

20200327-02

法銀巴黎證券投資顧問股份有限公司 函

地址：110 台北市信義路五段 7 號 71 樓之 1

電話：(02)7718-8188

受文者：如行文單位

發文日期：中華民國 109 年 03 月 25 日

發文字號：法巴顧字第 1090037 號

速別：

密等及解密條件或保密期限：普通

附件：

主旨：謹通知法銀巴黎證券投資顧問股份有限公司所代理法巴基金(BNP Paribas Funds) 及法巴 A 基金(BNP PARIBAS A Fund) (以下合稱「境外基金」)之 2020 年 2 月版「基金交易準則」相關事宜。

說明：

- 一、本公司業已透過電郵方式於 2020 年 3 月 25 日交付境外基金之最新版「基金交易準則」相關書表。
- 二、若有任何問題，蒙請 貴公司不吝致電 (02)7718-8188 指教。

正本：永豐商業銀行股份有限公司(理財商品部)、台灣中小企業銀行、花旗(台灣)商業銀行、彰化商業銀行、兆豐國際商業銀行、華泰商業銀行、台北富邦商業銀行股份有限公司、華南商業銀行股份有限公司、渣打國際商業銀行股份有限公司、玉山商業銀行股份有限公司、日盛國際商業銀行股份有限公司、凱基銀行、陽信商業銀行、台新國際商業銀行、星展(台灣)商業銀行股份有限公司、中國信託商業銀行、第一商業銀行股份有限公司、遠東國際商業銀行、台灣土地銀行、合作金庫商業銀行股份有限公司、聯邦商業銀行股份有限公司、安泰商業銀行股份有限公司、國泰世華商業銀行股份有限公司、元大商業銀行股份有限公司、台灣新光商業銀行股份有限公司、京城商業銀行股份有限公司、台中商業銀行股份有限公司、群益金鼎證券股份有限公司、上海商業儲蓄銀行、三信商業銀行股份有限公司、法商法國巴黎銀行台北分行、復華證券投資信託股份有限公司、國泰證券投資信託股份有限公司、群益證券投資信託股份有限公司、富邦綜合證券股份有限公司、永豐金證券股份有限公司、萬寶證券投資顧問股份有限公司、先鋒證券投資顧問股份有限公司、安聯人壽保險股份有限公司、高雄銀行股份有限公司、台灣人壽保險股份有限公司、統一證券股份有限公司、凱基證券股

份有限公司、日盛證券股份有限公司、元富證券股份有限公司、國票綜合證券股份有限公
司、元大證券股份有限公司、第一金人壽保險股份有限公司、康和證券股份有限公司、法商
法國巴黎人壽保險股份有限公司台灣分公司、富邦人壽保險股份有限公司、柏瑞證券投資信
託股份有限公司、臺灣銀行、板信商業銀行、匯豐(台灣)商業銀行股份有限公司、合庫人壽
保險股份有限公司、兆豐證券股份有限公司、全球人壽保險股份有限公司、兆豐證券投資信
託股份有限公司、合作金庫證券投資信託股份有限公司、合作金庫人壽保險股份有限公司、
元大證券投資信託股份有限公司、英屬百慕達商安達人壽保險股份有限公司台灣分公司、德
盛安聯證券投資信託股份有限公司、鉅亨證券投資顧問股份有限公司、核聚證券投資顧問股
份有限公司、中國信託證券投資信託股份有限公司、富盛證券投資顧問股份有限公司、基富
通證券股份有限公司、富達證券投資信託股份有限公司、台新證券投資信託股份有限公司、
保德信證券投資信託股份有限公司、國泰綜合證券股份有限公司

總經理 陳能耀



BNP PARIBAS
ASSET MANAGEMENT

The asset manager
for a changing world

Date :

Number of pages :

Please complete all sections in CAPITAL LETTERS and BLACK INK

ACCOUNT DETAILS

TA REGISTER NUMBER (*)

REGISTER NAME (*)
(Company Name)

Contact Name (*)

Phone number (*) Email address

SICAV/UMBRELLA FOR WHICH THE ORDER HAS TO BE PLACED

Please write the full name of the fund:

SICAV*

SUBSCRIPTION IN NUMBER OF SHARES

Name of sub-funds	ISIN Code	Number of shares (in decimal part)	NAV/Ccy	Payment Ccy	Subscription Fees (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR SUBSCRIPTION IN AMOUNT

Name of sub-funds	ISIN Code	Amount to be invested (in payment ccy) (2 decimal part)	NAV/Ccy	Payment Ccy	Subscription Fees (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DECLARATION

The applicant certifies that the acknowledgements, representations and warranties made and given in the original application continue to be true and accurate with respect to the transactions specified above.

AUTHORISED SIGNATORIES

Date _____ Signature (*) _____
1

Date _____ Signature (*) _____
2

(*) All these informations are mandatory.
Please be advised that, if the fund name is missing on the order, the Isin code will prevail.

The applied NAV will be the next available NAV. The order will be executed in agreement with the Fund prospectus. BNP Paribas Securities Services Luxembourg Transfer Agent reserves the right not to process any order if this form is incomplete, inaccurate or unclear. It is strictly forbidden to amend this form without prior agreement of BP2S TA or BNP PARIBAS ASSET MANAGEMENT Luxembourg.

For Hong Kong investors, orders to be faxed to (852) 2521 8821 and contact BNP Paribas Securities Services Hong Kong at phone# (852) 3197 3311 if any queries.
For Singapore investors, orders to be faxed to (65) 6210 1710 and contact BNP Paribas Trust Services Singapore at phone# (65) 6210 3996 / (65) 6210 3996 if any queries.
For Taiwan investors, orders to be faxed to toll free number 00 806 65 18 50 and cc copy to BNP PARIBAS ASSET MANAGEMENT Taiwan CO., LTD at fax number (886) 2 8789 5569 and contact BNP Paribas Securities Services Hong Kong at toll free phone# 00 801 66 79 if any queries.



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REGISTER NAME (*)
(Company Name)

Contact Name (*)

Phone number (*) Email address

SICAV/ UMBRELLA FOR WHICH THE ORDER HAS TO BE PLACED

Please write the full name of the fund:

SICAV*

REDEMPTION IN NUMBER OF SHARES

Name of sub-fund	ISIN Code	Number of shares (to decimal two)	NAV Ccy	Payment Ccy	Full Redemption
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

OR REDEMPTION IN AMOUNT

Name of sub-fund	ISIN Code	Amount to be redeemed (in Payment Ccy) (to decimal two)	NAV Ccy	Payment Ccy	Full Redemption
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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For Taiwan investors, orders to be faxed to toll free number 00 806 65 18 50 and cc copy to BNP PARIBAS ASSET MANAGEMENT Taiwan CO., LTD. at fax number (886) 2 8789 5569 and contact BNP Paribas Securities Services Hong Kong at toll free phone# 00 801 85 66 79 if any queries.



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ACCOUNT DETAILS

TA REGISTER NUMBER (*)

REGISTER NAME (*)
(Company Name)

Contact Name (*)

Phone number (*) Email address

SICAV/UMBRELLA FOR WHICH THE ORDER HAS TO BE PLACED

Please write the full name of the fund:
SICAV*

REDEMPTION IN NUMBER OF SHARES

Name of sub-funds	ISIN Code	Number of shares (in thousands)	NAV/CCY	Payment CCY	Full Redemption
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

OR REDEMPTION IN AMOUNT

Name of sub-funds	ISIN Code	Amount to be redeemed (in payment CCY) (if applicable)	NAV/CCY	Payment CCY	Full Redemption
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

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Date :

Number of pages :

FOR BOTH PARTIES

SICAV / UMBRELLA FOR WHICH THE ORDER HAS TO BE PLACED

Please write the full name of the fund:
SICAV:

TRANSFER DETAILS

Name of sub-funds	Isin Code	Number of shares / Units to be transferred				Currency	Full Transfer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	

** Please tick the box for a full transfer

Trade date:

Value date:

TRANSFEROR DETAILS (Register OUT)

TA REGISTER NUMBER (*)

REGISTER NAME (*)
(Company Name)

Contact Name (*)
(In case of operational issues)

Phone number (*) Fax number (*)

Email Address

TRANSFEEE DETAILS (Register IN)

TA REGISTER NUMBER (*)

REGISTER NAME (*)
(Company Name)

Contact Name (*)
(In case of operational issues)

Phone number (*) Fax number (*)

Email Address

DECLARATION

The applicant certifies that the acknowledgements, representations and warranties made and given in the original application continue to be true and accurate with respect to the transactions specified above.

AUTHORISED SIGNATORIES

TRANSFEROR (Register OUT)

Date

Signature (*) Signature (*)
1 2

TRANSFEEE (Register IN)

Date

Signature (*) Signature (*)
1 2

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Please be advised that, if the fund name is missing on the order, the Isin code will prevail.
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