

<b>Broker Name &amp; Code</b>	<b>Sub-broker Name &amp; Code</b>	<b>Sub-broker Code</b>	<b>EUIN</b>
AMFI Registration No.	AMFI Registration No.	(As allotted by ARN holder)	



## 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.

<b>SIGNATURE(S)</b>	_____	_____	_____
	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder

Folio No.: _____	E-mail _____
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: _____	PAN: _____	PAN: _____
<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) _____	Units _____ or ₹ (in figures) _____
₹ (in words) _____	₹ (in words) _____
<b>Mandatory</b> (Please provide all the under mentioned details.)	to _____ (Scheme Name) Plan : _____
Cheque No. _____	<b>Option</b> : <input type="checkbox"/> Growth / <input type="checkbox"/> Dividend <b>Dividend Mode</b> : <input type="checkbox"/> Reinvest / <input type="checkbox"/> Payout
Bank Name _____	<b>Dividend Frequency</b> (please tick any one) (Where applicable)
Branch _____	<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. _____	(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.**

<b>SIGNATURE(S)</b>	_____	_____	_____
	First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder

Folio No.: _____	Scheme : _____
<input type="checkbox"/> Purchase Request <input type="checkbox"/> 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.



## 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.**

<b>SIGNATURE(S)</b>	_____ 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.