

Broker Name & ARN code / RIA code <sup>^</sup>	Sub-broker ARN code	Sub code	Branch Code	EUIN
<b>ARN-323376</b>				<b>E613650</b>

 App.  
No.:

<sup>^</sup> 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.

**For Office Use Only**

Sole/First Applicant/Authorised Signatory	Second Applicant/Authorised Signatory	Third Applicant/Authorised Signatory
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**1 TRANSACTION CHARGES** (Please tick any one of the below. Refer point 7 regarding transaction charges applicability under Instructions)

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** [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<sup>\*\*</sup> (Default if not ticked)

Name as per PAN (Mandatory)<sup>\*\*\*</sup> Mr Ms M/s [ ] Name as per PAN CARD [ ]

Date of Birth/Incorporation <sup>§</sup> (Mandatory\*) [ ] § Proof Enclosed (✓)  Birth Certificate  School Leaving Certificate  Passport  Marksheet issued by HSC State Board  Others (please specify)

Gender  Male  Female  Third Gender KYC Identification No. (KIN) <sup>††</sup> [ ]

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

Nationality<sup>†</sup> [ ] Country of Residence [ ]

**GUARDIAN NAME AS PER PAN<sup>\*\*\*</sup>** (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<sup>†</sup> (Mandatory\*) [ ] KYC Identification Number (KIN) <sup>††</sup> [ ]

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

Father  Mother  Legal Guardian<sup>\*\*</sup> (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) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable	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) <input type="checkbox"/> Yes <input type="checkbox"/> No II. Foreign Exchange/Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No III. Gaming/Gambling/Lottery/Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No IV. Money Lending/Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>For Non Individual Investors - Identification of Beneficial Ownership</b>	<b>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)</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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 [ ]

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

 App.  
No.:

ISC Stamp, Signature &amp; 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																			
State										Country										Pin Code									

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																			
State										Country (Mandatory)										Zip Code									

#### Contact Details

Mobile No. \_\_\_\_\_ Tel. (Res./Office) \_\_\_\_\_

Mobile belongs to:  Self  Spouse  Guardian (to Minor investment)  Dependant Children  Dependant Parents  Dependant Siblings  Custodian  POA  PMS

\*E-mail - 1 \_\_\_\_\_ Email ID to be filled in CAPITAL LETTERS

E-mail belongs to:  Self  Spouse  Guardian (to Minor investment)  Dependant Children  Dependant Parents  Dependant Siblings  Custodian  POA  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. 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
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 Gender  Male  Female  Third Gender

PAN\*\* (Mandatory\*) \_\_\_\_\_ KYC Identification Number (KIN) ‡‡ \_\_\_\_\_

Proof to be enclosed (✓)  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
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 Gender  Male  Female  Third Gender

PAN\*\* (Mandatory\*) \_\_\_\_\_ KYC Identification Number (KIN) ‡‡ \_\_\_\_\_

Proof to be enclosed (✓)  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
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 KYC Identification Number (KIN) ‡‡ \_\_\_\_\_

PAN\*\* (Mandatory\*) \_\_\_\_\_ Proof to be enclosed (✓)  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](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://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.  A/c. Type (✓)  Current  Savings  NRO\*  NRE\* \* For NRI Investors

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

City \_\_\_\_\_ Pin Code

State \_\_\_\_\_ Country \_\_\_\_\_

MICR code  RTGS/NEFT/IFSC code

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
<b>Total Amount (₹)</b>	Amount in words			
<b>Payment Mode</b>	<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			
<b>Cheque/DD/RTGS/NEFT Details</b>	Cheque/DD/RTGS/UMRN/NEFT No. <input type="text"/>			
	Instrument Date <input type="text"/> DD Charges, if any (₹) <input type="text"/>			
<b>Payment from Bank A/c. No.</b>	<input type="text"/>			
<b>A/c. Type (✓)</b>	<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)			
<b>Drawn On</b>	Bank _____			
	Branch & City _____			

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 :**  Third Party Declarations  Bank Certificate for Pre-funded Instruments

For Minor investment, if Funds are from Parent /Legal Guardian, enclose Relationship Proof  Birth Certificate  Passport  School Leaving Certificate  Court Order

**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 (attach the Third Party declaration Form) (Please ✓)  Employee  Custodian  AMC  Corporate

**8 SYSTEMATIC TRANSFER PLAN (STP)§** (Please write Scheme Name / Plan / Option / Sub-option below)  Registration^^

<b>Transfer From : Scheme</b>	HSBC	Scheme Name	<input type="text"/>	<b>Transfer To: Scheme</b>	HSBC	Scheme Name	<input type="text"/>
<b>Plan/Option/Sub-option *</b>	<input type="text"/>			<b>Plan/Option/Sub-option *</b>	<input type="text"/>		
<b>STP Frequency:</b>	<input type="checkbox"/> Daily^ <input type="checkbox"/> Weekly^ <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default¶) <input type="checkbox"/> Quarterly (10th)			<b>STP Day:</b>	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default^) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
<b>Transfer Options:</b>	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation (1st Business Day of the month)			<b>Transfer Amount:</b>	Amount per instalment Rs. <input type="text"/>		
				(Minimum Transfer Amount for Liquid & Overnight - Rs. 1,000. All other Schemes - Rs. 500)			
<b>Installment commencing:</b>	From <input type="text"/> To <input type="text"/> or <input type="checkbox"/> Until Canceled (Default)*						
<b>STP Date</b>	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default) <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 incase of Registration & 14 days incase 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
<b>Place and Country of Birth</b>	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
<b>Address Type [for KYC address]</b>	<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
<b>Tax Resident (i.e. are you assessed for Tax) in any country other than India?</b>	<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			
<b>Country of Tax Residency#</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Tax Identification Number (TIN) or Functional Equivalent^</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Identification Type (TIN or Other, please specify)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>If TIN is not available, please tick ✓ the reason [as defined below]</b>	<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



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
<b>ARN-323376</b>				<b>E613650</b>

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 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^	DDMMYYYY	DDMMYYYY	DDMMYYYY
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: DDMMYYYY

Sponsor Bank Code: \_\_\_\_\_       Create     Modify     Cancel

Utility Code: \_\_\_\_\_      I/We hereby authorize **HSBC Mutual Fund**

To debit (✓)  SB     CA     CC     SB-NRE     SB-NRO     Others      Bank Account No. \_\_\_\_\_

with Bank: \_\_\_\_\_ Name of customers bank      IFSC/MICR: \_\_\_\_\_

An amount of Rupees: \_\_\_\_\_ In Words      ₹ \_\_\_\_\_ In Figures

Debit Type:  Fixed Amount     Maximum Amount      Frequency:  Monthly     Quarterly     Half Yearly     Yearly     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: DDMMYYYY ×      ×      ×

To: DDMMYYYY

Signature of Primary Bank Account Holder      Signature of Bank Account Holder      Signature of Bank Account Holder

Maximum period of validity of this mandate is 40 years only.      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

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

**First SIP Details**

Instrument No.  Dated  Cheque Amount ₹   
 Bank Name  A/C No.   
 Branch  City   
 A/c. Type  Current  Savings  NRO\*  NRE\*  Others **UMRN for One Time**   
 Reason for your SIP (✓)  Children's Education  Children's Marriage  House  Car  Retirement  Others

**1 Scheme 1** Name  Plan  Option/Sub option   
 IDCW Frequency  SIP 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  
 SIP period From  To   
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]  
 SIP Frequency  Weekly^\*  Monthly^\*  Quarterly (10th) SIP Day  Monday  Tuesday  Wednesday^\*  Thursday  Friday  
 SIP Amount (figures) ₹  (words)   
 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 #

**2 Scheme 2** Name  Plan  Option/Sub option   
 IDCW Frequency  SIP 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  
 SIP period From  To   
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]  
 SIP Frequency  Weekly^\*  Monthly^\*  Quarterly (10th) SIP Day  Monday  Tuesday  Wednesday^\*  Thursday  Friday  
 SIP Amount (figures) ₹  (words)   
 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 #

**3 Scheme 3** Name  Plan  Option/Sub option   
 IDCW Frequency  SIP 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  
 SIP period From  To   
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]  
 SIP Frequency  Weekly^\*  Monthly^\*  Quarterly (10th) SIP Day  Monday  Tuesday  Wednesday^\*  Thursday  Friday  
 SIP Amount (figures) ₹  (words)   
 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 #

\* 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.

<b>X</b>	<b>X</b>	<b>X</b>
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](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://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