

(To be Filled in BLOCK LETTERS only)

Broker Name & ARN code / RIA code [^]	Sub-broker ARN code	Sub code	Branch Code	EUIIN
ARN-1308				

App.
No.:

[^] I/We hereby confirm that 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 EUIIN 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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For Office Use Only

1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 6 on page 126 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 Are you a resident of USA/Canada? (✓) Yes No^{**} (** Default if not ticked)

Name[£] Mr Ms M/s

Date of Birth ~[‡] (Mandatory) ~ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Passport
 Marksheet issued by HSC State Board Others _____ (please specify)

KYC Identification No. (KIN) ^{‡‡}

PAN^{**£} (Mandatory) Proof to be enclosed (✓) PAN card Copy

Nationality[‡] _____ Country of Residence _____

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

Mr Ms M/s

KYC Identification Number (KIN) ^{‡‡}

PAN^{**} (Mandatory) Proof to be enclosed (✓) PAN card Copy

Father 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 (✓) : 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)

For Individuals [Tick (✓) if applicable] :	For Non-Individual Investors (Companies, Trust, Partnership etc.) :
<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

For Non Individual Investors - Identification of Beneficial Ownership **Mandatory UBO Declaration form duly filled and signed attached.**
(Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) Yes No

** W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). For Micro SIP Investment please refer Instructions for filling up the Application Form.

‡‡ 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 10 under Important Instructions). 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.

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

~ 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.

£ As per KRA details.

...continued overleaf ⇨

Received from Mr. Ms. M/s.

Folio No. application for Units of Scheme _____

Plan _____ Option/Sub-option _____ alongwith Cheque/DD No. _____

Dated _____ Drawn on (Bank) _____ Amount (₹)

SIP Investment STP SWP Fresh Nomination Change of Existing Nomination Cancellation of Nomination

ECS (Debit/Direct Debit Facility) Total Amount (₹) Date

Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification

App.
No.:

ISC Stamp, Signature & Date

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

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

		City	
			Pin Code
State		Country	

Contact Details

Mobile No.	Tel. (Res./Offi.)
Mobile belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS	
†E-mail - 1	Email ID to be filled in CAPITAL LETTERS
E-mail belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS	
†E-mail - 2	Email ID to be filled in CAPITAL LETTERS
E-mail belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS	

Yes No † I / We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents by email. If unticked, by default the above will be sent on 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)

		City	
			Zip Code
State		Country (Mandatory)	

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 OF SECOND APPLICANT (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes No** (**Default if not ticked.)

Mr MsM/s

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		

PAN** (Mandatory)	Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy
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Nationality	Country of Residence
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a. Occupation (please ✓) : Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business [Nature of Business] Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please 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

c. Others (please ✓) : Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

NAME OF THIRD APPLICANT (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes No** (**Default if not ticked.)

Mr MsM/s

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		

PAN** (Mandatory)	Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy
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Nationality	Country of Residence
-------------	----------------------

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

c. Others (please ✓) : Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

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

Name Mr Ms M/s

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		

PAN** (Mandatory)	Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy
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Nationality	Country of Residence
-------------	----------------------

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

c. Others (please ✓) : Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

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CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent : Computer Age Management System.

TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+ 91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

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

City Pin Code

State Country

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 provide a cancelled cheque leaf with your name and IFSC code pre-printed. This will help us transfer the amount to your bank account quicker, electronically. Incase of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"

7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please (✓) Scheme/Plan/Option/Sub-Option/Dividend Frequency)

	Scheme 1	Scheme 2	Scheme 3
Scheme Name	HSBC	HSBC	HSBC
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Options / Sub-Option	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
IDCW Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> One Time Mandate (OTM) <input type="checkbox"/> Electronic Transfer	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> One Time Mandate (OTM) <input type="checkbox"/> Electronic Transfer	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> One Time Mandate (OTM) <input type="checkbox"/> Electronic Transfer
Cheque / RTGS / NEFT / DD/FT Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cheque/DD / RTGS / NEFT No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Payment from Bank A/c. No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
UMRN for One Time Mandate	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Amount (₹)(i)	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD charges (₹) (ii)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount (₹) (i + ii)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Drawn on: Bank Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	<input type="text"/>	<input type="text"/>	<input type="text"/>
A/c. Type (✓)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others _____ (* For NRI Investors)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others _____ (* For NRI Investors)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others _____ (* For NRI Investors)
(₹ in words)	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 (✓) Employee Custodian Others _____ (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 10 on the Third Party Payments).

8 SYSTEMATIC WITHDRAWAL PLAN (SWP)^^ (To be submitted 7 days prior to the SWP date in case of Registration) Registration

Scheme: **Plan:** Regular Direct

Option: _____ **Sub-Option:** Growth (default) Reinvestment of IDCW Payout of IDCW

IDCW Frequency Daily Weekly Monthly Quarterly Fortnightly Half Yearly Yearly

SWP Frequency: Monthly (Default[¶]) Quarterly (10th) Half-Yearly Yearly

Withdrawal Options: Fixed Amount Capital Appreciation[¥] (1st Business Day of the month) (Redemption amount will equal appreciation)

Period of enrolment: From To

Withdrawal preference: Amount Rs. OR Units (Redemption amount will equal appreciation)

Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of 1 unit. All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.

SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st

^^ Minimum 6 installments for registration. The minimum amount required under the source scheme for registering SWP is ₹ 6,000. ¶ If no debit date is mentioned default date would be considered as 10th of every month/quarter. ¥ Available for Growth Plan only. Minimum Amount for Liquid & Overnight Schemes - Rs. 1,000. All other Schemes - ₹ 500.

9 SYSTEMATIC TRANSFER PLAN (STP)§ (To be submitted 7 days prior to the STP date incase of Registration) Registration

Transfer From: Scheme Name <input style="width:90%;" type="text"/>	Transfer To: Scheme Name <input style="width:90%;" type="text"/>
Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Options / Sub-Option <input type="checkbox"/> Growth <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	Options / Sub-Option <input type="checkbox"/> Growth <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
IDCW Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	IDCW Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
STP Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly (Default [^]) <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default [¶]) <input type="checkbox"/> Quarterly (10th)	
STP Day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default [^]) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Transfer Options: <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation (1st Business Day of the month)	
Transfer Amount: Amount per instalment Rs. <input style="width:100px;" type="text"/> (Minimum transfer amount Rs. 500 except Liquid & Overnight: For Liquid & Overnight Rs. 1000)	
Installment commencing: From <input style="width:100px;" type="text"/> To <input style="width:100px;" type="text"/>	
STP Date <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) <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 <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	

§ Minimum 6 installments for registration. The minimum amount required under the source scheme for registering STP is ₹ 6,000.

¶ If no debit date is mentioned default date would be considered as 10th of every month/quarter.

^ Weekly STP facility shall be available only under Fixed Amount Systematic Transfer Plan. If the day for Weekly STP is not selected, Wednesday will be the default day. Please read the Key Information Memorandum for details on STP applicable Plan, Sub option and IDCW Frequency of the respective schemes.

10 DEMAT ACCOUNT DETAILS (Please provide Demat proof to verify demat details)

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

	NSDL	CDSL
DP Name <input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
DP ID <input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>
Beneficiary Account No. <input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>	<input style="width:100px;" type="text"/>

11 NOMINATION DETAILS (Mandatory for new folios of Individual Unitholders only - whether holding Units Singly or Jointly with other holders)

A) I/We wish to Nominate

I/We do hereby nominate the person(s) more particularly described hereunder to receive the Units held in my/our Folio in the event of my/our death and by cancelling the nomination(s) made by me/us previously in respect of the units held by me/us in the Folio.

	1st Nominee	2nd Nominee	3rd Nominee
Name of Nominee*	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
PAN of the Nominee [§]	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Date of Birth of Nominee**	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Allocation % to each Nominee* (Aggregate should be 100%)	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Nominee Relationship with 1st Holder*	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Name of the Guardian**	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Guardian's Relationship with Nominee**	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Proof of Relationship [§]	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others
PAN of Guardian [§]	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>
Address of Nominee(s)/ Guardian [§]	City <input style="width:90%;" type="text"/> State <input style="width:90%;" type="text"/> Country <input style="width:90%;" type="text"/> PIN <input style="width:100px;" type="text"/>	City <input style="width:90%;" type="text"/> State <input style="width:90%;" type="text"/> Country <input style="width:90%;" type="text"/> PIN <input style="width:100px;" type="text"/>	City <input style="width:90%;" type="text"/> State <input style="width:90%;" type="text"/> Country <input style="width:90%;" type="text"/> PIN <input style="width:100px;" type="text"/>
Signature of Nominee/ Guardian [§]	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>	<input style="width:90%;" type="text"/>

* Mandatory § Optional **Mandatory & Applicable in case the Nominee is a Minor

B) I/We do not wish to Nominate (Nomination OPT-OUT):

I/We, the applicant(s)/unitholder(s) hereby confirm that I/we do not wish to appoint any nominee(s) in respect of the mutual fund application(s)/units held in my/our mutual fund folio(s). I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

Note : Where Nominee details and Nomination Opt-Out both are mentioned, Nomination Opt-Out will be considered as "Default". Folio in such case will be updated without Nominee.

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.						

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/update. I also undertake to keep the Fund informed in writing about any changes/modification/update 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.

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 primary email ID provided belongs to self or a family member.

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.

X	X	X
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA
Date <input type="text"/>	Please write Application Form No./Folio No. on the reverse of the Cheque/Demand Draft. Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.	

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Broker Name & ARN Code / RIA Code	Sub-broker ARN Code	Sub Code	EUN	Branch Code
ARN-1308				

Time Stamp

Transaction Charges: SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs. 10,000/-.

If this is the first time, you are investing in any mutual fund, please tick here

Investor's Declaration where EUN is not furnished: I/We confirm that the EUN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction

Sole / 1st Applicant / Authorised Signatory <input checked="" type="checkbox"/>	2nd Applicant / Authorised Signatory <input checked="" type="checkbox"/>	3rd Applicant / Authorised Signatory <input checked="" type="checkbox"/>
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1 APPLICANT INFORMATION

Name of Sole / 1st Unit Holder	First Name	Middle Name	Last Name
Folio No.	Mobile No. + 9 1		
	First Unit Holder	Second Unit Holder	Third Unit Holder
PAN / PEKRN**			
KIN^			
Date of Birth^	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Email ID^			

*KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year. ^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).*

2 OTM DEBIT MANDATE FOR NACH/ECS/AUTO DEBIT

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
Sponsor Bank Code		<input type="radio"/> Create <input type="radio"/> Modify <input type="radio"/> Cancel	
Utility Code		I/We hereby authorize HSBC Mutual Fund	
To debit (✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others	Bank Account No. _____	
with Bank	Name of customers bank _____	IFSC/MICR	_____
An amount of Rupees	In Words _____	₹	In Figures _____
Debit Type :	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency:	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented
Reference 1	Folio No. _____	Reference 2	Application Number _____
Mobile No.	_____	Email ID	_____

1. 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. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.

PERIOD From D D M M Y Y Y Y To D D M M Y Y Y Y Or <input type="checkbox"/> Until Cancelled	x	x	x
	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
	Name as in bank records	Name as in bank records	Name as in bank records

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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

Received from _____ Folio No./Application No. _____

Scheme _____ Plan _____ Option/Sub-option _____

New SIP Registration SIP Renewal Update New OTM Debit Mandate OTM Debit Mandate to be registered in the folio.
 OTM Debit Mandate is already registered in the folio.

SIP Amount Rs. _____ Frequency Weekly Monthly Quarterly
 STP Top Up Amount Rs. _____ Frequency Half Yearly Yearly

Acknowledgement Stamp & Date

...continued on next page ⇨

CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar / Transfer Agent : Computer Age Management System.

TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200 / 1800-200-2434	1800-419-9800	1800-4190-200 / 1800-200-2434	+ 91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

3 SIP & INVESTMENT DETAILS (Mandatory. If left blank, the Application is liable to be rejected)

- New SIP Registration SIP Renewal Update new OTM debit mandate for already registered SIP (If selected, move to Section 4)
 OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)
 OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)

Debit Bank Name _____ A/C No. _____

INVESTMENT DETAILS (For more than 1 scheme please issue cheque favouring "HSBC MF Multi Scheme SIP")

Scheme	Scheme 1	Scheme 2	Scheme 3
Scheme Name	HSBC	HSBC	HSBC
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option / Sub-Option	<input type="checkbox"/> Growth* <input type="checkbox"/> Reinvestment of IDCW@ <input type="checkbox"/> Payout of IDCW@	<input type="checkbox"/> Growth* <input type="checkbox"/> Reinvestment of IDCW@ <input type="checkbox"/> Payout of IDCW@	<input type="checkbox"/> Growth* <input type="checkbox"/> Reinvestment of IDCW@ <input type="checkbox"/> Payout of IDCW@
IDCW Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

First Instalment Details:

Instrument No.	_____	_____	_____
Instrument Date	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Drawn on	Bank _____ Branch _____ City _____	Bank _____ Branch _____ City _____	Bank _____ Branch _____ City _____
A/c. Type (✓)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others
UMRN for One Time Mandate	_____	_____	_____
SIP Amount	₹ _____	₹ _____	₹ _____
SIP Frequency	<input type="checkbox"/> Weekly [△] <input type="checkbox"/> Monthly ^{△^} <input type="checkbox"/> Quarterly (10th)	<input type="checkbox"/> Weekly [△] <input type="checkbox"/> Monthly ^{△^} <input type="checkbox"/> Quarterly (10th)	<input type="checkbox"/> Weekly [△] <input type="checkbox"/> Monthly ^{△^} <input type="checkbox"/> Quarterly (10th)
SIP Day	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
SIP Period	From M M Y Y To M M Y Y OR <input type="checkbox"/> Until Cancelled [If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)]		
SIP Debit Date	<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) <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 <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		
Reason for your SIP (✓)	<input type="checkbox"/> Children's Education <input type="checkbox"/> Children's Marriage <input type="checkbox"/> House <input type="checkbox"/> Car <input type="checkbox"/> Retirement <input type="checkbox"/> Others		

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.

Top Up Amount ₹ _____ Amount in multiples of ₹ 500 only

Top Up Frequency Half Yearly Annual (Default) ^

Top Up to continue till SIP amount reaches^^ ₹ _____

OR Top Up to continue till # D D M M Y Y Y Y

Notes:

* Default Option/Sub-Option if not selected.

* For NRI Investors.

@ IDCW stands for 'Income Distribution cum Capital Withdrawal option'. The amounts can be distributed out of investors' capital (Equalization Reserve), which is part of the sale price that represents realized gains, as may be declared by the Trustees at its discretion from time to time (subject to the availability of distributable surplus as calculated in accordance with the Regulations).

^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Minimum gap of 21 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered.

^^ SIP Top Up will cease once the mentioned amount is reached.

It is the date from which SIP Top-Up amount will cease. Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment.

4 DECLARATION, CONSENT & SIGNATURES (Mandatory. If left blank, the application is liable to be rejected)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of HSBC Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through participation in 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 or any of their appointed service providers or representatives responsible. I/We will also inform HSBC Mutual Fund about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

I/We hereby accord my/our consent to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/ us to the group companies of HSBC Mutual Fund for any valid business purposes including marketing or sales promotion or with any statutory or judicial authorities, without any prior intimation to me/us, until notified by me/us otherwise.

SIGNATURE/S (To be signed as per Mode of Holding)

X	X	X
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.