## Common Application Form for Debt & Liquid Schemes / Plans (To be Filled in BLOCK LETTERS only)

(To be Filled in BLOCK LETTERS only)

SIP Investment Toal Cheques



ISC Stamp, Signature & date

<b>DISTRIBUTOR INFORMATION</b> (Only empanelled Distributors / Brokers will be permitted to distribute Units)					
Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub code	EUIN		
arn-154960	ARN -		Е		

App. No.: A 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 For Office Use Only I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker. Second Applicant / Authorised Signatory Third Applicant / Authorised Signatory Sole / First Applicant / Authorised Signatory TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 20 regarding transaction charges applicability) I AM A FIRST TIME MUTUAL FUND INVESTOR 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) 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] Please note that applicant details and mode of holding will be as per existing Folio Number. Are you a resident of Canada.? ( Y) Yes No<sup>\*\*</sup> Default if not ticked. SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON AADHAAR Name<sup>^</sup> Mr Ms M/s ~ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Passport Date of Birth ~ † (Mandatory) D D M M Marksheet issued by HSC State Board Others \_ (please specify) KYC Identification No. (KIN) ## Where Aadhaar number has not been assigned: Please enclose -Aadhaar Number\*\* Proof of application of enrollment of Aadhaar PAN\*\* (Mandatory) Proof to be enclosed (✓) PAN card Copy Nationality ‡ **Country of Residence** GUARDIAN NAME<sup>^</sup> (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) KYC Identification Number (KIN) ## Where Aadhaar number has not been assigned: Please enclose -Aadhaar Number\*\* Proof of application of enrollment of Aadhaar Proof to be enclosed (✓) ☐ PAN card Copy PAN\*\* (Mandatory) Natural Guardian+ (Father or Mother) Legal Guardian++ (court appointed Guardian) ++ In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support. + Document evidencing relationship with Guardian 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 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 Occupation Details (\*): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Doctor Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Pl. specify Gross Annual Income (Please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs -₹ 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.): Politically Exposed Person (PEP) Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company Yes No (If No, please attach mandatory UBO Declaration) Related to a Politically Exposed II. Foreign Exchange / Money Changer Services Yes No Person (PEP) III. Gaming / Gambling / Lottery/ Casino Services Yes No Not Applicable IV. Money Lending / Pawning Yes No For Non Individual Investors -Mandatory UBO Declaration form duly filled and signed attached. Yes No **Identification of Beneficial Ownership** (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) Name to be as per the Aadhaar Card. If the Name given in the application is not matching with Aadhaar card, application may be liable to get rejected or further transactions may be liable get rejected. W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 9 under Important Instructions). \*\* 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. As per the amendments to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005 dated 1st June 2017, Resident Individual investors including Joint Holders, Guardian and Power of Attorney Holders are required to submit their Aadhaar number or proof of Aadhaar application issued by the Unique Identification Authority of India and Permanent Account Number (PAN) to us. Non-individual investors have to submit the Aadhaar and PAN of the authorized signatory/ies. Non Resident Individuals are not required to provide Aadhaar. Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply ...continued overleaf ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) App. D Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final. Received from Mr. Ms. M/s. Folio No. application for Units of Scheme along with Cheque/DD No. Plan Option Drawn on (Bank) Amount (₹)

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

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

CONTACT DETAILS AND CORRESPONDENCE ADDRESS					
Address for Correspondence <sup>‡</sup> [P.O. Box Address is NOT sufficient] (Show	ald be same as in KRA records)				
City	Pin Code				
State	Country				
Contact	Extn. Fax				
Details Phone R	Mobile				
e-mail~					
	d summary thereof / account statements / statutory & other documents and marketing material by em				
Overseas Address / Registered Address in case of Non-Individual investors (Mandatory in case of NRI / FPI applicant in addition to mailing address) (Shou	ld ha cama ac in KRA recorde)				
(waited by in case of with 7111 applicant in addition to maining address) (shou	in be same as in this records)				
	City				
State Country	(Mandatory) Zip Code				
JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick ( $\checkmark$ ) wh	erever applicable)				
	ault if not mentioned) Anyone or Survivor				
NAME OF SECOND APPLICANT (Not applicable if Sole / First Applicant is a Minor a					
Mr Ms M/s	Should match with Aadhaar				
Date of Birth D D M M Y Y Y Y	KYC Identification Number (KIN) ‡‡				
Aadhaar Number**	Where Aadhaar number has not been assigned : Please enclose -				
	Proof of application of enrollment of Aadhaar				
PAN** (Mandatory)	Proof to be enclosed (✓) ☐ PAN card Copy				
Nationality	Country of Residence				
a. Occupation (please ✓): ☐ Private Sector Service ☐ Public Sector Service					
Business [Nature of Business]	Doctor Forex Dealer Money lender Casino Owner Arms manufactu				
- J - J -	Please specify				
b. Gross Annual Income (please ✓): Below ₹1 Lac ₹1-5 Lacs ₹5	OR   ₹ Net-worth should not be older than 1 year				
	a Politically Exposed Person (PEP) Not Applicable				
NAME* OF THIRD APPLICANT (Not applicable if Sole / First Applicant is a Minor an					
	Should match with Aadhaar				
Date of Birth D D M M Y Y Y Y	KYC Identification Number (KIN) ‡‡				
	Where Aadhaar number has not been assigned: Please enclose -				
Aadhaar Number**	Proof of application of enrollment of Aadhaar				
PAN** (Mandatory)	Proof to be enclosed (✓) ☐ PAN card Copy				
Nationality	Country of Residence				
	Government Service Professional Agriculturist Retired Housewife Stud				
Business [Nature of Business] Gambling services offerer Money lender Pawn Broker Others	Doctor Forex Dealer Money lender Casino Owner Arms manufactu				
h C A II (1 A D 1 3 1 I					
☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore	OR				
<b>c.</b> 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 Attor	rney please furnish details of PoA holder).				
Name^ Mr MsM/s	Should match with Aadhaar				
Date of Birth DDMMYYYYY	KYC Identification Number (KIN) ‡‡				
Aadhaar Number**	Where Aadhaar number has not been assigned : Please enclose -				
- AMILIOVA	Proof of application of enrollment of Aadhaar				
PAN** (Mandatory)	Proof to be enclosed (✓) ☐ PAN card Copy				
Nationality	Country of Residence				
a. Occupation (please ✓): Private Sector Service Public Sector Service					
Business [Nature of Business] Gambling services offerer Money lender Pawn Broker Others	Doctor Forex Dealer Money lender Casino Owner Arms manufactu				
b. Gross Annual Income (please ✓): Below ₹1 Lac ₹1-5 Lacs ₹5	Net-worth in Runees (Mandatory for Non-Individuals)				
☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore	OR				
<b>C.</b> Others (please ✓): ☐ Politically Exposed Person (PEP) ☐ Related to	a Politically Exposed Person (PEP) Not Applicable				
	es) (refer Instruction No. 3 for Multiple Bank Account Registration details)				
Core Banking A/c No.	A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE*  * For NRI Investors				
Bank Name					
Branch Address					
MICR Code 9 digit number next to your Cleque No RTGS IFSC Code For Rupees	Two lakhs and above NEFT IFSC Code For less than Runees Two lakhs				
	re. Mentioning your 11 digit RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us tran				
the amount to your bank account quicker, electronically.					
	continued on next page				
II UC AT					
LL US AT					
MUTUAL FUND INVESTOR SERVICE CENTRES:					

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

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

7	INVESTMENT & SO	URCE OF FUNDS	DETAILS (Please ( ) Scho	eme/Plan/On	tion/Sub-Ontion/	Dividend F	requency)			
*	LUMPSUM : Scheme		DETITIES (Freuse (* ) Sent		cion/Sub Option/	Dividend 1	requency			
	Plan									
	Sub-Option	Growth (default)	Dividend Reinvestment	Growth	(default) Di	vidend Rei	nvestment	Growth	(default) Div	vidend Reinvestment
	•	Dividend Payout			d Payout				d Payout	
	Dividend Frequency		Monthly# Quarterly\$		Weekly† N		Quarterly <sup>\$</sup>			Inthly# Quarterly\$
	The automorphism of		f Yearly††		ly^ Half Year		40		tly^ Half Yearl	
	Payment Mode		nd the cheque has to be same. In ca TGS NEFT Fund Transfer	Cheque			Fund Transfer			NEFT Fund Transfer
		*		_			runu mansiei			
	Cheque/RTGS/NEFT/DD/FT Date	D D / M M /	YYYY	D D /	M M / Y Y	YY		D D /	M M / Y Y	YY
	Cheque/DD/RTGS/NEFT No.									
	Payment from Bank A/c. No.									
	Investment Amount (Rs.) (i)									
	, , , ,									
	DD charges (Rs.) (ii)									
	Total Amount (Rs.) (i + ii)									
	Bank Name									
	Branch									
	A/c. Type (✓)		NRO* NRE* FCNR*	Current	Savings NRC		FCNR*	Current	Savings NRO	
		Others	(* For NRI Investors)	Others			NRI Investors)	Others		(* For NRI Investors)
	Documents attached to avo	id Third Party Paymen TION • The details of th	t Rejection where applicable: e bank account provided above p	Third Pai	ty Declarations L	Bank Cer	fificate for Pre-l	funded Instru	iments	
			) Parent Grandparent				our nume 1		se specify); and the	e Third Party declaration
	form is attached (Refer impo	ortant instruction No. 10	on the Third Party Payments).							
	☐ SIP: SYSTEMAT	IC INVESTMENT	PLAN [For SIP through	h Post Da	ted Cheques	(PDCs)]	(All cheques sl	hould be of	same date of th	e months/quarters)
	First SIP Cheque Details	: Cheque No.	Date D D M	M Y Y Y	Y Bank	Name				
	Drawn on Bank A/c. No.				Bank	Branch				
	SIP Date 1st 2nd		6th 7th 8th 9th	10th (Def	_		Monthly (	Default <sup>¶</sup> )	Quarterly (10	Oth)
			17th 18th 19th 20th		, -	•	Start Date M		End Date M	,
			□ 28th □ 29th □ 30th □ 31st		511 1	criou .	March 209		End Date IV.	1 111 1 1
	Each SIP Amount (Rs.)		Cheque	e Nos. Fro	m		March 20)	To		
	Drawn on Bank A/o		1	Bank					anch	
	Dunit 12			Dalik				DI	ancn	
8	SYSTEMATIC ENCA	SHMENT PLAN (	SEP)							Registration
	Scheme					Plan				
	Option Regular Ir	stitutional 🗌 Instituti	onal Plus Dividend	Frequency	Daily**	Weekly <sup>†</sup>	Monthly#	Quarter	ly <sup>§</sup> Fortnight	tly^ _ Half Yearly <sup>††</sup>
	Frequency (✓)	nthly (Default¶) 🔲 Qu	arterly (10th) Sub-Opti	ion	Growth*	Divider	nd Reinvestme	ent 🗌 Div	idend Payout	
	Withdrawal Options 🔲 F	ixed Amount  Capita	l Appreciation (1st Business Da	ay of the mor	nth) Withd	rawal Am	ount (Minimum	n Rs. 1000 a	nd in multiples of	Re. 1/- thereafter)
	SEP Date 1st 2nd	3rd 4th 5th 6	th $\square$ 7th $\square$ 8th $\square$ 9th $\square$ 10	Oth (Default^)	Rs.			Rede	mption amount v	vill equal appreciation.
			7th 18th 19th 20th 2		d Dowlad	of annalm	out M M	Y	Y To M M	I Y Y Y Y
	23rd 24tn 25tn	26th 2/th 28th	<b>■</b> 29th <b>■</b> 30th <b>■</b> 31st <b>■</b> A <b>To be submitted 10 da</b>						10	
-	SYSTEMATIC TRAN	SFFR PLAN (STP		ijo prior to ti	ie gar unte in en	or or region				
9										Registration
9					Transfer To: S	Scheme Ns	ıme •			Registration
9	Transfer From: Scheme I	Name		ti am al Diva	Transfer To: S	Scheme Na		Crowth%	DividendBeinve	
9	Transfer From: Scheme I	Name Option Regul	ar Institutional Institu	ntional Plus	Plan		Sub-option			estment DividendPayout
9	Transfer From: Scheme I Plan Sub-option Growth (	Name Option Regul default) Dividend R	ar Institutional Institu				Sub-option Daily**	Wee	ekly† For	estment DividendPayout
9	Transfer From: Scheme I	Name Option Regul default) Dividend R Daily**	ar Institutional Institu einvestment Dividend Payo Weekly† Fortnightly^	ut	Plan Dividend Free	quency	Sub-option Daily** Monthly#	Wee	ekly <sup>†</sup> For arterly <sup>s</sup> Hal	estment DividendPayout rtnightly^ If Yearly <sup>††</sup>
9	Transfer From: Scheme ! Plan Sub-option Growth ( Dividend Frequency	Option Regul default) Dividend R Daily** Monthly*	ar Institutional Institu einvestment Dividend Payo Weekly† Fortnightly^ Quarterly <sup>\$</sup> Half Yearly <sup>††</sup>	ut	Plan Dividend Free Transfer Optic	quency	Sub-option  Daily**  Monthly* ed Amount	Wee Qua	ekly <sup>†</sup> For arterly <sup>s</sup> Hal reciation (1st Busi	estment DividendPayout tnightly^ If Yearly <sup>††</sup> ness Day of the month)
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9	Transfer From: Scheme ! Plan Sub-option Growth ( Dividend Frequency	Option Regul default) Dividend R Daily** Monthly# Monthly (Default¶)	ar Institutional Institu einvestment Dividend Payo Weekly† Fortnightly^ Quarterly <sup>\$</sup> Half Yearly <sup>††</sup>	ut	Plan Dividend Free Transfer Optic STP Date 1s 11th 12th 23rd 24th	quency  ons Fixe t 2nd 13th 25th	Sub-option  Daily**  Monthly* ed Amount 4th 12th 15th 12th 27th	Wee   Qua   Capital Appr   5th   6th   16th   17tl   28th   □	ekly For arterly Hal reciation (1st Busin 7th 8th 19th 19th	estment DividendPayout trnightly^ If Yearly†† ness Day of the month)  9th 10th (Default^)
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9	Transfer From: Scheme Melan Sub-option Growth (Dividend Frequency STP Frequency (✓)  Installment commencing From To be submittee	Option Regul default) Dividend R Daily** Monthly* Monthly (Default¶) n M M Y Y Y d 10 days prior to the ST	ar Institutional Institutional Dividend Payor Weekly† Fortnightly^ Quarterly\$ Half Yearly†† Quarterly (10th)  To M M Y Y Y  P date incase of Registration.	Y	Plan Dividend Free Transfer Optic STP Date 1s 11th 12th 23rd 24th Transfer Amo	quency  Dons Fixe  t 2nd 13th 25th 2  cunt	Sub-option Daily** Monthly* ed Amount 14th 15th 26th 27th Amount per ins (Minimum transf	Wee Qua Capital Appr 5th 6th 17th 28th 1alment Rs.	ekly† For arterly* Hal eciation (1st Busi 7th 8th 19th 29th 30th 1000/- except HTSF.	estment DividendPayout trnightly^ If Yearly†† ness Day of the month) 9th 10th (Default^) 20th 21st 22nd 31st All dates For HTSF Rs. 500/-)
9	Transfer From: Scheme Melan Sub-option Growth (Dividend Frequency STP Frequency () Installment commencing From To be submittee  **Applicable for HSBC Cash Frequency Savines Fund. HSBC I	Option Regul default) Dividend R Daily** Monthly* Monthly (Default¶) n M Y Y Y  d 10 days prior to the ST und & HSBC Low Duratio Low Duration Fund & HS	ar Institutional Institutional Dividend Payor Weekly† Fortnightly^ Quarterly\$ Half Yearly†† Quarterly (10th) Y To M M Y Y Y  P date incase of Registration. BC Flexi Debt Fund, \$ For HSBC Cash Fund, \$ For HSBC Cash Fund, \$ For HSBC Flexi Debt Fund, \$ For HSBC Cash Fund, \$ For HSBC Flexi Debt Fund, \$ For HSBC Cash Fund, \$ For HSBC	HSBC Short I	Plan Dividend Free Transfer Optic STP Date 1s 11th 12th 23rd 24th Transfer Amo	quency  pns Fix  2nd 13th 25th 25th 20th  SBC Low Drings Fund. I	Sub-option Daily** Monthly* ed Amount   3rd   4th   14th   15th   26th   27th Amount per ins (Minimum transf uration Fund. #1 18BC Short Dur	Wee	ekly† For ruterly* Hal reciation (1st Busi 7th 8th 19th 19th 19th 30th 1000/- except HTSF. sk Fund, HSBC Sh E HSBC Flexi Debt	estment DividendPayout tnightly^ If Yearly†† ness Day of the month) 9th 10th (Default^) 20th 21st 22nd 31st All dates For HTSF Rs. 500/) nort Duration Fund, HSBC t Fund. ^ For HSBC Flexi
9	Transfer From: Scheme Melan  Sub-option Growth ( Dividend Frequency  STP Frequency (✓)  Installment commencing From  To be submittee  **Applicable for HSBC Cash Fregular Savings Fund, HSBC I Debt Fund, †† For HSBC Flexi	Option Regul default) Dividend R Daily** Monthly* Monthly (Default¶) n M M Y Y Y  d 10 days prior to the ST und & HSBC Low Duratio Cow Duration Fund & HS Debt Fund only. Please no	ar Institutional Institutional Dividend Payor Weekly† Fortnightly^ Quarterly\$ Half Yearly†† Quarterly (10th) Y To M M Y Y Y  P date incase of Registration. BC Flexi Debt Fund. \$ For HSBC te that dividend payout is available	HSBC Short I	Plan Dividend Free Transfer Optic STP Date Is 11th 12th 23rd 24th Transfer Amo	quency  ons Fix.  t 2nd 13th 25th ount  SBC Low Drings Fund, I	Sub-option  Daily**  Monthly*  d Amount   4th   15th   26th   27th Amount per ins (Minimum transfuration Fund, #1 18BC Short Dur y sub option for a	Wee	ekly† For arterly* Hal reciation (1st Busing 1st Busing	estment DividendPayout truightly^ If Yearly†† ness Day of the month) 9th 10th (Default^) 20th 21st 22nd 31st All dates For HTSF Rs. 500/-) nort Duration Fund, HSBC t Fund. ^ For HSBC Flexi FWD for dividend amount
9	Transfer From: Scheme Melan Sub-option Growth (Dividend Frequency (✓)  STP Frequency (✓)  Installment commencing From To be submittee  **Applicable for HSBC Cash F Regular Savings Fund, HSBC I Debt Fund. †† For HSBC Flexi equal or greater to INR 250/ I	Option Regul default) Dividend R Daily** Monthly* Monthly (Default¶) n M M Y Y Y  d 10 days prior to the ST und & HSBC Low Duratio Low Duration Fund & HS Debt Fund only. Please no	ar Institutional Institutional Dividend Payor Weekly† Fortnightly^ Quarterly\$ Half Yearly†† Quarterly (10th)  To MMYYYY  P date incase of Registration. on Fund. † For HSBC Cash Fund, 1 BC Flexi Debt Fund. \$ For HSBC te that dividend payout is available not applicable in case of HSBC T8	HSBC Short I	Plan Dividend Free Transfer Optic STP Date 1s 11th 12th 23rd 24th Transfer Amo Duration Fund & H 4SBC Regular Sav by Fund. Dividend	quency  ons Fix.  t 2nd 13th 25th ount  SBC Low Drings Fund, I	Sub-option  Daily**  Monthly*  d Amount   4th   15th   26th   27th Amount per ins (Minimum transfuration Fund, #1 18BC Short Dur y sub option for a	Wee	ekly† For arterly* Hal reciation (1st Busing 1st Busing	estment DividendPayout rtnightly^ If Yearly†† ness Day of the month) 9th 10th (Default^) 20th 21st 22nd 31st All dates For HTSF Rs. 500/-) nort Duration Fund, HSBC t Fund. ^ For HSBC Flexi FWD for dividend amount
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# 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 CERTIF				EHALF OF MINOR / PROPRIETORSHIP FIRM	(M)		
	Sole / First App	licant Guardian	Second Applicant	Third Applicant			
Place and Country of Birth	Place		Place	Place			
	Country		_ Country	Country			
Address Type	Residential Business		Residential Busin				
[for KYC address]	Registered Office		Registered Office	Registered Office			
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	Yes	No	Yes No	Yes No			
If 'Yes' please fill for all countrie in the respective countries	s (other than India) in v	which you are a Reside	ent for tax purpose i.e. where you a	re Citizen / Resident / Green Card Holder / Tax Resi	sident		
Country of Tax Residency#							
Tax Identification Number (TIN) or Functional Equivalent <sup>^</sup> Identification Type (TIN or							
Other, please specify)							
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	A :	В С	A B	C			
	lect this reason only for	able to pay tax does not the authorities of the	ot issue TIN to its residents. respective country of tax residence	do not required the TIN to be collected]			
Reason C – Others - Please speci	•	, , , , , ,	0.770				
# To also include USA, where the 'In case Tax Identification Nun							
FATCA / CRS SELF			JAL INVESTORS AND THEIR GOCIETY / PARTNERSHIP FIR	ULTIMATE BENEFICIAL OWNER (UBO) M etc.)			
Please complete Annexure A	& В						
DECLARATION AND SIGN	ATURES (In case of	f joint holding, sign	natures of all unit holders are m	nandatory)			
FATCA / CRS DECLARATION	· ·	9 8		•			
the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation	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.						
I/We hereby provide my /our con and (ii) updating my/our Aadhaa I/We hereby provide my/our con	I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.  I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEB						
-	Registrar and Transfer	Agent (RTA) for the p	ourpose of updating the same in my/	our folios.			
OTHER DECLARATIONS Having read and understood the	contents of the Schem	e Information Docum	nent Key Information Document S	tatement of Additional Information and Addenda of	of the		
Having read and understood the contents of the Scheme Information Document, Key Information Document, Statement of Additional Information and Addenda of the Scheme(s) issued till date, I / We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to abide by the terms, conditions, rules and regulations of the Scheme and the above mentioned documents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund, the AMC and its Agents to disclose my / our details including investment details to my / our bank(s) / HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us, or to disclose to such other service providers as deemed necessary for conduct of business. I / We express my / our willingness to make payments referred above through participation in ECS / Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We would not hold the Fund, the AMC, its service providers or representatives responsible. I / We will also inform the AMC, about any changes in my / our bank account. I / We have read and agreed to the terms and conditions for ECS / Direct Debit.							
I/We confirm that I am/we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account (Applicable to NRI).							
I/We confirm that the details provided by me/us are true and correct. I/We hereby declare that the amount being invested by me/us in the Scheme(s) is through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any other applicable laws or Notifications issued by any governmental or statutory authority from time to time. I/We acknowledge that the AMC has not considered my/our tax position in particular and that I/we should seek tax advice on the specific tax implications arising out of my/our participation in the Scheme. I/We have understood the details of the Scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.							
I / We confirm that I / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding							
Rs. 50,000/- in a year. (Applicable for Micro SIP investments only).  I/We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. Incase 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 is issued subsequently.	ssued any bearer shar	es or share warrants	s. We also confirm that we will inf	form the AMC if bearer shares or share warrants	ts are		
×		x		х			
Sole / First Applicant / (	Guardian / PoA	Seco	ond Applicant / PoA	Third Applicant / PoA			
Date							

#### AUTO DEBIT FORM - For SIP Investments (To be Filled in BLOCK LETTERS only) **DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units) Broker Name & ARN code / RIA code Sub-broker ARN code Sub code arn-154960 ARN -Ε Application No.: A By mentioning RIA code, I / we authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our For Office Use Only transactions in the schemes(s) of HSBC Mutual Fund. I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker. Second Applicant Sole / First Applicant / Third Applicant / **Authorised Signatory** Authorised Signatory **Authorised Signatory REQUEST FOR** (tick ✓ any one): Registration of SIP Registration of Micro SIP Renewal of SIF APPLICANT'S PERSONAL DETAILS (MANDATORY) Folio No. (For Existing Unit holders) Sole / 1st Unit Holder's Name^ Mr./Ms./M/s D D M M Y Y Y Are you a resident of USA/Canada? (✓) ☐ Yes ☐ No<sup>‡‡</sup> Default) **Date of Birth** (Mandatory) Guardian's (in case of minor) / PoA Holder's Name Natural Guardian<sup>+</sup> (Father or Mother) Legal Guardian<sup>++</sup> (court appointed Guardian) Relationship with Minor Document evidencing relationship with Guardian \* In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support. E-mail ID Sole / First Unitholder Guardian / PoA Holder Second Unitholder Third Unitholder KYC Identification No. (KIN) \*\* Aadhaar No.\*\* Where Aadhar number has not been assigned Please enclose Please enclose Please enclose -Please enclose Proof of application of enrollment of Aadhar PAN (Mandatory)\*: PAN Card Copy PAN Card Copy PAN Card Copy PAN Card Copy Enclosed (✓) ^ Name to be as per the Aadhaar Card. If the Name given in the application is not matching with Aadhaar card, application may be liable to get rejected or further transactions may be liable get rejected. W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process. \*\* 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. \*\*\*A sper the amendments to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005 dated 1st June 2017, Resident Individual investors including Joint Holders, Guardian and Power of Attorney Holders are required to submit their Aadhaar number or proof of Aadhaar application issued by the Unique Identification Authority of India and Permanent Account Number (PAN) to us. Non-individual investors have to submit their Aadhaar and PAN of the authorized signatory/ies. Non Resident Individuals are not required to provide Aadhaar. \*\*Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID /SAI for instructions related to folios held in the name of Minor. MANDATORY FIELDS IN NACH FORM: • Account type • Bank A/c number (core banking a/c no. only) • Bank Name • IFSC code or MICR code (as per the cheque / pass book) • Amount in Figures (Maximum Amount) • Amount in Words (maximum amount) • Period start date and end date or until cancelled • Account holder signature • Account holder Name as per Bank record Debit Mandate Form NACH / ECS / Direct Debit (Mandatory) HSBC (X) By registering this mandate, you authorise the specified bank to debit the said maximum amount per day, towards investment in HSBC Mutual fund. Global Asset Management Date Tick (✓) CITIO00PIGW **Utility Code** CITI00002000000037 CREATE MODIFY SB CA CC SB-NRE SB-NRO Others **HSBC** Mutual Fund I/We hereby authorize CANCEL Bank a/c number IFSC with Bank or MICR ₹ an amount of Rupees FREQUENCY Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly ☐ As & when presented DEBIT TYPE ✓ Maximum Amount Phone No Reference 1 Reference 2 I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank. PERIOD X X X То Or 2. 1. 3. This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit. ACKNOWLEDGMENT SLIP (To be filled by the investor) Received from Folio No SIP Application for Units of Scheme / Plan / Option:

Plan

Plan

Plan

YY

OR

IVI

IVI

Amount (in words)

Option / Sub-option

Option / Sub-option

Option / Sub-option

End date 0 3 9 9

ISC Stamp & Signature

Date:

Scheme 1

Scheme 2

Scheme 3

SIP period

Total Amount (Rs.)

from

M M Y Y

2	SIP DETAILS (Please tick (✓) wherever applicable)					
1	Scheme 1   Name   Plan     Option / Sub option					
	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default')					
	SIP period From M M Y Y To M M Y Y OR End date 0 3 9 9 11th 12th 13th 15th 16th 17th 18th 19th 20th 21st					
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st All dates					
	SIP Amount (figures) ₹ (words)					
	First SIP Cheque No. Dated D D M M Y Y Y Y Cheque Amount ₹					
	Drawn on Bank name (should be same as NACH mandate)  Branch					
2	Scheme 2   Name     Plan   Option / Sub option					
	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default')					
	SIP period From M M Y Y To M M Y Y OR End date 0 3 9 9 11th 12th 13th 15th 16th 17th 18th 19th 20th 21st					
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st All dates					
	SIP Amount (figures) ₹ (words)					
	First SIP Cheque No. Dated D D M M Y Y Y Y Cheque Amount ₹					
	Drawn on Bank name (should be same as NACH mandate)  Branch					
3	Scheme 3 Name Plan Option / Sub option					
	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default')					
	SIP period From M M Y Y To M M Y Y OR End date 0 3 9 9 11th 12th 13th 15th 16th 17th 18th 19th 20th 21st					
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st All dates					
	SIP Amount (figures) ₹ (words)					
	First SIP Cheque No. Dated D D M M Y Y Y Y Cheque Amount ₹					
	Drawn on Bank name (should be same as NACH mandate)  Branch					
	^ If no debit date is mentioned default date would be considered as 10th of every month / quarter. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above.					
3	DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')					
	CONSENT FOR UPDATION AND VALIDATION OF AADHAAR					
	I/We hereby provide my / our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage (ii) validating / authenticating and (ii) updating my / our					
	Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.  I/We hereby provide my / our consent for sharing / disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their					
	Registrar and Transfer Agent (RTA) for the purpose of updating the same in my / our folios.					
	OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order					
	I / We declare that the particulars furnished here are correct. I / We authorise HSBC Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we would					
	not hold the user institution responsible. I / We will also inform HSBC Mutual Fund about any changes in my bank account.					
	I/We have registered for making payment towards my investments in HSBC Mutual Fund by debit to my/our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House).					
	I / We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandat verification charges, if any, may be charged to my / our account. I also hereby agree to read the respective SID and SAI of the Mutual Fund before investing in any scheme of HSBC Mutual Fund using this facility					
	x x					
	Sole / 1st Unit Holder / POA / Guardian 2nd Unit Holder 3rd Unit Holder					
	Site 1 Ast Cline 11 Of 17 Guar utan Zing Cline 1100001 Stu Cline 1100001					

### **INSTRUCTION**

- Investors are advised to comply with applicable Know Your Customer (KYC)
  requirements from time to time and failure to comply with this requirement may
  result in the purchase application being rejected.
- Please read the Scheme Information Document(s), Key Information Memorandum(s)
  of the scheme(s) and Statement of Additional Information of the respective schemes
  and addenda issued for these documents carefully before investing.
- Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
- Applications incomplete in any respect are liable to be rejected. AMC / RTA shall have absolute discretion to reject any such Application Forms.
- Investors are advised to retain this acknowledgment slip till they receive a confirmation
  of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service
  Centre (ISC) / CAMS.
- 6. Investors / Unit holders should provide the Folio & Name of the Sole / Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
- A minimum gap of 25 Business days needs to be maintained between the first and second SIP installments.
- All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date.

- 9. Investors can choose any preferred date of the month as SIP debit date. In case the chosen date falls on a non-business day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day. In case the SIP debit date is not indicated, 10th shall be treated as the default date.
- 10. All SIP installment cheques / payment instructions must be of the same amount and the same monthly debit date.
- 11. In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
- If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
- The SIP will be discontinued automatically if payment is not received for two successive installments.
- 14. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar CAMS. Notice of such discontinuance should be received at least 25 Business days prior to the due date of the next installment / debit
- 15. Please submit this form along with a copy of a cancelled cheque.
- Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

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

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