

TRANSACTION SLIP (for existing Unitholders only)



Date :

Folio No.:	<input type="text"/>	Name :	<input type="text"/>
Scheme :	<input type="text"/>	Plan :	<input type="text"/>
Options :	<input type="checkbox"/> Growth	Dividend Mode :	<input type="checkbox"/> Payout
	<input type="checkbox"/> Dividend		<input type="checkbox"/> Reinvestment
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

Broker Name & Code*	Sub-broker Name & Code*
Ganesh S. Shanbhag	
ARN - 0988	

*AMFI Registration No.

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.

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

Additional Purchase Request	Redemption Request*	Switch Request
I/We would like to purchase units of the above mentioned scheme.	I/We would like to redeem units of the above mentioned scheme.	I/We would like to switch from the above mentioned scheme.
Rs. (in figures) <input type="text"/>	Rs. (in figures) <input type="text"/>	Units <input type="text"/> or Rs. (in figs.) <input type="text"/>
Rs. (in words) <input type="text"/>	Rs. (in words) <input type="text"/>	Rs. (in words) <input type="text"/>
Mandatory (Please provide all the under mentioned details. DD, Pay order and third party cheques not accepted.)	or <input type="text"/> Units	to _____ (Scheme Name) _____ (Plan Name)
Cheque No. _____	or <input type="checkbox"/> Entire Units (Please tick)	Option : <input type="checkbox"/> Growth / <input type="checkbox"/> Dividend
Bank Name _____	If the redemption request exceeds the balance in my / our account, please redeem the entire outstanding balance in my / our account.	Dividend Mode : <input type="checkbox"/> Reinvest / <input type="checkbox"/> Payout
Branch _____	Please pay the redemption proceeds to the Bank Mandate given by me/us.	Dividend Frequency (please tick any one) (Where applicable)
Account No. _____		<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
		(For inter scheme switches, please read the Offer Document of the Scheme you are switching to).

Required For Switch-ins To Exchange Listed Fixed Maturity Plans: DEMAT ACCOUNT DETAILS OF FIRST / JOINT APPLICANT(S) (Please ✓)

Depository Participant (DP) ID	Beneficiary Account Number	OR	Depository Participant (DP) ID & Beneficiary Account Number
NSDL <input type="checkbox"/> <input type="text"/>	<input type="text"/>	CDSL <input type="checkbox"/>	<input type="text"/>

If you wish to receive all communication from us via email, Please ✓ here (Please provide E-mail address overleaf)

I / We have read and understood the Scheme Information Document(s) of the Scheme(s) and agree to abide by the terms & conditions and rules & regulations of the Scheme(s). 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 Unitholder	Second Unitholder	Third Unitholder	Please fill the details overleaf for the Change of Address and Bank Mandate
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Folio No.:	<input type="text"/>	Scheme :	<input type="text"/>
<input type="checkbox"/> Purchase Request	<input type="checkbox"/> Redemption Request*	<input type="checkbox"/> Switch Request	<input type="checkbox"/> Change of Address
<input type="checkbox"/> Change of Bank Mandate*			
Amount (Rs.) :	<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. *Investors should note that w. e. f. November 15, 2010, change of bank mandate along with the redemption request will not be processed and redemption will be processed as per specified service standard and last registered bank account information will be used for payments to Unit holders.



BNP PARIBAS
MUTUAL FUND

Change of Address, Contact details & Bank Mandate

Folio No.	
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Name :	
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CHANGE OF ADDRESS
City _____ State _____
Pincode _____

CHANGE OF BANK MANDATE*
Account No. _____ <input type="checkbox"/> S/B <input type="checkbox"/> C/A
Account Category/ Status# : <input type="checkbox"/> Resident <input type="checkbox"/> NRE <input type="checkbox"/> NRO
Bank Name _____
Branch Address _____
City* _____ Pincode _____
State _____

CONTACT DETAILS
Tel. No.(O): _____ (R) _____
E-mail : _____

*All future redemption/dividend payouts under the said folio will be payable at the city and Bank Mandate mentioned above, unless intimated otherwise.

* Mandatory

If you wish to receive all communication from us via email, Please here (Please provide E-mail address above)

SIGNATURE(S)	_____	_____	_____
	First Unitholder	Second Unitholder	Third Unitholder

*Investors should note that w. e. f. November 15, 2010, change of bank mandate along with the redemption request will not be processed and redemption will be processed as per specified service standard and last registered bank account information will be used for payments to Unit holders.