

Broker Name & ARN code / RIA code	Sub-broker ARN code	Sub code	Branch Code	EUIN
				E613650

[^] 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 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 inappropriateness, 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**

App.
No.:

For Office Use Only

1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 7 regarding transaction charges applicability under Instructions)

I AM A FIRST TIME MUTUAL FUND INVESTOR I AM AN EXISTING INVESTOR IN MUTUAL FUND
(₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

2 APPLICANT'S INFORMATION [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 as per PAN (Mandatory)*** Mr/Ms/M/s Name as per PAN CARD

Date of Birth/Incorporation §‡ (Mandatory*) D D M M Y Y Y Y § Proof Enclosed (✓) Birth Certificate School Leaving Certificate Passport
 Marksheets issued by HSC State Board Others (please specify)

Gender Male Female Third Gender KYC Identification No. (KIN) ‡‡

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

Nationality‡ Country of Residence

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

Mr/Ms/M/s Name as per PAN CARD

Date of Birth of Guardian‡ (Mandatory*) D D M M Y Y Y Y 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) D D M M Y Y Y Y

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

Politically Exposed Person (PEP) I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach mandatory UBO Declaration) Yes No

Related to a Politically Exposed Person (PEP) II. Foreign Exchange/Money Changer Services Yes No

Not Applicable III. Gaming/Gambling/Lottery/Casino Services Yes No

IV. Money Lending/Pawning Yes 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

* Mandatory

** 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 8 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.

*** Effective 30 April 2024 Name & DOB of all holders including Guardian in case of minor should match with Income Tax records of PAN, else the transaction is liable to get rejected.

...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 Fresh Nomination Change of Existing Nomination Cancellation of Nomination

ECS (Debit/Direct Debit Facility) Total Amount (₹) _____ Date D D M M Y Y Y Y

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)

State	Country	City	Pin Code
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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
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Contact Details

Mobile No.	Tel, (Res./Office)
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	<input type="checkbox"/> Email ID to be filled in CAPITAL LETTERS
*E-mail - 1	
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	
<input type="checkbox"/> Yes <input type="checkbox"/> 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. I/We confirm that primary email ID provided belongs to self or a family member.	

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 AS PER PAN*** (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 Ms M/s	Name as per PAN CARD
Date of Birth [‡] (Mandatory*) D D M M Y Y Y Y	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
PAN** (Mandatory*)	KYC Identification Number (KIN) ^{‡‡}
Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy	
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
- c. Others (please ✓) : Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

NAME OF THIRD APPLICANT AS PER PAN*** (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 Ms M/s	Name as per PAN CARD
Date of Birth [‡] (Mandatory*) D D M M Y Y Y Y	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
PAN** (Mandatory*)	KYC Identification Number (KIN) ^{‡‡}
Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy	
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
- c. Others (please ✓) : Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

POA HOLDER NAME AS PER PAN*** (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).

Mr Ms M/s	Name as per PAN CARD
Date of Birth (Mandatory*) D D M M Y Y Y Y	KYC Identification Number (KIN) ^{‡‡}
PAN** (Mandatory*)	Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy
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 (For Minor investments – Redemption proceeds will be paid only to the Bank A/c held in the name of Minor)												
Core Banking A/c No. [REDACTED]					A/c. Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* * For NRI Investors								
Bank Name [REDACTED]					Branch [REDACTED]								
City [REDACTED]					Pin Code [REDACTED]								
State [REDACTED] Country [REDACTED]					MICR code [REDACTED]								
RTGS/NEFT/ IFSC code [REDACTED]					MICR code [REDACTED]								
Please provide a canceled cheque leaf with your name and IFSC code pre-printed if the bank details in Section 7 are different or Fund transfer is submitted.													
7	INVESTMENT & SOURCE OF FUNDS DETAILS (Please write Scheme Name / Plan / Option / Sub-option below)												
For more than 1 Scheme please issue cheque favouring “HSBC Multi Scheme Collection Account”													
	Scheme/Plan/Option/Sub-option									Amount (₹)			
1.	HSBC	Scheme Name	Plan	Option/Sub-Option									
2.	HSBC	Scheme Name	Plan	Option/Sub-Option									
3.	HSBC	Scheme Name	Plan	Option/Sub-Option									
Total Amount (₹)		Amount in words [REDACTED]											
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											
Cheque/DD/RTGS/NEFT Details		Cheque/DD/RTGS/UMRN/NEFT No. [REDACTED]											
Instrument Date		D D / M M / Y Y Y Y			DD Charges, if any (₹) [REDACTED]								
Payment from Bank A/c. No.		[REDACTED]											
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)											
Drawn On		Bank [REDACTED]											
		Branch & City [REDACTED]											
The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the application only.													
Documents attached to avoid Third Party Payment Rejection : <input type="checkbox"/> Third Party Declarations <input type="checkbox"/> Bank Certificate for Pre-funded Instruments													
For Minor investment, if Funds are from Parent/Legal Guardian, enclose Relationship Proof <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Court Order													
MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account in my/our name <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, my relationship with the bank account holder (attach the Third Party declaration Form) (Please ✓) <input type="checkbox"/> Employee <input type="checkbox"/> Custodian <input type="checkbox"/> AMC <input type="checkbox"/> Corporate													
8	SYSTEMATIC TRANSFER PLAN (STP)§ (Please write Scheme Name / Plan / Option / Sub-option below)										<input type="checkbox"/> Registration ^{^^}		
Transfer From : Scheme		HSBC Scheme Name			Transfer To: Scheme		HSBC Scheme Name						
Plan/Option/Sub-option *		[REDACTED]			Plan/Option/Sub-option *		[REDACTED]						
STP Frequency:		<input type="checkbox"/> Daily [^] <input type="checkbox"/> Weekly [^] <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. [REDACTED]			(Minimum Transfer Amount for Liquid & Overnight - Rs. 1,000. All other Schemes - Rs. 500)			
Installment commencing:		From M M Y Y Y Y To M M Y Y Y Y or <input type="checkbox"/> Until Canceled (Default) [¶]											
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											
§ To be submitted 7 days prior to the STP date in case of Registration & 14 days in case of Cancellation. ^{^^} Minimum 6 installments for Liquid and Overnight and 12 installments for all other Schemes for registration. The minimum amount required under the source scheme for registering STP is ₹ 6,000. * Default Date will be applied in case of no information, ambiguity or discrepancy. ¶ If no debit date is mentioned default date would be considered as 10th of every month/quarter. ^ Daily and 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. ¶ If end date is not mentioned, Until Canceled will be the default option.													
9	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/POA holder						
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 [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 require 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													

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

Depository Participant Name

DP ID | I | N | | | | | | | | | | | |

Beneficiary Account No. _____

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, wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account 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 listed Folio/s. Incase of single mode of holding refer point 5 of Nomination Details in Important Instructions.

Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
	Mandatory Details		
Name of the Nominee (Mr./Ms.)			
Date of Birth of Nominee\$			
Name of the Guardian\$			
Share of each Nominee (%)			
	Equally [If not equally, please specify percentage] Any odd lot after division shall be transferred to the first nominee mentioned in the Form.		
Nominee,s Relationship with Applicant (If any)			
Guardian's Relationship with Nominee\$			

§ Applicable in case the Nominee is a Minor

Non-mandatory Details

Proof of Relationship	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Others	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Others	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Others
Mobile/Telephone No. of Nominee(s)/Guardian in case of Minor						
Email ID of Nominee(s)/Guardian in case of Minor						
PAN of the Nominee						
Address of Nominee(s)/Guardian in case of Minor	City _____	City _____	City _____			
	State _____	State _____	State _____			
	Country _____	Country _____	Country _____			
	PIN _____	PIN _____	PIN _____			
Nominee/Guardian in case of Minor Identification details [Please <input checked="" type="checkbox"/> any one and provide details of same]	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	
Signature of Nominee/Guardian in case of 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.

12 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

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. 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 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 and/or evasion 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 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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/ PoA

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	EUIN	Branch Code	Time Stamp
			E613650		

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 EUIN is not furnished: I/We confirm that the EUIN 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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New SIP Registration SIP Renewal Update new OTM debit mandate for already registered SIP OTM Debit Mandate to be registered in the folio.
 OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)

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* Mandatory	Maximum period of validity of this mandate is 40 years only.
From D D M M Y Y Y Y	<input checked="" type="checkbox"/> X
To D D M M Y Y Y Y	<input checked="" type="checkbox"/> X
Maximum period of validity of this mandate is 40 years only.	<input checked="" type="checkbox"/> X
Signature of Primary Bank Account Holder	
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 _____
<input type="checkbox"/> New SIP Registration <input type="checkbox"/> SIP Renewal <input type="checkbox"/> Update New OTM Debit Mandate	<input type="checkbox"/> OTM Debit Mandate to be registered in the folio.	
<input type="checkbox"/> OTM Debit Mandate is already registered in the folio.		
<input type="checkbox"/> SIP Amount Rs. _____	Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
<input type="checkbox"/> STP Top Up Amount Rs. _____	Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	
Acknowledgement Stamp & Date		

3 SIP & INVESTMENT DETAILS (For more than One Scheme please issue cheque favouring "HSBC Multi SIP Collection Account")

First SIP Details

Instrument No.	<input type="text"/>	Dated	<input type="text"/> D D M M Y Y Y Y	Cheque Amount	₹ <input type="text"/>
Bank Name				A/C No.	<input type="text"/>
Branch				City	<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"/> Others
UMRN for One Time _____					
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					

1 Scheme 1	Name <input type="text"/>	Plan <input type="text"/>	Option/Sub option <input type="text"/>
IDCW Frequency <input type="text"/>		SIP 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	
SIP period From <input type="text"/> M M Y Y To <input type="text"/> M M Y Y		[If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]	
SIP Frequency <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 Amount (figures) ₹ <input type="text"/>		(words) <input type="text"/>	

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

Top Up Amount ₹ <input type="text"/>	Amount in multiples of ₹ 500 only <input type="text"/>	Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual (Default) ^
Top Up to continue till SIP amount reaches ^₹ <input type="text"/>		OR Top Up to continue till # <input type="text"/> D D M M Y Y Y Y

2 Scheme 2	Name <input type="text"/>	Plan <input type="text"/>	Option/Sub option <input type="text"/>
IDCW Frequency <input type="text"/>		SIP 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	
SIP period From <input type="text"/> M M Y Y To <input type="text"/> M M Y Y		[If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]	
SIP Frequency <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 Amount (figures) ₹ <input type="text"/>		(words) <input type="text"/>	

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

Top Up Amount ₹ <input type="text"/>	Amount in multiples of ₹ 500 only <input type="text"/>	Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual (Default) ^
Top Up to continue till SIP amount reaches ^₹ <input type="text"/>		OR Top Up to continue till # <input type="text"/> D D M M Y Y Y Y

3 Scheme 3	Name <input type="text"/>	Plan <input type="text"/>	Option/Sub option <input type="text"/>
IDCW Frequency <input type="text"/>		SIP 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	
SIP period From <input type="text"/> M M Y Y To <input type="text"/> M M Y Y		[If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]	
SIP Frequency <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 Amount (figures) ₹ <input type="text"/>		(words) <input type="text"/>	

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

Top Up Amount ₹ <input type="text"/>	Amount in multiples of ₹ 500 only <input type="text"/>	Top Up Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual (Default) ^
Top Up to continue till SIP amount reaches ^₹ <input type="text"/>		OR Top Up to continue till # <input type="text"/> D D M M Y Y Y Y

* For NRI Investors. If the day for Weekly SIP is not selected, Wednesday will be the default day ^ 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. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above. ^ 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 AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')

OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order)

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.

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.

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