

(To be Filled in BLOCK LETTERS only)

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units)			
Broker Name & ARN code / RIA code <sup>^</sup>	Sub-broker ARN code	Sub code	EUIN
<b>ARN - 0018</b>	ARN -		

App. No.: **D**

<sup>^</sup> By mentioning RIA code, I / we authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of HSBC Mutual Fund.

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.

For Office Use Only

Sole / First Applicant / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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**1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 20 regarding transaction charges applicability)**

I AM A FIRST TIME MUTUAL FUND INVESTOR (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

I AM AN EXISTING INVESTOR IN MUTUAL FUND (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

**2 APPLICANT'S INFORMATION [Please fill in your Folio No. below. In case of existing folio, furnish only KYC and PAN details below (if not provided earlier) and proceed to Section 3]**

Folio No. \_\_\_\_\_ Please note that applicant details and mode of holding will be as per existing Folio Number.

**SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON AADHAAR** Are you a resident of Canada? (✓) Yes  No  \*\* Default if not ticked.

Name<sup>^</sup> Mr Ms M/s \_\_\_\_\_ Should match with Aadhaar \_\_\_\_\_

Date of Birth <sup>~†</sup> (Mandatory) DD MM YY YY \_\_\_\_\_ ~ Proof Enclosed (✓)  Birth Certificate  School Leaving Certificate  Passport  Marksheet issued by HSC State Board  Others \_\_\_\_\_ (please specify)

KYC Identification No. (KIN) <sup>‡‡</sup> \_\_\_\_\_

Aadhaar Number<sup>\*\*</sup> \_\_\_\_\_ Where Aadhaar number has not been assigned : Please enclose -  Proof of application of enrollment of Aadhaar

PAN<sup>\*\*</sup> (Mandatory) \_\_\_\_\_ Proof to be enclosed (✓)  PAN card Copy

Nationality <sup>‡</sup> \_\_\_\_\_ Country of Residence \_\_\_\_\_

**GUARDIAN NAME<sup>^</sup> (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only)**

Mr Ms M/s \_\_\_\_\_

KYC Identification Number (KIN) <sup>‡‡</sup> \_\_\_\_\_

Aadhaar Number<sup>\*\*</sup> \_\_\_\_\_ Where Aadhaar number has not been assigned : Please enclose -  Proof of application of enrollment of Aadhaar

PAN<sup>\*\*</sup> (Mandatory) \_\_\_\_\_ Proof to be enclosed (✓)  PAN card Copy

Natural Guardian\* (Father or Mother)  Legal Guardian\*\* (court appointed Guardian)  
\* Document evidencing relationship with Guardian \*\* In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

Status of Sole / 1st Applicant (✓):  Resident Individual  Resident Minor (through Guardian)  Non-Resident (Repatriable)  Non-Resident (Non-Repatriable)  Non-Resident - Minor (Repatriable)  Non-Resident - Minor (Non-Repatriable)  Bank  FPIs  QFI/EFI  AOP  HUF  FPI  Sole-Proprietor  Private Limited Company  Public Limited Co.  Body Corporate  Partnership Firm  Trust  NPS Trust  Fund of Fund  Gratuity Fund  Pension and Retirement Fund  Government Body  NGO  BOI  Society  LLP  PIO  Non Profit Organisation  Global Development Network  Foreign Nationals [Specify Country] \_\_\_\_\_  Others [Specify] \_\_\_\_\_

**3 KYC DETAILS [Mandatory (Details of Guardian in case the unitholder is a minor)]**

**Investors are requested to complete the KYC section for Joint holders & POA also, as applicable**

a. Occupation Details (✓):  Private Sector Service  Public Sector Service  Government Service  Professional  Agriculturist  Retired  Housewife  Student  Doctor  Forex Dealer  Business [Nature of Business] \_\_\_\_\_  Casino Owner  Arms manufacturer  Gambling services offerer  Money lender  Pawn Broker  Others [Pl. specify] \_\_\_\_\_

b. Gross Annual Income (Please ✓):  Below ₹ 1 Lac  ₹ 1-5 Lacs  ₹ 5-10 Lacs  ₹ 10-25 Lacs  ₹ 25 Lacs - ₹ 1 Crore  > ₹ 1 Crore

OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) DD MM YY YY \_\_\_\_\_

<b>For Individuals [Tick (✓) if applicable] :</b>	<b>For Non-Individual Investors (Companies, Trust, Partnership etc.) :</b>
<input type="checkbox"/> Politically Exposed Person (PEP)	I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach mandatory UBO Declaration)
<input type="checkbox"/> Related to a Politically Exposed Person (PEP)	II. Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Applicable	III. Gaming / Gambling / Lottery/ Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	IV. Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>For Non Individual Investors - Identification of Beneficial Ownership</b>	Mandatory UBO Declaration form duly filled and signed attached. <input type="checkbox"/> Yes <input type="checkbox"/> No (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company)

<sup>^</sup> Name to be as per the Aadhaar Card. If the Name given in the application is not matching with Aadhaar card, application may be liable to get rejected or further transactions may be liable get rejected. W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 9 under Important Instructions).

<sup>‡‡</sup> W.e.f February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

<sup>\*\*</sup> As per the amendments to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005 dated 1st June 2017, Resident Individual investors including Joint Holders, Guardian and Power of Attorney Holders are required to submit their Aadhaar number or proof of Aadhaar application issued by the Unique Identification Authority of India and Permanent Account Number (PAN) to us. Non-individual investors have to submit the Aadhaar and PAN of the authorized signatory/ies. Non Resident Individuals are not required to provide Aadhaar.

<sup>‡</sup> Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

...continued overleaf

**ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)**

Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.

Received from Mr. Ms. M/s. \_\_\_\_\_

App. No.: **D**

Folio No. \_\_\_\_\_ application for Units of Scheme \_\_\_\_\_

Plan \_\_\_\_\_ Option \_\_\_\_\_ alongwith Cheque/DD No. \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on (Bank) \_\_\_\_\_ Amount (₹) \_\_\_\_\_

SIP Investment  Toal Cheques  ECS (Debit / Direct Debit Facility) Total Amount (₹) \_\_\_\_\_

ISC Stamp, Signature & date

Date DD MM YY YY \_\_\_\_\_ Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.

**4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS**

**Address for Correspondence**<sup>†</sup> [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

City		Country	Pin Code
State			

**Contact Details**

	Phone	O	Extn.	Fax	
	R				Mobile

**e-mail** \_\_\_\_\_

† On providing e-mail id investors shall receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents and marketing material by email

**Overseas Address / Registered Address in case of Non-Individual investors**  
 (Mandatory in case of NRI / FPI applicant in addition to mailing address) (Should be same as in KRA records)

State	Country (Mandatory)	City	Zip Code

**5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)**

**Mode of Holding** (✓)  Single  Joint (Default if not mentioned)  Anyone or Survivor

**NAME<sup>^</sup> OF SECOND APPLICANT** (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor) **Are you a resident of Canada.?** (✓) Yes  No<sup>††</sup>  Default if not ticked.

Mr Ms M/s \_\_\_\_\_ Should match with Aadhaar \_\_\_\_\_

Date of Birth <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	KYC Identification Number (KIN) †† _____
D	D	M	M	Y	Y	Y	Y		
Aadhaar Number** _____	Where Aadhaar number has not been assigned : Please enclose - <input type="checkbox"/> Proof of application of enrollment of Aadhaar								
PAN** (Mandatory) _____	Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy								
Nationality _____	Country of Residence _____								
<b>a. Occupation</b> (please ✓) : <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] _____ <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify] _____									
<b>b. Gross Annual Income</b> (please ✓) : <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore <b>OR</b> <b>Net-worth in Rupees</b> (Mandatory for Non-Individuals) ₹ _____ Net-worth should not be older than 1 year									
<b>c. Others</b> (please ✓) : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable									

**NAME<sup>^</sup> OF THIRD APPLICANT** (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor) **Are you a resident of Canada.?** (✓) Yes  No<sup>††</sup>  Default if not ticked.

Mr Ms M/s \_\_\_\_\_ Should match with Aadhaar \_\_\_\_\_

Date of Birth <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	KYC Identification Number (KIN) †† _____
D	D	M	M	Y	Y	Y	Y		
Aadhaar Number** _____	Where Aadhaar number has not been assigned : Please enclose - <input type="checkbox"/> Proof of application of enrollment of Aadhaar								
PAN** (Mandatory) _____	Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy								
Nationality _____	Country of Residence _____								
<b>a. Occupation</b> (please ✓) : <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] _____ <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify] _____									
<b>b. Gross Annual Income</b> (please ✓) : <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore <b>OR</b> <b>Net-worth in Rupees</b> (Mandatory for Non-Individuals) ₹ _____ Net-worth should not be older than 1 year									
<b>c. Others</b> (please ✓) : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable									

**POA HOLDER DETAILS\*** (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).

NAME<sup>^</sup> Mr MsM/s \_\_\_\_\_ Should match with Aadhaar \_\_\_\_\_

Date of Birth <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	KYC Identification Number (KIN) †† _____
D	D	M	M	Y	Y	Y	Y		
Aadhaar Number** _____	Where Aadhaar number has not been assigned : Please enclose - <input type="checkbox"/> Proof of application of enrollment of Aadhaar								
PAN** (Mandatory) _____	Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy								
Nationality _____	Country of Residence _____								
<b>a. Occupation</b> (please ✓) : <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] _____ <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify] _____									
<b>b. Gross Annual Income</b> (please ✓) : <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore <b>OR</b> <b>Net-worth in Rupees</b> (Mandatory for Non-Individuals) ₹ _____ Net-worth should not be older than 1 year									
<b>c. Others</b> (please ✓) : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable									

**6 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines)** (refer Instruction No. 3 for Multiple Bank Account Registration details)

Core Banking A/c No. \_\_\_\_\_ A/c. Type (✓)  Current  Savings  NRO\*  NRE\* \* For NRI Investors

Bank Name \_\_\_\_\_

Branch Address \_\_\_\_\_

MICR Code 9 digit number next to your Cheque No \_\_\_\_\_ RTGS IFSC Code For Rupees Two lakhs and above \_\_\_\_\_ NEFT IFSC Code For less than Rupees Two lakhs \_\_\_\_\_

Please also provide a cancelled cheque leaf of the same bank account as mentioned above. Mentioning your 11 digit RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us transfer the amount to your bank account quicker, electronically.

...continued on next page ⇨

**CALL US AT**

**HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:**

- **Ahmedabad** : Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● **Bengaluru** : No. 7, Hsbc Center, M.G. Road, Bengaluru - 560 001. ● **Chandigarh**: SCO 1, Sector 9 D, Chandigarh - 160 017. ● **Chennai** : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● **Hyderabad** : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 50082.
- **Kolkata** :31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● **Mumbai** : 16, V.N. Road, Fort, Mumbai - 400 001 ● **New Delhi** : Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. ● **Pune** : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411011.

**TOLL FREE NUMBER : 1800 200 2434** (can be dialled from all phones within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our customer care centre.

<a href="mailto:hsbcmf@camsonline.com">hsbcmf@camsonline.com</a>	<a href="http://www.assetmanagement.hsbc.com/in">www.assetmanagement.hsbc.com/in</a>
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**7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please (✓) Scheme/Plan/Option/Sub-Option/Dividend Frequency)**

**LUMPSUM : Scheme**

**Plan**

**Sub-Option**  Growth (default)  Dividend Reinvestment  Dividend Payout

**Dividend Frequency**  Daily\*\*  Weekly†  Monthly#  Quarterly<sup>§</sup>  Fortnightly<sup>^</sup>  Half Yearly††

The scheme name mentioned on the application form and the cheque has to be same. In case of any discrepancy between the two, units will be allotted as per scheme name mentioned on the application only.

**Payment Mode**  Cheque  DD  RTGS  NEFT  Fund Transfer

**Cheque/RTGS/NEFT/DD/FT Date** D D / M M / Y Y Y Y

**Cheque/DD/RTGS/NEFT No.**

**Payment from Bank A/c. No.**

**Investment Amount (Rs.) (i)**

**DD charges (Rs.) (ii)**

**Total Amount (Rs.) (i + ii)**

**Bank Name**

**Branch**

**A/c. Type (✓)**  Current  Savings  NRO\*  NRE\*  FCNR\*  Others (\* For NRI Investors)

**Documents attached to avoid Third Party Payment Rejection where applicable :**  Third Party Declarations  Bank Certificate for Pre-funded Instruments

**MANDATORY DECLARATION :** The details of the bank account provided above pertain to my/our own bank account in my/our name  Yes  No.

If no, my relationship with the bank account holder (✓)  Parent  Grandparent  Employee  Custodian  Others (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 10 on the Third Party Payments).

**SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (All cheques should be of same date of the months/quarters)**

**First SIP Cheque Details : Cheque No.**  **Date** D D / M M / Y Y Y Y **Bank Name**

**Drawn on Bank A/c. No.**  **Bank Branch**

**SIP Date**  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default<sup>¶</sup>)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st  All dates

**Frequency**  Monthly (Default<sup>¶</sup>)  Quarterly (10th)

**SIP Period :** Start Date M M Y Y End Date M M Y Y

March 2099 (Default)

**Each SIP Amount (Rs.)**  **Cheque Nos.** From  To

**Drawn on** Bank A/c.  **Bank**  **Branch**

**8 SYSTEMATIC ENCASHMENT PLAN (SEP)**

**Scheme**  **Plan**  **Registration**

**Option**  Regular  Institutional  Institutional Plus **Dividend Frequency**  Daily\*\*  Weekly†  Monthly#  Quarterly<sup>§</sup>  Fortnightly<sup>^</sup>  Half Yearly††

**Frequency (✓)**  Monthly (Default<sup>¶</sup>)  Quarterly (10th) **Sub-Option**  Growth<sup>¶</sup>  Dividend Reinvestment  Dividend Payout

**Withdrawal Options**  Fixed Amount  Capital Appreciation (1st Business Day of the month) **Withdrawal Amount** (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter)

**SEP Date**  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default<sup>¶</sup>)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st  All dates

**Rs.**  **Redemption amount will equal appreciation.**

**Period of enrolment** M M Y Y Y Y To M M Y Y Y Y

To be submitted 10 days prior to the SEP date in case of Registration.

**9 SYSTEMATIC TRANSFER PLAN (STP)**

**Transfer From: Scheme Name**  **Transfer To: Scheme Name :**  **Registration**

**Plan**  **Option**  Regular  Institutional  Institutional Plus **Plan**  **Sub-option**  Growth<sup>¶</sup>  Dividend Reinvestment  Dividend Payout

**Sub-option**  Growth (default)  Dividend Reinvestment  Dividend Payout **Dividend Frequency**  Daily\*\*  Weekly†  Monthly#  Quarterly<sup>§</sup>  Fortnightly<sup>^</sup>  Half Yearly††

**Dividend Frequency**  Daily\*\*  Weekly†  Monthly#  Quarterly<sup>§</sup>  Fortnightly<sup>^</sup>  Half Yearly††

**STP Frequency (✓)**  Monthly (Default<sup>¶</sup>)  Quarterly (10th)

**STP Date**  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default<sup>¶</sup>)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st  All dates

**Installment commencing From** M M Y Y Y Y **To** M M Y Y Y Y

**Transfer Amount** Amount per instalment Rs.  (Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)

To be submitted 10 days prior to the STP date in case of Registration.

\*\* Applicable for HSBC Cash Fund & HSBC Low Duration Fund. † For HSBC Cash Fund, HSBC Short Duration Fund & HSBC Low Duration Fund. ‡ For HSBC Cash Fund, HSBC Short Duration Fund & HSBC Low Duration Fund, HSBC Regular Savings Fund, HSBC Low Duration Fund & HSBC Flexi Debt Fund. § For HSBC Debt Fund, HSBC Regular Savings Fund, HSBC Short Duration Fund & HSBC Flexi Debt Fund. ^ For HSBC Flexi Debt Fund. †† For HSBC Flexi Debt Fund only. Please note that dividend payout is available only in the Monthly, Quarterly & Half yearly sub option for all schemes & under scheme HCFWD for dividend amount equal or greater to INR 250/-. Dividend Reinvestment is not applicable in case of HSBC Tax Saver Equity Fund. Dividend payout will be dependent on the scheme. ¶ Default date is 10th of month \* Growth is Default. ¶ If no debit date is mentioned default date would be considered as 10th of every month / quarter.

**10 DEMAT ACCOUNT DETAILS**

Please provide details of your Depository Participant if you wish to hold units in Demat Form.

	NSDL	CDSL
DP Name	<input type="text"/>	<input type="text"/>
DP ID	I N <input type="text"/>	<input type="text"/>
Beneficiary Account No.	<input type="text"/>	<input type="text"/>

**11 I DO NOT WISH TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)**

I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

**Signature(s)**  **Sole/First Applicant**  **Second Applicant**  **Third Applicant**

**OR**

Where Nominee details and Non intention to nominate both are mentioned, Non intention to nominate will be considered as "Default". Folio in such case will be updated without Nominee.

**I WISH TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single)** (ref. Important Instruction 14)

I/We  (Unit holder 1),  (Unit holder 2) and  (Unit holder 3) \*do hereby nominate the person(s) more particularly described hereunder/and\*/cancel the nomination made by me/us on the  day of  in respect of the Units under Folio No.  (\*strike out which is not applicable)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian (To be furnished in case the Nominee is a Minor)	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* the aggregate total should be 100%.

...continued overleaf

**12 CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS)**  
**[Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]**

**FATCA / CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)**

	Sole / First Applicant Guardian	Second Applicant	Third Applicant
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are Citizen / Resident / Green Card Holder / Tax Resident in the respective countries			
Country of Tax Residency#			
Tax Identification Number (TIN) or Functional Equivalent^			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Reason A – The country where the Account Holder is liable to pay tax does not issue TIN to its residents. Reason B – No TIN required [Select this reason only for the authorities of the respective country of tax residence do not required the TIN to be collected] Reason C – Others - Please specify the reason _____			
# To also include USA, where the individual is a citizen / green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.			

Reason A – The country where the Account Holder is liable to pay tax does not issue TIN to its residents.  
Reason B – No TIN required [Select this reason only for the authorities of the respective country of tax residence do not required the TIN to be collected]  
Reason C – Others - Please specify the reason \_\_\_\_\_

**FATCA / CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBO)**  
**(COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.)**

Please complete Annexure A & B

**13 DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)**

**FATCA / CRS DECLARATION**

I acknowledge and confirm that the information provided with respect to FATCA / CRS is true and correct to the best of my knowledge and belief. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA / CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. I also undertake to keep the Fund informed in writing about any changes / modification / updation to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund / AMC / RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

**CONSENT FOR UPDATION AND VALIDATION OF AADHAAR**

I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.  
I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

**OTHER DECLARATIONS**

Having read and understood the contents of the Scheme Information Document, Key Information Document, Statement of Additional Information and Addenda of the Scheme(s) issued till date, I / We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to abide by the terms, conditions, rules and regulations of the Scheme and the above mentioned documents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund, the AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to disclose to such other service providers as deemed necessary for conduct of business. I / We express my / our willingness to make payments referred above through participation in ECS / Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We would not hold the Fund, the AMC, its service providers or representatives responsible. I / We will also inform the AMC, about any changes in my / our bank account. I / We have read and agreed to the terms and conditions for ECS / Direct Debit.

I / We confirm that I am / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account (Applicable to NRI).

I / We confirm that the details provided by me / us are true and correct. I / We hereby declare that the amount being invested by me/us in the Scheme(s) is through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any other applicable laws or Notifications issued by any governmental or statutory authority from time to time. I / We acknowledge that the AMC has not considered my / our tax position in particular and that I / we should seek tax advice on the specific tax implications arising out of my / our participation in the Scheme. I / We have understood the details of the Scheme and I / We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We confirm that 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 confirm that I / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. (Applicable for Micro SIP investments only).

**I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).**

**We confirm that we have not issued any bearer shares or share warrants. We also confirm that we will inform the AMC if bearer shares or share warrants are issued subsequently.**

<b>X</b>	<b>X</b>	<b>X</b>
Sole / First Applicant / Guardian / PoA	Second Applicant / PoA	Third Applicant / PoA
Date <input type="text"/>		

**AUTO DEBIT FORM – For SIP Investments (To be Filled in BLOCK LETTERS only)**

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units)

Broker Name & ARN code / RIA code <sup>^</sup>	Sub-broker ARN code	Sub code	EUIN
<b>ARN - 0018</b>	ARN -		

<sup>^</sup> By mentioning RIA code, I / we authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of HSBC Mutual Fund.

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.

Sole / First Applicant / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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REQUEST FOR (tick ✓ any one):  Registration of SIP  Registration of Micro SIP  Renewal of SIP

Application No. :

For Office Use Only

**1 APPLICANT'S PERSONAL DETAILS (MANDATORY)**

Folio No. (For Existing Unit holders) \_\_\_\_\_

Sole / 1st Unit Holder's Name<sup>^</sup> Mr./Ms./M/s \_\_\_\_\_

Date of Birth<sup>~</sup> (Mandatory) 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Are you a resident of USA/Canada? (✓)  Yes  No<sup>\*\*</sup> (\*\* Default)

Guardian's (in case of minor) / PoA Holder's Name \_\_\_\_\_

Relationship with Minor  Natural Guardian<sup>+</sup> (Father or Mother)  Legal Guardian<sup>++</sup> (court appointed Guardian)

<sup>+</sup> Document evidencing relationship with Guardian <sup>++</sup> In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

E-mail ID \_\_\_\_\_

	Sole / First Unitholder	Guardian / PoA Holder	Second Unitholder	Third Unitholder
KYC Identification No. (KIN) <sup>##</sup>	_____	_____	_____	_____
Aadhaar No. <sup>**</sup>	_____	_____	_____	_____
	Where Aadhaar number has not been assigned : Please enclose - <input type="checkbox"/> Proof of application of enrollment of Aadhaar	Where Aadhaar number has not been assigned : Please enclose - <input type="checkbox"/> Proof of application of enrollment of Aadhaar	Where Aadhaar number has not been assigned : Please enclose - <input type="checkbox"/> Proof of application of enrollment of Aadhaar	Where Aadhaar number has not been assigned : Please enclose - <input type="checkbox"/> Proof of application of enrollment of Aadhaar
PAN (Mandatory) <sup>**</sup>	_____	_____	_____	_____
Enclosed (✓)	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy

<sup>^</sup> Name to be as per the Aadhaar Card. If the Name given in the application is not matching with Aadhaar card, application may be liable to get rejected or further transactions may be liable get rejected. W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process. <sup>##</sup> W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund. <sup>\*\*</sup> As per the amendments to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005 dated 1st June 2017, Resident Individual investors including Joint Holders, Guardian and Power of Attorney Holders are required to submit their Aadhaar number or proof of Aadhaar application issued by the Unique Identification Authority of India and Permanent Account Number (PAN) to us. Non-individual investors have to submit the Aadhaar and PAN of the authorized signatory/ies. Non Resident Individuals are not required to provide Aadhaar. <sup>\*</sup> Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID /SAI for instructions related to folios held in the name of Minor.

**MANDATORY FIELDS IN NACH FORM:** ● Account type ● Bank a/c number (core banking a/c no. only) ● Bank Name ● IFSC code or MICR code (as per the cheque / pass book) ● Amount in Figures (Maximum Amount) ● Amount in Words (maximum amount) ● Period start date and end date or until cancelled ● Account holder signature ● Account holder Name as per Bank record

**Debit Mandate Form NACH / ECS / Direct Debit (Mandatory)**

By registering this mandate, you authorise the specified bank to debit the said maximum amount per day, towards investment in HSBC Mutual fund.

UMRN 

F	O	R	O	F	F	I	C	E	U	S	E	O	N	L	Y
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

 Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Tick (✓)  
 CREATE   
 MODIFY   
 CANCEL

Sponsor Bank Code  Utility Code

I/We hereby authorize  to debit (tick ✓) SB CA CC SB-NRE SB-NRO Others

Bank a/c number \_\_\_\_\_

with Bank  IFSC  or MICR

an amount of Rupees  In Words  In Figures

FREQUENCY  Monthly  Quarterly  Half-Yearly  Yearly  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 accounts as per latest schedule of charges of the bank.

PERIOD

From 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 X X X

To 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 \_\_\_\_\_ Signature Primary Account holder \_\_\_\_\_ Signature of Account holder \_\_\_\_\_ Signature of Account holder

Or  Until Cancelled 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 (as mentioned overleaf) has been carefully read, understood & 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 or the bank where I have authorized the debit.

**ACKNOWLEDGMENT SLIP (To be filled by the investor)**

Received from \_\_\_\_\_

Folio No. \_\_\_\_\_ SIP Application for Units of Scheme / Plan / Option:

Scheme 1	Plan	Option / Sub-option
Scheme 2	Plan	Option / Sub-option
Scheme 3	Plan	Option / Sub-option

SIP period from 

M	M	Y	Y
---	---	---	---

 to 

M	M	Y	Y
---	---	---	---

 OR  End date

Total Amount (Rs.) ₹ \_\_\_\_\_ Amount (in words) \_\_\_\_\_

ISC Stamp & Signature \_\_\_\_\_ Date: \_\_\_\_\_

<b>2 SIP DETAILS (Please tick (✓) wherever applicable)</b>			
<b>1</b>	<b>Scheme 1</b> Name <input type="text"/> Plan <input type="text"/> Option / Sub option <input type="text"/>		
<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)		<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
SIP period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>OR</b> End date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)		<input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st <input type="checkbox"/> All dates	
SIP Amount (figures) ₹ <input type="text"/> (words) <input type="text"/>			
First SIP Cheque No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cheque Amount ₹ <input type="text"/>	
Drawn on Bank name (should be same as NACH mandate) <input type="text"/>		Branch <input type="text"/>	
<b>2</b>	<b>Scheme 2</b> Name <input type="text"/> Plan <input type="text"/> Option / Sub option <input type="text"/>		
<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)		<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
SIP period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>OR</b> End date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)		<input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st <input type="checkbox"/> All dates	
SIP Amount (figures) ₹ <input type="text"/> (words) <input type="text"/>			
First SIP Cheque No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cheque Amount ₹ <input type="text"/>	
Drawn on Bank name (should be same as NACH mandate) <input type="text"/>		Branch <input type="text"/>	
<b>3</b>	<b>Scheme 3</b> Name <input type="text"/> Plan <input type="text"/> Option / Sub option <input type="text"/>		
<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)		<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
SIP period From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>OR</b> End date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)		<input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st <input type="checkbox"/> All dates	
SIP Amount (figures) ₹ <input type="text"/> (words) <input type="text"/>			
First SIP Cheque No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cheque Amount ₹ <input type="text"/>	
Drawn on Bank name (should be same as NACH mandate) <input type="text"/>		Branch <input type="text"/>	
<sup>^</sup> If no debit date is mentioned default date would be considered as 10th of every month / quarter. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above.			
<b>3 DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')</b>			
<b>CONSENT FOR UPDATION AND VALIDATION OF AADHAAR</b>			
I / We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage (i) validating / authenticating and (ii) updating my / our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.			
I / We hereby provide my / our consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.			
<b>OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order)</b>			
I / We declare that the particulars furnished here are correct. I / We authorise HSBC Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). 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 HSBC Mutual Fund about any changes in my bank account.			
I / We have registered for making payment towards my investments in HSBC Mutual Fund by debit to my / our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House).			
I / We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my / our account. I also hereby agree to read the respective SID and SAI of the Mutual Fund before investing in any scheme of HSBC Mutual Fund using this facility.			
<b>X</b>	<b>X</b>	<b>X</b>	
<b>Sole / 1st Unit Holder / POA / Guardian</b>	<b>2nd Unit Holder</b>	<b>3rd Unit Holder</b>	

### INSTRUCTION

1. Investors are advised to comply with applicable Know Your Customer (KYC) requirements from time to time and failure to comply with this requirement may result in the purchase application being rejected.
2. Please read the Scheme Information Document(s), Key Information Memorandum(s) of the scheme(s) and Statement of Additional Information of the respective schemes and addenda issued for these documents carefully before investing.
3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
4. Applications incomplete in any respect are liable to be rejected. AMC / RTA shall have absolute discretion to reject any such Application Forms.
5. Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC) / CAMS.
6. Investors / Unit holders should provide the Folio & Name of the Sole / Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
7. A minimum gap of 25 Business days needs to be maintained between the first and second SIP installments.
8. All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date.
9. Investors can choose any preferred date of the month as SIP debit date. In case the chosen date falls on a non-business day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day. In case the SIP debit date is not indicated, 10th shall be treated as the default date.
10. All SIP installment cheques / payment instructions must be of the same amount and the same monthly debit date.
11. In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
12. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
13. The SIP will be discontinued automatically if payment is not received for two successive installments.
14. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar CAMS. Notice of such discontinuance should be received at least 25 Business days prior to the due date of the next installment / debit.
15. Please submit this form along with a copy of a cancelled cheque.
18. Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

### INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)

1. Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third party validation.
4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".
8. There is no maximum duration for enrolment. Investor(s) has an option to fill 'End Date' or select the option "Until Cancelled".