Broker Name & Code	Sub-broker Name & Code	Sub-broker Code	EUIN	**BNP PARIBAS** MUTUAL FUND
ARN-97821 AMFI Registration No.	AMFI Registration No.	(As allotted by ARN holder)	E113814	

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 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/relatiofiship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction.

SIGNATURE(S)	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder

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 ☐

PAN Information and KYC Confirmation proof (Mandatory) (Update the KYC / PAN below)

Sole / First Unitholder / Guardian	Second Unitholder	Third Unitholder
PAN:	PAN:	PAN:
☐ KYC Confirmation proof enclosed	☐ KYC Confirmation proof enclosed	☐ KYC Confirmation proof enclosed

Scheme : _____ Plan : _____

Options : ☐ Growth ☐ Dividend   Dividend Mode : ☐ Reinvestment ☐ Payout

Dividend Frequency (where applicable)   ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ 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) _____

₹ (in words) _____

Units _____ or ₹ (in figures) _____

₹ (in words) _____

Mandatory (Please provide all the under mentioned details.)

Cheque No. _____

Bank Name _____

Branch _____

Account No. _____

to _____ (Scheme Name) _____ Plan : _____

Option : ☐ Growth / ☐ Dividend   **Dividend Mode :** ☐ Reinvest / ☐ Payout

Dividend Frequency (please tick any one) (Where applicable)

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

(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

Folio No.: _____ Scheme : _____

☐ Purchase Request   ☐ Switch Request

Amount (₹) : _____ or units _____ For Scheme (in case of switch) _____ to Scheme _____

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.

BNP PARIBAS MUTUAL FUND

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

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Redemption Request

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

₹ (in figures)		₹ (in words)	

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.