code (As allotted by ARN holder)	EUIN E-147299
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TRANSACTION SLIP

for Additional Purchase/Switch-in
(for existing unitholders only)

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.
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
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Folio No.:	E-mail	Default mode of communication
Name :	If you wish to receive all communication from us via post or other means, please <input type="checkbox"/> here <input type="checkbox"/>	

PAN Information and KYC Confirmation proof (Mandatory) (Update the KYC / PAN below)		
Sole / First Unitholder / Guardian	Second Unitholder	Third Unitholder
PAN: <input type="text"/>	PAN: <input type="text"/>	PAN: <input type="text"/>
<input type="checkbox"/> KYC Confirmation proof enclosed	<input type="checkbox"/> KYC Confirmation proof enclosed	<input type="checkbox"/> KYC Confirmation proof enclosed

Scheme :	Plan :
Options : <input type="checkbox"/> Growth <input type="checkbox"/> Dividend	Dividend Mode : <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout
Dividend Frequency (where applicable) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

Additional Purchase Request	Switch Request
I/We would like to purchase units of the above mentioned scheme.	I/We would like to switch from the above mentioned scheme.
₹ (in figures) <input type="text"/>	Units <input type="text"/> or ₹ (in figures) <input type="text"/>
₹ (in words) <input type="text"/>	₹ (in words) <input type="text"/>
Mandatory (Please provide all the under mentioned details.)	to <input type="text"/> (Scheme Name) Plan : <input type="text"/>
Cheque No. <input type="text"/>	Option : <input type="checkbox"/> Growth / <input type="checkbox"/> Dividend Dividend Mode : <input type="checkbox"/> Reinvest / <input type="checkbox"/> Payout
Bank Name <input type="text"/>	Dividend Frequency (please tick any one) (Where applicable)
Branch <input type="text"/>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Account No. <input type="text"/>	(For inter scheme switches, please read the Scheme Information Document of the Scheme you are switching to).

I / We have read and understood the scheme related documents viz; Scheme Information Document (SID), Statement of Additional Information (SAI) and Key Information Memorandum (KIM) and agree to abide by the provisions stated in these documents. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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 / we hereby confirm that BNP Paribas Mutual Fund/BNP Paribas Asset Management India Private Limited and its empanelled brokers/distributors has not given any indicative portfolio and indicative yield in any manner whatsoever.

SIGNATURE(S)	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder
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Folio No.:	Scheme :
<input type="checkbox"/> Purchase Request <input type="checkbox"/> Switch Request	
Amount (₹) : <input type="text"/> or units <input type="text"/>	For Scheme (in case of switch) <input type="text"/> to Scheme <input type="text"/>

To process the proposed transaction as "DIRECT", striking-off broker code and countersigning the same is mandatory. The instructions stated in KIM shall be applicable hence investors are urged to read the KIM and instructions carefully.



TRANSACTION SLIP

for Redemption Request (for existing unitholders only)

Folio No.: _____
 Name : _____

E-mail _____ Default mode of communication
 If you wish to receive all communication from us via post or other means, please here

Scheme : _____ Plan : _____
 Options : Growth Dividend Dividend Mode : Reinvestment Payout
 Dividend Frequency (where applicable) Daily Weekly Monthly Quarterly Half Yearly Yearly

Redemption Request

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

₹ (in figures)		₹ (in words)	
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 or Units _____ or Entire Units (Please tick)
 If the redemption request exceeds the balance in my / our account, please redeem the entire outstanding balance in my / our account.
 Please pay the redemption proceeds to the Bank Mandate given by me/us.

I / We have read and understood the scheme related documents viz; Scheme Information Document (SID), Statement of Additional Information (SAI) and Key Information Memorandum (KIM) and agree to abide by the provisions stated in these documents. I / We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this investment. 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 / we hereby confirm that BNP Paribas Mutual Fund/ BNP Paribas Asset Management India Private Limited and its empanelled brokers/distributors has not given any indicative portfolio and indicative yield in any manner whatsoever.**

SIGNATURE(S)	_____ First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	_____ Second Applicant / Guardian / POA Holder	_____ Third Applicant / Guardian / POA Holder
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Folio No.: _____ Scheme : _____
 Redemption Request Amount (₹) : _____ or units _____

To process the proposed transaction as "DIRECT", striking-off broker code and countersigning the same is mandatory. The instructions stated in KIM shall be applicable hence investors are urged to read the KIM and instructions carefully.