



**BNP PARIBAS  
MUTUAL FUND**

**DIVIDEND TRANSFER PLAN  
ENROLMENT / CANCELLATION FORM**

(Please read terms & conditions overleaf)

App No.

The Application Form should be completed in **ENGLISH** and in **BLOCK LETTERS** only. Please tick in the appropriate box wherever applicable and strike off the section(s) not in use.

DISTRIBUTOR / BROKER INFORMATION		
Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	EUIN
<b>ARN-97821</b>		<b>E113814</b>

"I/We hereby confirm that where the EUIN space has been left blank by me/us, the transaction is an "execution-only" transaction"

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.

Please (✓) any one only

- ☐ **Enrolment** - I / We hereby apply for enrolment under the DTP of the following Scheme(s) / Plan(s) / Option(s) and agree to abide by the terms and conditions of the respective Scheme(s) / Plan(s) / Option(s). Please fill up items appearing under (A) and (B) below.
- ☐ **Cancellation** - I / We hereby apply for cancellation of DTP enrolled under the following Scheme(s) / Plan(s) / Option(s). Please fill up items appearing under (A) [Name] and (C) below.

(A) Name of the Applicant	PAN	KYC is Mandatory Please (✓)
First / Sole Applicant	<input type="text"/>	Proof Attached <input type="checkbox"/>
Guardian (in case First / Sole Applicant is a minor)	<input type="text"/>	Proof Attached <input type="checkbox"/>
PoA Holder	<input type="text"/>	Proof Attached <input type="checkbox"/>
Second Applicant	<input type="text"/>	Proof Attached <input type="checkbox"/>
Third Applicant	<input type="text"/>	Proof Attached <input type="checkbox"/>

**(B) ENROLMENT OF DTP**

Particulars
1. Folio No. of 'Source' Scheme / Plan / Option (for existing Unit holder) / Application No. (for new investor)
2. Name of 'Source' Scheme/Plan/Option
3. Name of 'Target' Scheme/Plan/Option

**(C) CANCELLATION OF DTP**

Folio No. of 'Source' Scheme / Plan / Option	
Name of 'Source' Scheme/Plan/Option	
Dividend Payment Details	<input type="checkbox"/> Dividend Payout <input type="checkbox"/> Dividend Re-investment

In case of insufficient space, please fill up separate Enrolment Forms.

I / We have read and understood the contents of the Scheme Information Documents of the respective target Scheme(s) and the Statement of Additional Information and the terms & conditions overleaf. 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.

SIGNATURE(S)	First/Sole Unit holder / Guardian / PoA	Second Unit holder	Third Unit holder

Please note : Signature(s) should be as it appears on the Application Form and in the same order.  
In case the mode of holding is joint, all Unit holders are required to sign.

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit holder)		
Date :	BNP Paribas Asset Management India Private Limited BNP Paribas House, 1 North Avenue, Maker Maxity, Bandra Kurla Complex, Bandra (East), Mumbai - 400 051.	<b>ARN-49710</b> App No.
Received from Mr./Ms./M/s. _____ 'DTP' application for enrolment / cancellation of transfer and investment of Dividend; from Scheme / Plan / Option _____ to Scheme / Plan / Option _____		ISC Stamp & Signature