		mon Application Form for Equity and Fund of Funds Schemes						
	(To be Filled in BLOCK LETTERS only)	Filled in BLOCK LETTERS only) BUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units)						
	Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub co	Global Asset Managemen				
	arn-154960	ARN -		E		App. E		
	^A By mentioning RIA code, I / we authorise you ransactions in the schemes(s) of HSBC Mutual Fe		tered Investment A	dviser (RIA) the deta	ils of my / our	110		
	I / We hereby confirm that the EUIN box has interaction or advice by the employee / relation the advice of in-appropriateness, if any, provide	ship manager / sales person of t	the above distribu	tor / sub broker or not	twithstanding	For Office Use Only		
	Sole / First Applicant / Authorised Signatory	Second Applicant / Authorised Sig	natory Thi	d Applicant / Authorised	Signatory			
1	TRANSACTION CHARGES (Please ti	ck any one of the below. Ref	fer point 5 on pa	ge 28 regarding tra	nsaction charge	es applicability)		
	I AM A FIRST TIME MUTUAL FUN					OR IN MUTUAL FUND		
2	(₹ 150 will be deducted as transaction char					on charge for per purchase of ₹ 10,000 and more		
2			-			v (if not provided earlier) and proceed to Section 3]		
			-			ing will be as per existing Folio Number. hada.? (\checkmark) Yes \bigcirc No ^{**} \bigcirc The fault if not ticked		
	SOLE/FIRST APPLICANT'S PERSONA Name [^] Mr Ms M/s	L DETAILS AS APPEARI		AAR Are you a	resident of Can	hada.? () Yes No Default if not ucked		
				oof Enclosed (✓)	Birth Certificat	te School Leaving Certificate Passport		
	Date of Birth ~ [‡] (Mandatory) D D M M	Y Y Y Y		Aarksheet issued by H				
	KYC Identification No. (KIN) ‡ ‡							
	Aadhaar Number**		Whe	re Aadhaar number ha	s not been assis	gned : Please enclose -		
				roof of application of				
	PAN** (Mandatory)		Proc	f to be enclosed (\checkmark)	PAN card C	Сору		
	Nationality‡		Cou	ntry of Residence				
	GUARDIAN NAME [^] (if Sole / First app ⁻ Mr Ms M/s	licant is a Minor) Contact I	Person (in case	of Non-individual In	vestors only)			
	KYC Identification Number (KIN) ^{‡‡}			7				
	Aadhaar Number**		Wh	ere Aadhaar number h	nas not been ass	signed : Please enclose -		
				Proof of application of				
	PAN** (Mandatory)		Proc	f to be enclosed (\checkmark)	PAN card C	Сору		
	 Natural Guardian⁺ (Father or Mother) ⁺ Document evidencing relationship with Guardiar 			ppointed Guardian)		ointment letter, affidavit etc. to support.		
	Status of Sole / 1st Applicant (✓) : Reside - Minor (Repatriable) Non-Resident – Minor	ent Individual Resident Mino (Non-Repatriable) Bank Firm Trust NPS Trust	r (through Guardia FPIs QFI/EF Fund of Fund	n) Non-Resident (F AOP HUF Gratuity Fund Pens	Repatriable) FPI Sole-P ion and Retirema	Non-Resident (Non-Repatriable) Non-Residen roprietor Private Limited Company Public ent Fund Government Body NGO BO		
3	KYC DETAILS [Mandatory (Details of G	1		8				
	Investors are requested to complete the KY			plicable				
a.	Occupation Details (*): Private Sector Service Business [Nature of Business]				urist Retired Money lender	Housewife Student Doctor Forex Dealer Pawn Broker Others [Pl. specify]		
b.	Gross Annual Income (Please ✓) : □ E	Below ₹ 1 Lac	₹ 5-10 Lac	s₹ 10-25 Lacs	₹ 25 Lacs -	- ₹ 1 Crore >₹ 1 Crore		
	OR Net-worth in Rupees (Mandatory for No	on-Individuals) ₹ Net-w	orth 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 Investo	rs (Companies, 7	rust, Partnership et	c.) :			
	Politically Exposed Person (PEP)	I. Is the company a Listed (any or Controlle	ed by a Listed Company Yes No		
c.	Related to a Politically Exposed	(If No, please attach man II. Foreign Exchange / Mon						
	Person (PEP)	III. Gaming / Gambling / Lot				Yes No		
	Not Applicable	IV. Money Lending / Pawnir	<i>.</i>					
	For Non Individual Investors -	Mandatory UBO Declarat				Yes No		
	Identification of Beneficial Ownership	(Not Required for a Listed (1 0		. v	· · · · ·		
^						ted or further transactions may be liable get rejected applicants who are not KYC compliant are required		
++	complete the uniform KYC process (for details refer W.e.f February 1, 2017, New individual investors w	point 10 under Important Instruct	ions).	<u> </u>				
	required to fill the new CKYC form while investing	with the Fund.		0 0 0		· ·		
**	As per the amendments to the Prevention of Money Attorney Holders are required to submit their Aadha	Laundering (Maintenance of Record ar number or proof of Aadhaar ap	rds) Rules, 2005 dat plication issued by	ed 1st June 2017, Resid he Unique Identification	ent Individual invo Authority of Indi	estors including Joint Holders, Guardian and Power ia and Permanent Account Number (PAN) to us, No		
	individual investors have to submit the Aadhaar and	PAN of the authorized signatory/i	es. Non Resident In	dividuals are not require				
·	Please note that information sought here will be obtained	ained from KKA also. In case of a	ny differences, the	KA input will apply.				
	CKNOWLEDGEMENT SLIP (To be fille					continued overleaf 😂		
	te: This Acknowledgement Slip is for your refe	rence only. Information provid	led on the form is	considered final.		App. E No.:		
	ceived from Mr Ms M/s							
	tion Vo.	application for U		NI-				
	tion/Sub-option ted Drawn on (Ban	Lumpsum investment along						
	`	K) ECS (Debit Clearing)/Direct Del		nount (₹)				
			hit Facility Total	Amount (F)		ISC Stamp, Signature & date		

Ж

Ж

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

Address for Correspondence [‡] [P.O. Box Address is]						
	NOT sufficient] (Sho	ould be same as i	n KRA records)			
City					Pin Code	
State		Country			riii Code	
				Ear		
Contact O Details R		Extn.	Mobile	Fax		
e-mail~			wioblic			
[°] On providing e-mail id investors shall receive scheme wise ann	ual report or an abrida	d summary there	f / account stater	nents / statutory & oth	ar documents and mark	rating material l
Overseas Address / Registered Address in case of Non-I (Mandatory in case of NRI / FPI applicant in addition to m	ndividual investors				ter documents and mark	
			City	r		
State	· · · · · ·	(Mandatory)			Zip Code	
JOINT APPLICANTS, IF ANY AND THEIR DETAILS	(Please tick (\checkmark) w	herever applicat	ole)			
Mode of Holding (\checkmark)Single		ault if not men		Anyone or S		
NAME [^] OF SECOND APPLICANT (Not applicable if Sole /	First Applicant is a Minor	and Second Applicant	cannot be a Minor)	Are you a resident of C	Canada.? (1) Yes 🗌 No ^{‡‡}	Default if not
Mr Ms M/s		Should match w	ith Aadhaar			
Date of Birth D D M M Y Y Y Y		KVC Identif	ication Number	(KIN) ++		
					. Dia	
Aadhaar Number**				s not been assigned enrollment of Aadh		
PAN** (Mandatory)				PAN card Copy		
			() -	_ FAIN card Copy		
Nationality		Country of				
a. Occupation (please ✓): Private Sector Service						
Business [Nature of Business] Gambling services offerer Money lender Pa				ley lender Casino	o Owner Arms ma	ununacturer
b. Gross Annual Income (please ✓): Below ₹ 1 Lac		5-10 Lacs	Ne	t-worth in Runees	(Mandatory for Non-I	ndividuals)
\bigcirc ₹ 10-25 Lacs \bigcirc ₹ 25 Lacs - ₹ 1 Crore \bigcirc >₹ 1		OR OR	₹	-	ould not be older than 1	
C. Others (please ✓) : Politically Exposed Person ((DED) Delated to	a Dolitioolly Eve	agod Damon (D	ED) Not Applie	ahla	
NAME [^] OF THIRD APPLICANT (Not applicable if Sole / Fi						
				re you a resident of Cal	nada.: (*) res No	Default if not t
Mr Ms M/s		Should match w				
Date of Birth D D M Y Y Y			ication Number			
Aadhaar Number**		Where Aad	haar number ha	s not been assigned	: Please enclose -	
Aaunaar Number**				enrollment of Aadh		
		Proof of	application of	enrollment of Aadh		
PAN** (Mandatory)		Proof of Proof to be	Tapplication of enclosed (\checkmark)	enrollment of Aadh PAN card Copy		
PAN** (Mandatory) Nationality		Proof of Proof of Country of	application of enclosed (✓) [Residence	PAN card Copy	aar	
PAN** (Mandatory)		Proof of Proof to be Country of e Government	application of enclosed (✓) [Residence Service □ Pro	PAN card Copy	aar	
PAN** (Mandatory)	🗆 I	Proof of Proof of Proof to be Country of Government Occtor Forex	application of enclosed (✓) Residence Service Pro Dealer Mon	PAN card Copy	aar	
PAN** (Mandatory)	wn Broker Other	Proof of Proof to be Country of e Governmeni Doctor Forex s [Please specify] 101 proof	² application of enclosed (✓) [Residence Service Pro Dealer Mon	PAN card Copy	aar Iturist Retired owner Arms ma	anufacturer
PAN** (Mandatory)	wn Broker Other ₹ 1-5 Lacs ₹	Proof of Proof of Proof to be Country of Government Occtor Forex	² application of enclosed (✓) [Residence Service Pro Dealer Mon	PAN card Copy	aar	nufacturer ndividuals)
PAN** (Mandatory)	wn Broker Other ₹ 1-5 Lacs ₹ Crore	Proof of Proof to be Country of e Governmeni Doctor Forex s [Please specify] 5-10 Lacs OR	i application of enclosed (✓) [Residence	PAN card Copy ofessional Agricutery ey lender Casing t-worth in Rupees Net-worth sho	aar Iturist Retired o o Owner Arms ma (Mandatory for Non-I buld not be older than 1	nufacturer ndividuals)
PAN** (Mandatory)	Image: Image of the state	Proof of Proof to be Country of e Governmeni Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp	i application of enclosed (✓) Image: Constraint of the second secon	PAN card Copy ofessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic	aar Iturist Retired o o Owner Arms ma (Mandatory for Non-I buld not be older than 1	nufacturer ndividuals)
PAN** (Mandatory)	Image: Image of the state	Proof of Proof to be Country of e Government Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp	application of enclosed (✓) [Residence Service [Pro Dealer [Mon ₹ posed Person (P sh details of PoA	PAN card Copy ofessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic	aar Iturist Retired o o Owner Arms ma (Mandatory for Non-I buld not be older than 1	nufacturer ndividuals)
PAN** (Mandatory)	Image: Image of the state	Proof of Proof of Proof to be Country of e Government Ooctor Forex s [Please specify] 5-10 Lacs OR o a Politically Exp porney please furning should match	i application of enclosed (✓) [Residence	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder).	aar Iturist Retired o o Owner Arms ma (Mandatory for Non-I buld not be older than 1	nufacturer ndividuals)
PAN** (Mandatory)	Image: Image of the state	Proof of Proof of Proof to be Country of Government Ooctor Forex S [Please specify] 5-10 Lacs OR o a Politically Exp orney please furning Should match KYC Identif	i application of enclosed (✓) I Residence	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP Not Applic holder). (KIN) ‡‡	aar Iturist Retired () o Owner Arms ma (Mandatory for Non-I build not be older than 1 cable	nufacturer ndividuals)
PAN** (Mandatory)	Image: Image of the state	Proof of Proof to be Country of e Government Doctor Forex s [Please specify] 5-10 Lacs o a Politically Exp prney please furnis Should match KYC Identif Where Aad	application of enclosed (✓) [Residence	PAN card Copy fessional Agricu ey lender Casino t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned	aar Iturist Retired Owner Arms ma Owner Arms ma Owner Owner (Mandatory for Non-I uid not be older than 1 sable Control of the older than 1 co	nufacturer ndividuals)
PAN** (Mandatory)	Image: Image of the state	Proof of Proof of Proof to be Country of Government Ooctor Forex SPlease specify 5-10 Lacs OR o a Politically Exp prney please furnit Should match KYC Identif Where Aad Proof of	i application of enclosed (✓) [Residence Residence	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned enrollment of Aadh	aar Iturist Retired Owner Arms ma Owner Arms ma Owner Owner (Mandatory for Non-I uid not be older than 1 sable Control of the older than 1 co	nufacturer ndividuals)
PAN** (Mandatory)	Image: Image of the state	Proof of Proof of Proof of Proof to be Country of Government Doctor Forex FPlease specify 5-10 Lacs OR a Politically Exp procy please furnit Should match KYC Identif Where Aad Proof of Proof to be	i application of enclosed (✓) [Residence Residence [Pro Dealer [Mon Image: Comparison of the second	PAN card Copy fessional Agricu ey lender Casino t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned	aar Iturist Retired Owner Arms ma Owner Arms ma Owner Owner (Mandatory for Non-I uid not be older than 1 sable Control of the older than 1 co	nufacturer ndividuals)
PAN** (Mandatory)	Image: symbol with a symbo	Proof of Proof of Proof of Proof to be Country of Government Ooctor Forex S [Please specify] 5-10 Lacs OR a Politically Exp prney please furnis Shøuld match KYC Identif Where Aad Proof of Proof to be Country of	i application of enclosed (✓) [Residence Residence [Pro Dealer [Mon Image: service [Pro Description [Mon Image: service [Pro	PAN card Copy fessional Agricu ey lender Casing t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned enrollment of Aadh PAN card Copy	aar Iturist Retired Owner Arms ma (Mandatory for Non-I uld not be older than 1 able Please enclose - aar	anufacturer ndividuals) year
PAN** (Mandatory) Image: Sector Service Sector Service	Image: space state	Proof of Proof of Proof of Proof to be Country of Governmenn Octor Forex SPlease specify 5-10 Lacs OR a Politically Exp prey please furnit Should match KYC Identif Where Aad Proof of Proof to be Country of e Governmenn	i application of enclosed (✓) [Residence Residence [Pro Dealer [Mon Image: The service [Pro Descent [Mon Image: The service [Pro Descent [Mon Image: The service [Pro Descent [Mon Image: The service [Pro Service [Pro Image: The service [Pro	PAN card Copy fessional Agricu fessional Agricu fessional Agricu t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned enrollment of Aadh PAN card Copy fessional Agricu	aar Iturist Retired () o Owner Arms ma (Mandatory for Non-I suld not be older than 1 sable () Please enclose - aar Iturist Retired ()	ndividuals) year
PAN** (Mandatory)	Image: space state	Proof of Proof of Proof of Proof to be Country of Government Ooctor Forex SPlease specify 5-10 Lacs OR a Politically Exp prney please furnis Should match KYC Identif Where Aad Proof of Proof to be Country of e Government Ooctor Forex	i application of enclosed (✓) [Residence Residence [Pro Dealer [Mon Image: The service [Pro Descent [Mon Image: The service [Pro Descent [Mon Image: The service [Pro Descent [Mon Image: The service [Pro Service [Pro Image: The service [Pro	PAN card Copy fessional Agricu fessional Agricu fessional Agricu t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned enrollment of Aadh PAN card Copy fessional Agricu	aar Iturist Retired Owner Arms ma (Mandatory for Non-I uld not be older than 1 able Please enclose - aar	ndividuals) year
PAN** (Mandatory)	Image: space state	Proof of Proof of Proof of Proof to be Country of e Government Ooctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp prney please furning Should match KYC Identif Where Aad Proof of Proof to be Country of e Government Ooctor Forex s [Please specify] Stopped and the second	i application of enclosed (✓) [Residence Residence [Pro Dealer [Mon Image: The service [Pro Desced Person (P. Service [Set details of PoA with Aladhhar ication Number Na haar number ha application of enclosed (✓) [Residence [Service [Pro Dealer [Mon	PAN card Copy fessional Agricu fessional Agricu fessional Agricu t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned enrollment of Aadh PAN card Copy fessional Agricu ey lender Casing	aar lturist Retired o Owner Arms ma (Mandatory for Non-I wild not be older than 1 cable : 2ble : Please enclose - aar lturist Retired o Owner Arms ma	Individuals) year Housewife unufacturer
PAN** (Mandatory) Nationality a. Occupation (please \checkmark): Private Sector Service Business Gambling services offerer Money lender Panov Business Gambling services offerer Money lender Panov Business Gambling services offerer Money lender Panov Below ₹ 1 Lac ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore POA HOLDER DETAILS* (If the investment is being made NAME^ Mr MsM/s Date of Birth D M M Y Y Y Aadhaar Number** PAN** (Mandatory) Nationality a. Occupation (please \checkmark): Business Business Gambling services offerer Money lender Pa b. Gross Annual Income (please \checkmark):	Image: The second s	Proof of Proof of Proof of Proof to be Country of Government Ooctor Forex S [Please specify] 5-10 Lacs OR a Politically Exp prney please furnit Should match KYC Identif Where Aad Proof of Proof of Proof to be Country of e Government Ooctor Forex s [Please specify]	i application of enclosed (✓) [Residence Residence [Pro Dealer [Mon Image: The service [Pro Desced Person (P. Service [Set details of PoA with Aladhhar ication Number Na haar number ha application of enclosed (✓) [Residence [Service [Pro Dealer [Mon	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned enrollment of Aadh PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees	aar lturist Retired o Owner Arms ma (Mandatory for Non-I wild not be older than 1 cable : all all all all all all all all all al	ndividuals) year Housewife ndividuals)
PAN** (Mandatory) Image: Sector Service	Image: The second s	Proof of Proof of Proof to be Country of Government Ooctor Forex S [Please specify] 5-10 Lacs OR Proof of Proof Proof	i application of enclosed (✓) [Residence Residence	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ (KIN) ‡‡ (KIN) ‡‡ PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho	aar Iturist Retired Iturist Retired Iturist Retired Iturist Retired Iturist	ndividuals) year Housewife ndividuals)
PAN** (Mandatory) Image: Sector Service in the interval of the	Image: space state sta	Proof of Proof to be Country of e Governmeni Doctor Forex s [Please specify] 5-10 Lacs OR A Politically Exp prney please furning Should match KYC Identif Where Aad Proof to be Country of e Governmeni Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp	i application of enclosed (✓) [Residence i Service [Pro Dealer [Mon Image: Service [Pro i Service [Pro Service [Pro ion Image: Service [Pro Service [Pro ion Number has a publication of enclosed (✓) [Residence [Service [Pro Dealer [Mon Mon Image: Service [Pro Dealer [Mon Image: Service [Image	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ S not been assigned enrollment of Aadh PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic	aar Iturist Retired Iturist Retired Iturist Retired Iturist Retired Iturist Retired Iturist Retired Iturist Retired Iturist Retired Iturist Retired Iturist Retired Iturist Retired Retire	anufacturer ndividuals) year Housewife unufacturer ndividuals) year
PAN** (Mandatory) Nationality a. Occupation (please \checkmark): Private Sector Service Business Nature of Business Gambling services offerer Money lender Panting services offerer Politically Exposed Person (PoA HOLDER DETAILS* (If the investment is being made NAME^ Mr MsM/s Panting services offerer Pante of Birth D M Madhaar Number** Panting services offerer PAN** (Mandatory) Panting services offerer Money lender Pa Business Nature of Business Gambling services offerer Money lender Business (Nature of Business) Below ₹1 Lac Gross Annual Income (please \checkmark): Pelow ₹1 Lac ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹1 C. Others (please \checkmark): Politically Exposed Person (BANK ACCOUNT DETAILS (MANDATIORY as	Image: space state sta	Proof of Proof to be Country of e Government Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp prney please furning Should match KYC Identif Where Aad Proof to be Country of e Government Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp	i application of enclosed (✓) [Residence is Service Dealer Mon Image: Ima	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned enrollment of Aadh PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic for Multiple Bank	aar Iturist Retired Owner Arms ma Mandatory for Non-I uld not be older than 1 sable Iturist Retired Iturist Retired I Iturist I	anufacturer andividuals) year and
PAN** (Mandatory) Image: Sector Service in the interval of Business in the interval of Business in the interval of Business interval of Businese interv	Image: space state sta	Proof of Proof to be Country of e Government Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp prney please furning Should match KYC Identif Where Aad Proof to be Country of e Government Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp	i application of enclosed (✓) [Residence is Service Dealer Mon Image: Ima	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ S not been assigned enrollment of Aadh PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic	aar Iturist Retired Owner Arms ma Mandatory for Non-I uld not be older than 1 sable Iturist Retired Iturist Retired I Iturist I	anufacturer ndividuals) year Housewife unufacturer ndividuals) year
PAN** (Mandatory) Nationality a. Occupation (please \checkmark): Private Sector Service Business [Nature of Business] Gambling services offerer Money lender Panov b. Gross Annual Income (please \checkmark): Below ₹1 Lac ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore POA HOLDER DETAILS* (If the investment is being made NAME^ Mr MsM/s Date of Birth D M M Y Y Y Aadhaar Number** PAN** (Mandatory) Nationality a. Occupation (please \checkmark): Private Sector Service Business [Nature of Business] Gambling services offerer Money lender PaN** (Mandatory) Nationality a. Occupation (please \checkmark): Private Sector Service Business [Nature of Business] Gambling services offerer Money lender Pa b. Gross Annual Income (please \checkmark): Below ₹1 Lac ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore C. Others (please \checkmark) : Politically Exposed Person (BANK ACCOUNT DETAILS (MANDATIORY as	Image: space state sta	Proof of Proof to be Country of e Government Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp prney please furning Should match KYC Identif Where Aad Proof to be Country of e Government Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp	i application of enclosed (✓) [Residence is Service Dealer Mon Image: Ima	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned enrollment of Aadh PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic for Multiple Bank	aar Iturist Retired Owner Arms ma Mandatory for Non-I uld not be older than 1 sable Iturist Retired Iturist Retired I Iturist I	anufacturer andividuals) year and
PAN** (Mandatory) Nationality a. Occupation (please ✓): □ Private Sector Service □ □ Business [Nature of Business] □ Gambling services offerer □ Money lender □ Pa b. Gross Annual Income (please ✓): □ Below ₹1 Lac □ ₹ 10-25 Lacs □ ₹ 25 Lacs - ₹ 1 Crore □ > ₹ 1 C. Others (please ✓) : □ Politically Exposed Person (POA HOLDER DETAILS* (If the investment is being made NAME^ Mr MsM/s Date of Birth □ □ M M Y Y Y Aadhaar Number** PAN** (Mandatory) Nationality a. Occupation (please ✓): □ Private Sector Service □ □ Business [Nature of Business] □ Gambling services offerer □ Money lender □ Pa b. Gross Annual Income (please ✓): □ Below ₹1 Lac □ ₹ 10-25 Lacs □ ₹ 25 Lacs - ₹ 1 Crore □ > ₹ 1 C. Others (please ✓) : □ Politically Exposed Person (BANK ACCOUNT DETAILS (MANDATORY as] Core Banking A/c No.	Image: space state sta	Proof of Proof to be Country of e Government Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp prney please furning Should match KYC Identif Where Aad Proof to be Country of e Government Doctor Forex s [Please specify] 5-10 Lacs OR a Politically Exp	i application of enclosed (✓) [Residence is Service Dealer Mon Image: Ima	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned enrollment of Aadh PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic for Multiple Bank	aar Iturist Retired Owner Arms ma Mandatory for Non-I uld not be older than 1 sable Iturist Retired Iturist Retired I Iturist I	anufacturer andividuals) year and
PAN** (Mandatory) Image: Sector Service Nationality Image: Sector Service Business Sector Service Business Image: Sector Service Gambling services offerer Money lender Pantionality Image: Sector Service Gambling services offerer Money lender Pantionality Image: Sector Service Image: Sector Service Image: Sector Service Image: Sector Service Politically Exposed Person (Image: Sector Service) PAN** Image: Sector Service Image: Sector Service	Image: system of the syste	Proof of Proof to be Country of e Government Soctor Forex s Please specify o a Politically Exp prorey please furnis Should match KYC Identif Where Aad Proof to be Country of e Government Soctor Forex s Please specify 5-10 Lacs OR a Politically Exp prover forex s Please specify Country of Country of Country of a Politically Exp pass) (refer Instr A/c. Type (v	i application of enclosed (✓) [Residence Residence Pro Dealer Mon Image: Service Pro Dealer Mon Image: Service Pro Dosed Person (P Service Service Pro Image: Service Pro Dealer Mon Service Pro Dealer Mon Ne ₹ Dosed Person (P Ne Image: Service Pro Dealer Mon Ne ₹ Dosed Person (P Ne Image: Service Pro Dealer Mon Ne ₹ Dosed Person (P Ne Image: Service Pro Dealer Ne Image: Service Pro Dealer Ne Image: Service Pro Dealer Ne Image: Service Image: Service Image: Service Image: Service Image: Serv	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ s not been assigned enrollment of Aadh PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic for Multiple Bank Savings NRC	aar Iturist Retired Owner Arms ma Mandatory for Non-I uld not be older than 1 sable Iturist Retired Iturist Retired I Iturist I	Individuals) year Housewife Individuals) year Housewife Individuals) year On details) For NRI Invest Inv
PAN** (Mandatory) Nationality a. Occupation (please \checkmark): Private Sector Service Business Gambling services offerer Money lender Pa b. Gross Annual Income (please \checkmark): Below ₹ 1 Lac	Image: style="text-align: center;">Image: style="text-align: center;"/>Image: style="text-align: center;"////////////////////////////////////	Proof of Proof to be Country of e Governmeni Doctor Forex s [Please specify] 5-10 Lacs OR 0 a Politically Exp prney please furning Should match KYC Identif Where Aad Proof to be Country of e Governmeni Doctor Forex s [Please specify] 5-10 Lacs OR 0 a Politically Exp prost to be Country of e Governmeni Doctor Forex s [Please specify] 5-10 Lacs OR 0 a Politically Exp nes) (refer Instr A/c. Type (<	image: service interpretation of enclosed (√) [Residence interpretation interpretation interpretation interpretation of enclosed (√) [Residence interpretation interpretation interpretation of enclosed (√) [Residence interpretation interpretation interpretation of enclosed (√) [Residence interpretation interpretat	PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic holder). (KIN) ‡‡ S not been assigned enrollment of Aadh PAN card Copy fessional Agricu ey lender Casine t-worth in Rupees Net-worth sho EP) Not Applic for Multiple Bank Savings NRC IFSC Code For 145	aar Iturist Retired (Mandatory for Non-I uld not be older than 1 able Particle Please enclose - aar Iturist Retired (Mandatory for Non-I uld not be older than 1 able (Mandatory for Non-I able Account Registratio D* NRE* * F NRE* * F NRE* * F	Individuals) year Housewife Individuals) Housewife Individuals) year On details) For NRI Invest Invest No Iaths

CALL US AT

HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:

Ahmedabad : Mardia Plaza, CG. Road, Ahmedabad - 380 006.
 Bengaluru : No. 7, Hsbc Center, M.G. Road, Bengaluru - 560 001.
 Chandigarh: SCO 1, Sector 9 D, Chandigarh - 160 017.
 Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001.
 Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 50082.
 Kolkata :31 BBD Bagh, Dalhousie Square, Kolkata - 700 001.
 Mumbai : 16, V.N. Road, Fort, Mumbai - 400 001
 New Delhi : Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001.
 Pune : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411011.
 TOLL FREE NUMBER : 1800 200 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our customer care centre.

Visit us at www.assetmanagement.hsbc.com/in.

INVESTMENT & SO	URCE OF FUNDS	DETAILS (Please () S	cheme / Plan / Option/Sul	b-Option)	
LUMPSUM : Scheme					
Plan Option/Sub-Option	Growth (default) Dividend Payout	Dividend Reinvestment§	Growth (default) Di Dividend Payout	vidend Reinvestment§	Growth (default) Dividend Reinvestment [§]
The scheme name mentioned of Payment Mode		nd the cheque has to be same. In c TGS NEFT Fund Transfer		the two, units will be allott NEFT Fund Transfer	ed as per scheme name mentioned on the application only Cheque DD RTGS NEFT Fund Transfer
Cheque/RTGS/NEFT/DD/FT Date		Y Y Y Y Y			
-					
Cheque/DD/RTGS/NEFT No. Payment from Bank A/c. No.					
Investment Amount (Rs.) (i)					
DD charges (Rs.) (ii)					
Total Amount (Rs.) (i + ii)					
Bank Name Branch					
A/c. Type (✓)	Current Savings Others	NRO* NRE* FCNR* (* For NRI Investors)	Current Savings NRC	(* For NRI Investors)	Current Savings NRO* NRE* FCNR* Others(* For NRI Investors)
MANDATORY DECLARA If no, my relationship with th	TION : The details of the bank account holder (\checkmark	t Rejection where applicable : e bank account provided above) Parent Grandparent on the Third Party Payments).	pertain to my/our own bank ac	count in my/our name 🗌 `	
First SIP Cheque Details :		PLAN [For SIP through Date D	M Y Y Y Y Bank M	Name	hould be of same date of the months/quarters)
Drawn on Bank A/c. No.				Branch ency Monthly (Dofoult Quartarly (10th)
□ 11th □ 12th □ 13th □	14th 15th 16th	6th 7th 8th 9th 17th 18th 19th 20th 28th 29th 30th 31st	I 21st SIP Pe	eriod : Start Date March 209	M Y Y End Date M M Y Y
Each SIP Amount (Rs.)		Cheque	e Nos. From		To
Drawn on Bank A/c.			Bank		Branch
SYSTEMATIC ENCA	SHMENT PLAN (SEP)			Registration
SEP Date 1st 2nd 11th 12th 13th 1	nthly (Default¶) Qu Fixed Amount Capita 3rd 4th 5th 6 14th 15th 16th 1		I Frequency Daily** ion Growth% bay of the month) Withd 0th (Default^) Rs.	Dividend Reinvestm	P Quarterly ^s Fortnightly^ Half Yearly ⁺⁺ ent Dividend Payout m Rs. 1000 and in multiples of Re. 1/- thereafter) Redemption amount will equal appreciation Y Y Y Y To M Y Y Y Y
SYSTEMATIC TRAN		To be submitted 10 d	ays prior to the SEP date in ca	ase of Registration.	
Transfer From: Scheme N		1	Transfer To:	Scheme Name :	Registration
Dividend Frequency STP Frequency (✓) Installment commencing From To be submitte	(default) Dividend R Daily** Dividend R Monthly* Dividend R Monthly* Dividend R Monthly Dividend R	Y To M M Y Y Y TP date incase of Registration.	Dividend Free Transfer Opti STP Date 11th 12th 23rd 24th Transfer Amore	Monthly ons Fixed Amount st 2nd 3rd 4th 13th 14th 15th 25th 26th 27th point Amount per ir (Minimum tran (Minimum transmitter)	Weekly [↑] Fortnightly [^] Quarterly ^S Half Yearly ^{††} Capital Appreciation (1st Business Day of the month) 5th 6th 7th 8th 9th 10th (Default [^]) 16th 7th 8th 9th 16th 17th 18th 19th 28th 29th 30th 31st All dates sfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)
**Applicable for HSBC Cash F Regular Savings Fund, HSBC I Debt Fund, ^{††} For HSBC Flexi equal or greater to INR 250/-, 1	Fund & HSBC Low Duratie Low Duration Fund & HS Debt Fund only. Please no Dividend Reinvestment is nentioned default date wou	on Fund. [†] For HSBC Cash Fund, BC Flexi Debt Fund. ^{\$} For HSBC te that dividend payout is available	C Debt Fund, HSBC Regular Sav e only in the Monthly, Quarterly fax Saver Equity Fund. Dividend	vings Fund, HSBC Short Du & Half yearly sub option for	For HSBC Cash Fund, HSBC Short Duration Fund, HSBC rration Fund & HSBC Flexi Debt Fund. ^ For HSBC Flex all schemes & under scheme HCFWD for dividend amoun on the scheme. [@] Default date is 10th of month [%] Growth i
		rticipant if you wish to hol	d units in Demat Form.		
	1	NSDL			CDSL
DP Name DP ID Beneficiary Account No.		Mandatory for new Folio	os of Individuals where	e mode of holding is	single and who do not wish to nominate)
	that <u>I/We do not w</u>	ish to exercise the right	of nomination in respe	ct of units subscribe	ed/purchased by me/us.
Signature(s)	Sole/First A _I	oplicant	Second Applic	cant	Third Applicant
Where Nominee details and	Non intention to nomin	nate both are mentioned, Non		considered as "Default".	Folio in such case will be updated without Nominee
I WISH TO NOMIN		for new Folios of Indivi	duals where mode of h	0 0 ,	(ref. Important Instruction 14)
I/We	(Unit h	,	,		(Unit holder 2)
and	(Unit hold			1 ()	e particularly described hereunder/and*/cancel the
nomination made by me/u			respect of the Units under H		(*strike out which is not applicable
Name & Address	of Nominee(s)		& Address of Guardian the Nominee is a Minor)	Signature of Nor Guardian of Nominee	
3.7 *					
Nomine	ee 1				
Nomine					

X

Ж

continuea	l overi	leaf 🖒
-----------	---------	--------

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

FATCA / CRS SELF CERTIF	ICATION FOR IND	VIDUAL INVESTO	rs (Individual / Nri / On	BEHALF OF M	INOR / PROPRIETORSHIP FIRM)	
	Sole / First App	licant Guardian	Second Applicant		Third Applicant	
Place and Country of Birth	Place		Place	Plac	ce	
2	Country		Country	Cor	antry	
Address Type	Residential	Business			Residential Business	
[for KYC address]	Registered Office	;	Registered Office		Registered Office	
Tax Resident (i.e. are you	Yes	No	Yes No		Yes No	
assessed for Tax) in any country other than India?						
If 'Yes' please fill for all countries in the respective countries	(other than India) in v	vhich you are a Reside	nt for tax purpose i.e. where you	are Citizen / Resid	lent / Green Card Holder / Tax Resident	
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 \checkmark the reason A, B or C as defined below]] C	A B C	
Reason A – The country where th Reason B – No TIN required [Sel	e Account Holder is lia ect this reason only for	the authorities of the i	espective country of tax residence	e do not required t	the TIN to be collected]	
Reason C – Others - Please specif	-		1 4		-	
# To also include USA, where th	e individual is a citizer	n / green card holder of	USA.			
^ In case Tax Identification Num						
FATCA / CRS SELF			AL INVESTORS AND THEIF DCIETY / PARTNERSHIP FIF		NEFICIAL OWNER (UBO)	
Please complete Annexure A &	k В					
DECLARATION AND SIGN	ATURES (In case of	' ioint holding, signa	tures of all unit holders are i	mandatory)		
FATCA / CRS DECLARATIO		Joint Holding, Signe				
changes / modification / updation and/or by the domestic tax author CONSENT FOR UPDATION	a to the above informati ities. I authorize the Fu AND VALIDATION sent in accordance with	ion in future and also u ind / AMC / RTA to clo I OF AADHAAR Aadhaar Act, 2016 and	ndertake to provide any other ad se or suspend my account(s) under regulations made thereunder, for	ditional information er intimation to me collecting, storing	the Fund informed in writing about any on as may be required at the Fund's end for non-submission of documentation.	
	sent for sharing/disclos	ing of my Aadhaar nur	nber(s) including demographic in	formation with the	ILA. e asset management companies of SEBI	
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 an 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 / ou 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 mak 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 m						
/ We confirm that I am / we are I / our NRE / NRO / FCNR Account		, 0	ind that the runds are remitted fro	iii abroad through	approved banking channels or from my	
I / We confirm that the details pro- sources and is not held or designed or statutory authority from time t on the specific tax implications a been induced by any rebate or git	vided by me / us are tru d for the purpose of con to time. I / We acknow trising out of my / our fts, directly or indirectl	e and correct. I / We he htravention of any Act, J ledge that the AMC ha participation in the Sc y,in making this invest	Rules, Regulations or any other and s not considered my / our tax por heme. I / We have understood the ment. I / We confirm that the AR	oplicable laws or N sition in particular e details of the Sc N holder has discl	is in the Scheme(s) is through legitimate lotifications issued by any governmental r and that I / we should seek tax advice heme and I / We have not received nor losed to me / us all the commissions (in om amongst which the Scheme is being	
I / We confirm that I / We do no Rs. 50,000/- in a year. (Applicable			hich together with the current a	pplication will rest	ult in aggregate investments exceeding	
	re not United States pe	erson(s) under the law			se of change to this status, I / We shall	
•		•			f bearer shares or share warrants are	
x		x		x		
Sole / First Applicant / G	uardian / PoA	Secor	d Applicant / PoA		Third Applicant / PoA	

Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.

Date

Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.

		FORM –										•					-	HS.	В(_` ♦	LXP
	DISTRIBUTOR IN			• •					-		istribu				-				scot N	/ana	agement
	Broker Name & A	_				oker ARN	l code		Sub co	ode		E	UIN		-		G	ubai A	5561 1		igement
	ARN	15496	50	A	RN -						E					Appli	catio	n No.	:		
	[^] By mentioning RIA transactions in the sch					th the SEE	BI Regis	stered In	vestment	Adviser	(RIA)	the deta	ils of	my / ou	ır		For	Office	Use (Only	
	I / We hereby confirm or advice by the empl	that the EUIN	box has	been inte	ntionally																
	in-appropriateness, if												r.								
	Sole / First Applic Authorised Signat					Second Authori								hird Ap uthoris			orv				
	REQUEST FOR (1		e):	Regi	stration	of SIP		• •	, ation of N	Aicro S	IP	Re		al of SI							
1	APPLICANT'S	PERSONA	AL DE	TAILS	(MAI	NDATO	RY)														
	Folio No. (For Exis	ting Unit hold	ers)																		
	Sole / 1st Unit Hold	-	Mr./M	s./M/s																	
	Date of Birth~ (Ma	andatory)	D M	I M Y	YY	Y			Are you	a resid	ent of	USA/C	onada	2 (1)			No#	(# Defa	ult)		
	Guardian's (in case	• /							The you	a resiu		05140	maua	. (•)			110.	Delt	uit)		
	Relationship with M	·				ner or Mot	her)	Le	gal Guard	ian ⁺⁺ (court a	opointed	l Guai	rdian)							
	+ Document evidencin							ease subi	mit attested	copy of	the cour	tappoint	ment l	letter, aff	idavit	etc. to s	support.				
	E-mail ID											~ .									
	KYC Identification	Sole /	First U	nitholdeı	r	G	uardian	1 / P0A .	Holder			Second	Unith	iolder				Third	Unitho	lder	
	No. (KIN) ^{‡‡}																				
	Aadhaar No.**	11/2 4 12													<u> </u>				<u> </u>		
		Where Aadhar n : Please enclose		is not been	assigned	: Please en		iber has n	ot been assi		lease en		ber has	not been	assig		ere Aad ease en		er has n	tot bee	en assigned
		Proof of appli	cation of e	enrollment	ofAadhar	Proof of	fapplicati	on of enro	ollment of A	adhar	Proof of	applicatio	on of en	rollment	ofAac	lhar 🔲	Proof of	applicatio	on of enr	ollmer	nt of Aadhar
	PAN (Mandatory)**																				
	Enclosed (\checkmark) ^ Name to be as per the	PAN Card C			4		ard Copy		. 11			ard Copy		1	6			ard Copy			. 1
	MANDATORY FIELD Figures (Maximum Amo									onlv) • B	ank Nai	ne 🗕 IES	C cod	e or MI	R cc	de (as n	er the c	heque /	pass bo	iok) 🗕	
ŀ	_≫ {ISBC ◀★			Debit	 Manc	late Fo	rm N/	ACH	/ ECS /	til cancel	led • A	ecount he	older si	ignature	• Acc	count hol	lder Na	me as pe			d —⊁
	-X	By registering	this ma	Debit andate, y	Manc vou auth	late For	rm N/	ACH	/ ECS /	/ Dire	led • Ad	ecount ho bit (N um amo	older si /land ount p	ignature	• Acc	ards in	lder Na	me as pe	SBC M		d —⊁
Glo				Debit	 Manc	late Fo	rm N/	ACH	/ ECS /	til cancel	led • A	ecount he	older si	ignature	• Acc	count hol	lder Na	me as pe			d —⊁
Glo	bbal Asset Management Tick (✓) REATE	U	this ma	Debit andate, y	Manc vou auth	Jate Fo norise the	rm N/	ACH d bank	/ ECS /	/ Dire	led • Ad	ecount ho bit (N um amo	older si /land ount p	ignature	• Acc	ards in Date	vestme	me as pe	SBC N		d —⊁
Gla CI M	Dibal Asset Management Tick (~) REATE ~ IODIFY /	U	this ma MRN	Debit andate, y	Manc vou auth	date For norise the 0 F CITIO	rm N/ specifie	ACH ad bank I C	/ ECS /	/ Dire	lled ● Ad ct De maxim	ecount ho	Alder si Mand bunt p	ignature	• Acc tow	ards in Date	vestme	ent in H	SBC M M Y 7	Iutua	d —⊁
Gk CI M	Dobal Asset Management Tick (✓) REATE ✓ IODIFY ANCEL ✓ I/We h	U Spons	this ma MRN [or Bank ze	Debit andate, y	Manc vou auth	date For norise the 0 F CITIO	rm N/ specifie F 00PIG	ACH ad bank I C	/ ECS /	/ Dire	lled ● Ad ct De maxim	ecount ho	Alder si Mand bunt p	ignature atory) ber day, L Y	• Acc tow	ards in Date	vestme	ent in H	SBC M M Y 7	Iutua	d ≫ Il fund. Y Y
Gld CI M C	Dibal Asset Management Tick (~) REATE ~ IODIFY ANCEL I/We h	U Spons nereby authori Bank a/c numb	this ma MRN [or Bank ze er	Debit andate, y F O Code	Manc you auth R	date For norise the 0 F CITIO	rm N/ specifie F OOPIG C Mutu	ACH , d bank I C W ual Fun	/ ECS /	/ Dire	lled ● Ad ct De maxim	ecount ho	Alder si Mand bunt p	ignature atory) atory) ber day, U C bit (tick	• Acc	ards in Date	vestme	ent in H	SBC M M Y 7	Iutua	d ≫ Il fund. Y Y
Gld CI M C	Dobal Asset Management Tick (✓) REATE ✓ IODIFY ANCEL ✓ I/We h	U Spons nereby authori Bank a/c numb	this ma MRN [or Bank ze er	Debit andate, y	Manc you auth R	date For norise the 0 F CITIO	rm N/ specifie F 00PIG C Mutu	ACH d bank I C W ual Fun FSC	/ ECS / to debit t E	/ Dire	lled ● Ad ct De maxim	ecount ho	Alder si Mand bunt p	ignature atory) atory) ber day, U C bit (tick	• Acc tow	ards in Date		ent in H	SBC M M Y 7	Iutua	d ≫ Il fund. Y Y
Gld CI M C,	Dibal Asset Management Tick (~) REATE ~ IODIFY ANCEL I/We h	U Spons nereby authori Bank a/c numb	this ma MRN [or Bank ze er	Debit andate, y F O Code	Manc you auth R	date For norise the 0 F CITIO	rm N/ specifie F 00PIG C Mutu	ACH , d bank I C W ual Fun	/ ECS / to debit t E	/ Dire	lled ● Ad ct De maxim	ecount ho	Alder si Mand bunt p	ignature atory) atory) ber day, U C bit (tick	• Acc	ards in Date	vestme	ent in H	SBC M M Y 7	Autua VRO	d ≫ Il fund. Y Y
Gk CI M C,	an amount of Rupees	U Spons nereby authori Bank a/c numb	this ma MRN [or Bank ze er e of cust	Debit andate, y F O Code	Manc vou auth R nk	date For norise the O F CITIO HSB	rm NA specifie F 00PIG C Mutu	ACH d bank I C W ual Fun FSC In Words	/ ECS / to debit f E ////	/ Dire	et lied • Ai	ecount ho	Aand Dunt p	ignature atory) atory) ber day, U C bit (tick	• Acc	ards in Date 00002 SB CA	vestme 0000C A CC ₹	ent in H	SBC M M Y 7 SB-N In Figu		d ≫ Il fund. Y Y
Gk CI M C,	an amount of Rupees	U Spons hereby authori Bank a/c numb Name	this ma MRN [or Bank ze er e of cust	Debit andate, y F O Code	Manc rou auth R	date For norise the O F CITIO HSB	rm NA specifie F 00PIG C Mutu	ACH d bank I C W ual Fun FSC In Words	/ ECS / to debit f E ////	/ Dire	et lied • Ai	ecount ho	Aand Jand Nand N N N N N N N N N N N N N N N N N N N	ignature	• Acc	ards in Date 00002 SB CA	vestme 0000C A CC ₹	me as pe	SBC M M Y 7 SB-N In Figu		d ≫ Il fund. Y Y
Gld CI M Cj Wi FF	Diverse Management	U Spons hereby authori Bank a/c numb Name	this ma MRN [or Bank ze er e of cust	Debit andate, y F O Code	Manc rou auth R nk arly K Folio	Ante For horise the O F CITIO HSB	rm NA specifie F 00PIG C Mutu	ACH d bank I C W ual Fun FSC In Words	/ ECS / to debit f E ////	/ Dire	et lied • Ai	bit (Num amo	And the second s	ignature	• Acc	ards in Date 00002 SB CA	vestme 0000C A CC ₹	me as pe	SBC M M Y 7 SB-N In Figu		d ≫ Il fund. Y Y
Gld CI M C, V Wi FF Re Re Re I a	Debal Asset Management Tick (✓) REATE ✓ IODIFY ANCEL ✓ I/We h ith Bank an amount of Rupees REQUENCY ⊠ Mont oference 1 oference 2 greee for the debit of m	U Spons hereby authori Bank a/c numb Name thly 🖂 Quart	this ma MRN [or Bank ze er e of cust	Debit andate, y F O Code	Nanc you auth R nk arly X Folio 1 Applicatio	Interest of the second	rm N/ specifie F OOPIG C Mutu	ACH d bank I C W ual Fun FSC In Words when pr	/ ECS / to debit t E	/ Dire / Dire the said U S Utilit	Led • Ai	Ecount he bit (N um ame 0 0 0 0 0 0 0 0 0 0 0 0 0	Image: Normal State	ignature	• Acc	ards in Date 00002 SB C/ CR	vestme □ 0000C ↓ CC ↓ CC ↓ CC	me as pe	SBC M M Y 7 SB-N In Figu		d ≫ Il fund. Y Y
Gld CI M CJ wi FF Re Re I a	Divid Asset Management Tick (~) REATE / IODIFY ANCEL I/We h ith Bank an amount of Rupees REQUENCY Mont oference 1 greee for the debit of m PERIOD	U Spons hereby authori Bank a/c numb Name thly 🛛 Quart	this ma MRN [or Bank ze er e of cust	Debit andate, y F O Code	Manc /ou auth R R nk arly M Folio 1 Application	Interest of the second	rm N/ specifie F OOPIG C Mutu	ACH d bank I C W ual Fun FSC In Words when pr	/ ECS / to debit t E	/ Dire / Dire the said U S Utilitie Cocounts	Led • Ai	Ecount he bit (N um ame 0 0 0 0 0 0 0 0 0 0 0 0 0	Image: Normal State	ignature	• Acc	ards in Date OO002 SB C/ CR f the ba	vestme □ 0000C ↓ CC ↓ CC ↓ CC	me as pe	SBC M M Y 7 SB-N In Figu		d ≫ Il fund. Y Y
Gld CI M CJ wi FF Re Re I a	Debal Asset Management Tick (✓) REATE ✓ IODIFY ANCEL ✓ I/We h ith Bank an amount of Rupees REQUENCY ⊠ Mont oference 1 oference 2 greee for the debit of m	U Spons hereby authori Bank a/c numb Name thly 🛛 Quart	this ma MRN [or Bank ze er e of cust	Debit andate, y F O Code	Manc You auth R R nk rolio Application the bank of X	date For norise the O F CITIO HSB	rm N/ specifie F OOPIG C Mutt	ACH d bank I C W ual Fun FSC In Words when pr zing to d	/ ECS , to debit t E id esented	Utili Coounts a	led • An	Ecount he bit (N um amo	No.	ignature atory) ber day, ↓ Y C bit (tick ↓ Fixed ↓ G bit (tick	• Acc	ards in Date 00002 SB C/ CR	vestme 0000C CC CC C M CC M CC M M M M M M M M M M M M M	me as pertent in H	SBC N M Y 7 SB-N In Figu	Int and a second	d
Gld CI M C, V V I R e R e I a I F F I I 1	Divisional Asset Management Tick (~) REATE / IODIFY / ANCEL / I/We h Ith Bank / Ith Ba	U Spons hereby authori Bank a/c numb Name thly 🛛 Quart handate process a M Y Y	this ma MRN [or Bank ze er e of cust	Debit andate, y F O Code	Manc You auth R R nk rolio Application the bank of X	Ante For horise the O F CITIO HSB Number Number whom I am	rm N/ specifie F OOPIG C Mutu I As & v authoriz	ACH d bank I C W ual Fun FSC In Words when pr zing to d	/ ECS , to debit t E id esented	titil cancel The said The said Th	led • Aı	Count he bit (N um amo bit (N um amo controls contrels controls controls controls cont	Aland Junt p N N to deb	ignature atory) per day, [] Y Cont (tick] G Fixed G Fixed	• Acc	ards in Date OO002 SB C/ CR f the ba	lder Na vestme 0000C A CC Z M Z M I	aximum	SBC N M Y 7 SB-N In Figu Amou	Int hol	d
Gld CI M C, VVI FF Re Re I a I F F	Dipilal Asset Management Tick (~) REATE / IODIFY I/We h ANCEL I/We h ith Bank I an amount of Rupees I REQUENCY Mont ofference 1 I ofference 2 I ofference 2 I From I To I Or Until C	U Spons hereby authori Bank a/c numb Name thly 🛛 Quart handate process a M Y Y a M Y Y Cancelled	this ma MRN [or Bank ze er e of cust cerly cerly cerly cerly cerly v	Debit andate, y F O Code	Manc you auth R R arly Folio 1 Application te bank v Sign	Interest of the second	rm N/ specifie F OOPIG C Mutu I authoriz	ACH d bank I C W Ual Fun FSC in Words when pr zing to d count ho records	/ ECS / to debit f	Litil cancel Litil cancel Li	led • An	Count he bit (N um amo bit (N um amo content c	Aland Junt p N N to deb	ignature atory) per day, [] Y Cont (tick] G Fixed G Fixed G Fixed	• Acc	ards in Date 00002 SB C/ CR CR f the be X 3.	lder Na vestme 0000C A CC Z C Z M M Signa	aximum	SBC N M Y 7 In Figu Amou	Int hole	d I fund. Y Y Others I I I I I I I I I I I I I
Gld CI M CJ Wi FF Re Re I a I I Thi	Divisional Asset Management Tick (~) REATE / IODIFY / ANCEL / I/We h Ith Bank / Ith Ba	U Spons hereby authori Bank a/c numb Nam thly Quart thly Quart nandate process 1 M Y Y 1 M Y Y Cancelled laration (as mentio	this ma MRN [or Bank ze er er sing char	Debit andate, y F O Code	ncarefully	International and the second s	rm N/ specifie F OOPIG C Mutt C Mutt I I As & v	ACH ad bank I C W U U I I I I I I I I I I I I I	/ ECS , to debit t E id s esented jebit my ac ider2. e / us. I am au	/ Dire. / Dire. / Dire. / Dire. / Dire. / S / Utilition / S / Utilition / S / Utilition / S / S / S / S / S / S / S / S / S / S	led • Aı ct De maxim E y Code DEBI DEBI ass per la ignature Name a he User	Ecount he bit (N um amo bit (N um amo control (N control (N	Aland Junt p N No. [ID] No. find fill the second nectule	ignature atory) per day, U Y C bit (tick Fixed Fixed of char holder brds to debit r	● Acco	ards in Date 00002 SB C/ CR CR Arrow	lder Na vestme 0000C ↓ CC ↓ CC ↓ CC ↓ CC	ature of me as in	SBC N M Y 7 SB-N In Figu Amou	Int hole	d If fund. If fund. If fund. If y
Gld CI M CJ Wi FF Re Re I a I I Thi	bbal Asset Management Tick (~) REATE / IODIFY ANCEL / I/We h I Ith Bank an amount of Rupees REQUENCY Mont oference 1 Iference 2 Igree for the debit of m PERIOD From Dor Until C is is to confirm that the decl me. I have understood that	U Spons hereby authori Bank a/c numb Name thly Quart thly Quart handate process A M Y Y A M Y Y Cancelled laration (as mentio t 1 am authorized t	this ma MRN [or Bank ze er e of cust serly [X] sing char y y	Debit andate, y F O Code	Manc You auth R R Application Application Application Sign n carefully mandate	Jate For norise the O F CITIO HSB	rm N/ specifie F OOPIG C Mutt C Mutt I I As & v	ACH ad bank I C W U U I I I I I I I I I I I I I	/ ECS , to debit t E id s esented jebit my ac ider2. e / us. I am au	/ Dire. / Dire. / Dire. / Dire. / Dire. / S / Utilition / S / Utilition / S / Utilition / S / S / S / S / S / S / S / S / S / S	led • Aı ct De maxim E y Code DEBI DEBI ass per la ignature Name a he User	Ecount he bit (N um amo bit (N um amo control (N control (N	Aland Junt p N No. [ID] No. find fill the second nectule	ignature atory) per day, U Y C bit (tick Fixed Fixed of char holder brds to debit r	● Acco	ards in Date 00002 SB C/ CR CR Arrow	lder Na vestme 0000C ↓ CC ↓ CC ↓ CC ↓ CC	ature of me as in	SBC N M Y 7 SB-N In Figu Amou	Int hole	d If fund. If fund. If fund. If y
Gld CI M CJ Wi FF Re Re I a I I Thi	bbal Asset Management Tick (~) REATE / IODIFY / ANCEL / I/We h ith Bank / an amount of Rupees REQUENCY / Mont oference 1 / forence 2 / regree for the debit of m PERIOD / From / D / D / D / D / ACKNOWLED	U Spons hereby authori Bank a/c numb Name thly Quart thly Quart handate process A M Y Y A M Y Y Cancelled laration (as mentio t 1 am authorized t	this ma MRN [or Bank ze er e of cust serly [X] sing char y y	Debit andate, y F O Code	Manc You auth R R Application Application Application Sign n carefully mandate	Jate For norise the O F CITIO HSB	rm N/ specifie F OOPIG C Mutt C Mutt I I As & v	ACH ad bank I C W U U I I I I I I I I I I I I I	/ ECS , to debit t E id s esented jebit my ac ider2. e / us. I am au	/ Dire. / Dire. / Dire. / Dire. / Dire. / S / Utilition / S / Utilition / S / Utilition / S / S / S / S / S / S / S / S / S / S	led • Aı ct De maxim E y Code DEBI DEBI ass per la ignature Name a he User	Ecount he bit (N um amo bit (N um amo control (N control (N	Aland Junt p N No. [ID] No. find fill the second nectule	ignature atory) per day, U Y C bit (tick Fixed Fixed of char holder brds to debit r	● Acco	ards in Date 00002 SB C/ CR CR Arrow	lder Na vestme 0000C ↓ CC ↓ CC ↓ CC ↓ CC	ature of me as in	SBC N M Y 7 SB-N In Figu Amou	Int hole	d If fund. If fund. If fund. If y
Gld CI M CJ Wi FF Re Re I a I I Thi	bbal Asset Management Tick (~) REATE / IODIFY ANCEL / I/We h I Ith Bank an amount of Rupees REQUENCY Mont oference 1 Iference 2 Igree for the debit of m PERIOD From Dor Until C is is to confirm that the decl me. I have understood that	U Spons hereby authori Bank a/c numb Name thly Quart thly Quart handate process A M Y Y A M Y Y Cancelled laration (as mentio t 1 am authorized t	this ma MRN [or Bank ze er e of cust serly [X] sing char y y	Debit andate, y F O Code	Manc You auth R R Application Application Application Sign n carefully mandate	Interesting the second	rm N/ specifie F 1 OOPIG C Mutu I I As & v authorize	ACH d bank I C W ual Fun FSC in Words when pr zing to d count ho records ade by menunicating	/ ECS , to debit 1 E id s esented s esented s lders lders s s s s s s	/ Dire / Dire the said U S Utili Counts Counts X S uthorizing ation / am	led • An	Count he bit (N um amo bit (N um amo control (N control (N	Aland Junt p N No. [ID] No. find fill the second nectule	ignature atory) per day, U Y C bit (tick Fixed Fixed of char holder brds to debit r	● Acco	ards in Date 00002 SB C/ CR CR Arrow	lder Na vestme 0000C ↓ CC ↓ CC ↓ CC ↓ CC	ature of me as in	SBC N M Y 7 SB-N In Figu Amou	Int hole	d If fund. If fund. If fund. If y
Gld CI M CJ Wi FF Re Re I a I I Thi	bbal Asset Management Tick (~) REATE / IODIFY / ANCEL / I/We h ith Bank / an amount of Rupees REQUENCY / Mont ference 1 oference 2 gree for the debit of m PERIOD From / D / D / D / D / D / D / C / Received from / C / C / C / C / C / C / C / C / C / C	U Spons hereby authori Bank a/c numb Name thly Quart thly Quart handate process A M Y Y A M Y Y Cancelled laration (as mentio t 1 am authorized t	this ma MRN [or Bank ze er e of cust serly [X] sing char y y	Debit andate, y F O Code	Manc You auth R R Application Application Application Sign n carefully mandate	Interesting the second	rm N/ specifie F 1 OOPIG C Mutu I I As & v authorize	ACH d bank I C W ual Fun FSC in Words when pr zing to d count ho records ade by menunicating	/ ECS , to debit t E id s esented jebit my ac ider2. e / us. I am au	/ Dire / Dire the said U S Utili Counts Counts X S uthorizing ation / am	led • An	Count he bit (N um amo bit (N um amo control (N control (N	Aand Aand Junt p N No. [ID] ID] ID] ID] ID] ID] ID] ID]	ignature atory) per day, L Y C pit (tick fixed Fixed of char nolder ords to debit r ser entity	● Acco	ards in Date 00002 SB C/ CR CR Arrow SB C/	lder Na vestme 0000C ↓ CC ↓ CC ↓ CC ↓ CC	ature of me as in	SBC N M Y 7 SB-N In Figu Amou	Int hole	d If fund. If fund. If fund. If y
Gla CI M C, V V F F R e R e R e I a I f F T I C Thi	bbal Asset Management Tick (~) REATE / IODIFY ANCEL I/We h I Ith Bank an amount of Rupees REQUENCY Mont ofference 1 Ifference 2 Ingree for the debit of m PERIOD From From Dr In Co Dr	U Spons hereby authori Bank a/c numb Name thly Quart thly Quart handate process A M Y Y A M Y Y Cancelled laration (as mentio t 1 am authorized t	this ma MRN [or Bank ze er e of cust serly [X] sing char y y	Debit andate, y F O Code	Manc You auth R R Application Application Application Sign n carefully mandate	Interesting the second	rm N/ specifie F OOPIG C Mutu I I As & v authori: hary Acc in bank in tely comm	ACH d bank I C W ual Fun FSC in Words when pr zing to d count ho records ade by menunicating	/ ECS , to debit 1 E id s esented s esented s lders lders s s s s s s	/ Dire / Dire the said U S Utili Counts Counts X S uthorizing ation / am	led • An	Count he count he bit (N um amo bit (N um amo count bit (N um amo count coun	Aand Aand Junt F N No. ID ID ID ID ID ID ID ID ID ID ID ID ID	ignature atory) per day, L Y C pit (tick at (tick))) at (tick at (tick))) at (tick at (tick))) at (tick)) at (tick	● Acco	ards in Date 00002 SB C/ CR CR Arrow SB C/	Ider Na vestme 00000 A CC Z M Z M Signa sed on th	ature of me as in	SBC N M Y 7 SB-N In Figu Amou	Int hole	d If fund. If fund. If fund. If y
Gla CI M C, V V F F R e R e R e I a I f F T I C Thi	bbal Asset Management Tick (~) REATE / IODIFY ANCEL I/We h I Ith Bank an amount of Rupees REQUENCY Mont ofference 1 Ifference 2 Ingree for the debit of m PERIOD From Dr In	U Spons hereby authori Bank a/c numb Name thly Quart thly Quart handate process A M Y Y A M Y Y Cancelled laration (as mentio t 1 am authorized t	this ma MRN [or Bank ze er e of cust serly [X] sing char y y	Debit andate, y F O Code	Manc You auth R R Application Application Application Sign n carefully mandate	Interesting the second	rm N/ specifie F OOPIG C Mutu C Mutu I I As & v authoria	ACH d bank I C W ual Fun FSC in Words when pr zing to d count ho records ade by menunicating	/ ECS , to debit 1 E id s esented s esented s lders lders s s s s s s	/ Dire / Dire the said U S Utili Counts Counts X S uthorizing ation / am	led • An Ct De maxim E maxim E DEB DEB G G G G G G G G G G G G G G G G G G G	Count he count he bit (N um amo bit (N um amo count he count he bit (N um amo count he count he	Aand Jand Dunt p No. Dunt p No. Dunt h k reccure y Sub	ignature atory) per day, L Y Cont (tick d Fixed Fixed of char conder ords to debit r ser entity	● Acco	ards in Date 00002 SB C/ CR CR Arrow SB C/	Ider Na vestme 00000 A CC Z M Z M Signa sed on th	ature of me as in e instruct	SBC M M Y 7 E SB-N In Figu Amou	Int hole	d If fund. If fund. If fund. If y
Gla CI M C, V V FF Re Re Re I a I I Thi	bbal Asset Management Tick (✓) REATE ✓ IODIFY ANCEL ✓ I/We h ith Bank an amount of Rupees REQUENCY ✓ Mont oference 1 oference 2 gree for the debit of m PERIOD From □ □ M To □ □ M To □ □ M Cor □ Until C is is to confirm that the deck me. I have understood that ACKNOWLED Received from Folio No. Scheme 1 Scheme 2	U Spons hereby authori Bank a/c numb Name thly Quart thly Quart nandate process 1 M Y Y Cancelled laration (as mentio t 1 am authorized t	this ma MRN [or Bank ze er e of cust serly [X] sing char y y	Debit andate, y F O Code	Manc you auth R R arly Folio 1 Application Application Comparison Sign n carefully mandate J by the L	Interesting the second	rm N/ specifie F OOPIG C Mutu C Mutu I As & v authoriz	ACH d bank I C W ual Fun FSC in Words when pr zing to d count ho records ade by menunicating	/ ECS , to debit f E	/ Dire / Dire the said U S Utili Counts Counts X S uthorizing ation / am	led • An	Count he bit (N um amo bit (N um amo control (N control (N	Aland Junt p N No. [ID] ID] ID] Inedule	ignature atory) per day, L Y Cont (tick d Fixed Fixed of char conder ords to debit r ser entity	● Acc	ards in Date 00002 SB C/ CR CR Arrow SB C/	Ider Na vestme 00000 A CC Z M Z M Signa sed on th	ature of me as in e instruct where I i	SBC M M Y 7 E SB-N In Figu Amou	Int hole	d I fund. I fu

2	2 SIP DETAILS (Please tick (\checkmark) wherever applicable)	
1	Scheme 1 Name Plan Option	on / Sub option
		$\begin{array}{ c c c c c c c c } \hline $4th $ \Box $5th $ \Box $6th $ \Box $7th $ \Box $8th $ \Box $9th $ \Box $10th (Default^{^})$ \\ \hline $therefore $ The there $ the the the the the the the the the the$
		15th 16th 17th 18th 19th 20th 21st
	if one date is not included and in our will be considered for perpetuity (which 2000)	26th 27th 28th 29th 30th 31st All dates
	SIP Amount (figures) ₹ (words)	
	First SIP Cheque No. Dated D M M Y Y Y Cheque Amou	int ₹
	Drawn on Bank name (should be same as NACH mandate) Bra	nch
2	2 Scheme 2 Name Plan Opti	ion / Sub option
		$\begin{array}{ c c c c c c c c } \hline $4th $ \Box $5th $ \Box $6th $ \Box $7th $ \Box $8th $ \Box $9th $ \Box $10th (Default^{^})$ \\ \hline $10th (Default^{^*})$ \\ \hline 1
		15th 16th 17th 18th 19th 20th 21st
	in circulate is not inclutioned then the Shi with be considered for perpetuity (Water 2007)	26th 27th 28th 29th 30th 31st All dates
	SIP Amount (figures) ₹ (words)	
	First SIP Cheque No. Dated D M Y Y Y Y Cheque Amore	int ₹
	Drawn on Bank name (should be same as NACH mandate) Bra	nch
3	3 Scheme 3 Name Plan Opti	ion / Sub option
		$4th$ 5th 6th 7th 8th 9th 10th (Default^)
		15th 16th 17th 18th 19th 20th 21st 26th 27th 28th 29th 30th 31st All dates
	if the date is not inclusive dish die on will be considered to perpetuity (indice 2007)	20th 27th 28th 29th 30th 31st All dates
	SIP Amount (figures) ₹ (words)	
	First SIP Cheque No. Dated D M M Y Y Y Y Cheque Amou	int ₹
	Drawn on Bank name (should be same as NACH mandate) Bra	
	^ If no debit date is mentioned default date would be considered as 10th of every month / quarter. Please ensure the amount mentioned in the	e NACH form is a total of per SIP installment requested above.
3	3 DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding i	s '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 an Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.	d usage (ii) validating / authenticating and (ii) updating my / our
	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 or I / We declare that the particulars furnished here are correct. I / We authorise HSBC Mutual Fund acting through its service providers to	
	through an Electronic Debit arrangement / NACH (National Automated Clearing House). If the transaction is delayed or not effected at al	
	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 EC	19 (Dabie Charrier) / NACH (National Astronomy de Charrier, Harres)
	I / we have registered for making payment towards my investments in HSBC Mutual rund by debit to my / our account directly or through EC I / We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the	
	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 befor	
	X X	X
	Solo / 1st Unit Holder / POA / Cuardian 2nd Unit Holder	and Unit Holdon

INSTRUCTION

- 1. Investors are advised to comply with applicable Know Your Customer (KYC) requirements from time to time and failure to comply with this requirement may result in the purchase application being rejected.
- Please read the Scheme Information Document(s), Key Information Memorandum(s) of the scheme(s) and Statement of Additional Information of the respective schemes and addenda issued for these documents carefully before investing.
- 3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
- 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.

- D. Investors can choose any preferred date of the month as SIP debit date. In case the chosen date falls on a non-business day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day. In case the SIP debit date is not indicated, 10th shall be treated as the default date.
- 10. All SIP installment cheques / payment instructions must be of the same amount and the same monthly debit date.
- 11. In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
- 12. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
- 13. The SIP will be discontinued automatically if payment is not received for two successive installments.
- 14. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar CAMS. Notice of such discontinuance should be received at least 25 Business days prior to the due date of the next installment / debit.
- 15. Please submit this form along with a copy of a cancelled cheque.
- 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.
- 4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
- 5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
- 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".