BNP PARIBAS MUTUAL FUND

SIP AUTO DEBIT (ECS / NACH / SI) FACILITY : REGISTRATION CUM MANDATE FORM

Please read the Instructions before completing this Application Form.

Please (✓) ☐ SIP Registration ☐ SIP Renewal ☐ SIP Cancellation ☐ SIP - Change in Bank Details

DISTRIBUTOR / BROKER INFORMATION [refer instruction 1(b)]

Name and AMFI Reg. No.	Sub Agent's Name and AMFI Reg. No.	Bank Serial No.	SBFS Serial No.	Sub-Broker Code	EUIN
ARN- 24863	ARN- E043887			(As allotted by ARN holder)	

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.

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.

First / Sole Applicant / Guardian / POA Holder / Authorised Signatory	Second Applicant / Guardian / POA Holder	Third Applicant / Guardian / POA Holder

1. APPLICANT'S INFORMATION (Mandatory, if left blank, the application is liable to be rejected)

Name of Sole / First Unit Holder First Name Middle Name Last Name

Folio No. **Application No.**

Mode of Holding (please ✓) ☐ Single ☐ Joint ☐ Anyone or Survivor **PAN** (First Unit Holder)

Mobile No. +91 **E-mail ID**

2. SYSTEMATIC INVESTMENT PLAN DETAILS

Scheme / Plan / Option

Frequency (Please ✓) ☐ **Weekly SIP** ☐ **Monthly# SIP** ☐ **Quarterly# SIP** (Calender Quarter i.e. January, April, July and October) **(#ECS available)**

SIP Date Weekly SIP (Monday to Friday): Day of transfer Monthly and Quarterly SIP: Preferred Debit Date (Any date except 29th, 30th and 31st)

Enrolment Period ☐ **Regular** From M M / Y Y Y Y To M M / Y Y Y Y ☐ **Perpetual** From M M / Y Y Y Y To 0 1 / 2 0 9 9

Each SIP Amount ₹ No. of instalments Total Amount ₹ **First SIP Instalment via:** Cheque No.

Drawn on Bank

Branch A/c. No.

SIP Top UP (Optional) Top Up Amount* Amount in multiples of ₹ 500 only **Top Up Frequency** ☐ Half Yearly ☐ Yearly*

3. DECLARATION & SIGNATURES

This is to inform that I/We have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit /Standing Instruction and that my payment towards my investment in BNP Paribas Mutual Fund shall be made from my/our below mentioned bank account with your bank. I/We authorise the representative carrying this ECS (Debit Clearing) / Direct Debit / Standing Instruction mandate Form to get it verified & executed. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in ECS (Debit Clearing) / Direct Debit /Standing Instruction. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I /We will also inform BNP Paribas Mutual Fund/ BNP Paribas Asset Management India Limited, about any changes in my bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I would not hold the Mutual Fund or the Bank responsible. If the date of debit tomy/ our account happens to be a non business day as per the Mutual Fund, execution of the SIP will happen on the day of holiday and allotment of units will happen as per the Terms and Conditions listed in the Offer Document of the Mutual Fund. Bank shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligations under this Agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riot, strike, mutiny,revolution, fire, flood, fog, war, lightening, earthquake, change of Government policies, Unavailability of Bank's computer system, force majeure events, or any other cause of peril which is beyond Bank's reasonable control and which has the effect of preventing the performance of the contract by the Bank. I/We acknowledge that no separate intimation will be received from Bank in case of non-execution of the instructions for any reasons whatsoever.

SIGNATURE AS PER BNP PARIBAS MUTUAL FUND (To be signed as per Mode of Holding)	
Sole/First Applicant/Guardian	
Second Applicant (Not applicable if first applicant is minor)	
Third Applicant (Not applicable if first applicant is minor)	

SIGNATURE AS PER BANK RECORDS (To be signed by all holder if Mode of Operation in the Bank is Joint)	
Sole / First Holder	
Second Holder	
Third Holder	

ECS/NACH/SI Mandate

UMRN Date D D M M Y Y Y Y

Sponsor Bank Code Utility Code

Tick (✓)

CREATE ✓
MODIFY
CANCEL

I/We hereby authorize **BNP PARIBAS MUTUAL FUND** to debit (tick✓) SB CA CC SB-NRE SB-NRO Other

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees ₹

FREQUENCY ☒ ~~Mthly~~ ☒ ~~Qtly~~ ☒ ~~H-Yrly~~ ☒ ~~Yrly~~ ☑ As & when presented DEBIT TYPE ☒ ~~Fixed Amount~~ ☑ Maximum Amount

Reference 1 Phone No.

Reference 2 Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or ☐ Until Cancelled

Signature Primary Account holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

This is to confirm that the declaration has been carefully read, understood and made by me/us. I am authorizing the User entity/ Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate of the bank where I have authorized the debit.