

HSBC Mid Cap Fund

NFO Application Form



(Mid Cap Fund – An open ended equity scheme predominantly investing in mid cap stocks)

(To be Filled in BLOCK LETTERS only)

App.
No.:

For Office Use 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	EUIN
[^] I / We hereby confirm that by mentioning RIA code, I / We authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of HSBC Mutual Fund. I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker.			
<input checked="" type="checkbox"/> Sole / First Applicant / Authorised Signatory		<input type="checkbox"/> Second Applicant / Authorised Signatory	<input type="checkbox"/> Third Applicant / Authorised Signatory

1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 15 regarding transaction charges applicability)

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

2 APPLICANT'S INFORMATION [Please fill in your Folio No. below. In case of existing folio, furnish only KYC and PAN details below (if not provided earlier) and proceed to Section 3]

Folio No. Please note that applicant details and mode of holding will be as per existing Folio Number.

SOLE/FIRST APPLICANT'S PERSONAL DETAILS Are you a resident of USA/Canada? (✓) Yes No^{**} (** Default if not ticked)

Name

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

KYC Identification No. (KIN) ^{‡‡}

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

Nationality[‡] Country of Residence

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

Mr Ms M/s

KYC Identification Number (KIN) ^{‡‡}

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

Natural Guardian⁺ (Father or Mother) Legal Guardian⁺⁺ (court appointed Guardian)
⁺ Document evidencing relationship with Guardian ⁺⁺ In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

Status of Sole / 1st Applicant (✓): Resident Individual Resident Minor (through Guardian) Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) Non-Resident - Minor (Non-Repatriable) Bank FPIs QFI/EFI AOP HUF FPI Sole-Proprietor Private Limited Company Public Limited Co. Body Corporate Partnership Firm Trust NPS Trust Fund of Fund Gratuity Fund Pension and Retirement Fund Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Foreign Nationals [Specify Country] Others [Specify]

3 KYC DETAILS [Mandatory (Details of Guardian in case the unitholder is a minor)]

Investors are requested to complete the KYC section for Joint holders & POA also, as applicable

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

b. Gross Annual Income (Please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore

OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date)

For Individuals [Tick (✓) if applicable]:	For Non-Individual Investors (Companies, Trust, Partnership etc.):
<input type="checkbox"/> Politically Exposed Person (PEP)	I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach mandatory UBO Declaration) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Related to a Politically Exposed Person (PEP)	II. Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Applicable	III. Gaming / Gambling / Lottery/ Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	IV. Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
For Non Individual Investors - Identification of Beneficial Ownership	Mandatory UBO Declaration form duly filled and signed attached. (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) <input type="checkbox"/> Yes <input type="checkbox"/> No

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

‡‡ W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 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.

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

~ Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID /SAI for instructions related to folios held in the name of Minor.

...continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

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

App.
No.:

Received from

Folio No. application for Units of **HSBC Mid Cap Fund** Plan

Option Sub-option alongwith Cheque / DD No. Dated

Drawn on (Bank) Amount (Rs.)

SIP Investment Total Cheques ECS (Debit Clearing)/Direct Debit Facility Total Amount (Rs.)

Date

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

<input checked="" type="checkbox"/>
ISC Stamp, Signature & date

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

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

City	Country	Pin Code
State		

Contact Details	Phone	OR	Extn.	Fax
e-mail †			Mobile	

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

Overseas Address / Registered Address in case of Non-Individual investors (Mandatory in case of NRI / FPI applicant in addition to mailing address) (Should be same as in KRA records)

State	Country (Mandatory)	City	Zip Code
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5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)

MODE OF HOLDING (✓) Single Joint (Default if not mentioned) Anyone or Survivor

NAME OF SECOND APPLICANT (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor) **Are you a resident of USA/Canada? (✓) Yes** **No** †† (††Default if not ticked.)

Mr Ms M/s

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 KYC Identification Number (KIN) ††

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

Nationality Country of Residence

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

b. Gross Annual Income (please ✓) : Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore **OR** **Net-worth in Rupees (Mandatory for Non-Individuals)** ₹ Net-worth should not be older than 1 year

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

NAME OF THIRD APPLICANT (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor) **Are you a resident of USA/Canada? (✓) Yes** **No** †† (††Default if not ticked.)

Mr Ms M/s

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 KYC Identification Number (KIN) ††

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

Nationality Country of Residence

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

b. Gross Annual Income (please ✓) : Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore **OR** **Net-worth in Rupees (Mandatory for Non-Individuals)** ₹ Net-worth should not be older than 1 year

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

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

Name Mr Ms M/s

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 KYC Identification Number (KIN) ††

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

Nationality Country of Residence

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

b. Gross Annual Income (please ✓) : Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore **OR** **Net-worth in Rupees (Mandatory for Non-Individuals)** ₹ Net-worth should not be older than 1 year

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

6 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines) (refer Instruction No. 3 for Multiple Bank Account Registration details)

Core Banking A/c No. A/c. Type (✓) Current Savings NRO* NRE* * For NRI Investors

Bank Name

Branch Address

MICR Code [9 digit number next to your Cheque No.] RTGS IFSC Code [For Rupees Two lakhs and above] NEFT IFSC Code [For less than Rupees Two lakhs]

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

...continued on next page

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 - 500 082. ● **Kolkata** : 31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● **Mumbai** : 52/60 Mahatma Gandhi Road, Fort, Mumbai 400001. ● **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 - 411 001.
 Toll Free Number : 1800 200 2434/1800 258 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 & SOURCE OF FUNDS DETAILS (Please (✓) Plan/Option/Sub-Option)		
Purchase	NFO LUMP SUM PURCHASE	SMART STP LUMP SUM PURCHASE*
Scheme Name	HSBC Mid Cap Fund	<input type="checkbox"/> HSBC Cash Fund ^ <input type="checkbox"/> HSBC Ultra Short Duration Fund <input type="checkbox"/> HSBC Overnight Fund
Plan		
Option / Sub-Option	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
IDCW Frequency		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-Yearly
Investment Amount (₹) (i)		
DD Charges (₹) (ii)		
Total Amount (₹) (i+ii)		
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT
RTGS/NEFT No.		
Cheque/DD No.		
Cheque/DD Dated		
A/c. No.		
A/c. Type (✓)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others (* For NRI Investors)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others (* For NRI Investors)
Drawn on Bank		
Branch		
City		

Documents attached to avoid Third Party Payment Rejection where applicable : Third Party Declarations Bank Certificate for Pre-funded Instruments
MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account in my/our name Yes No.
 If no, my relationship with the bank account holder (✓) Parent Grandparent Employee Custodian Others _____ (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 10 on the Third Party Payments). * Fill section 8 to register for Smart Systematic Transfer Plan

SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (All cheques should be of same date of the 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 <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st	Frequency <input type="checkbox"/> Weekly (Default*) <input type="checkbox"/> Monthly (Default*) <input type="checkbox"/> Quarterly (10th)	
SIP Day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default*) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	SIP Period : Start Date M M Y Y End Date M M Y Y	<input type="checkbox"/> March 2099 (Default)
Each SIP Amount (Rs.)	Cheque Nos. From	To
Drawn on	Bank A/c.	Bank Branch

* If the day for Weekly SIP is not selected, Wednesday will be the default day. * If no debit date is mentioned default date would be considered as 10th of every month/quarter.

8 SMART SYSTEMATIC TRANSFER PLAN*	
Transfer From: Scheme (Choose any One) <input type="checkbox"/> HSBC Cash Fund ^ <input type="checkbox"/> HSBC Ultra Short Duration Fund <input type="checkbox"/> HSBC Overnight Fund	Transfer To: HSBC Mid Cap Fund
Plan	Plan
Sub-option: <input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	Sub-option: <input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
IDCW Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly	
Smart STP Frequency (✓): <input type="checkbox"/> 6 Months (16% of initial investment amount per month) OR <input type="checkbox"/> 12 months (7.25% of initial investment amount per month)	
Investment / Opted Amount: Rs. _____ Minimum investment amount is Rs 1 Lakh	

In case the trigger does not occur in a particular month, the switch from Source scheme to Target scheme will happen on the 2nd last business day of that particular month
 The entire transaction amount under Smart STP facility will be initially invested under the source (transfer from) scheme on the date of application and thereafter 20% of the said amount shall be switched* from the source scheme to target scheme (HSBC Mid Cap Fund) on the NFO closure date. Remaining 80% of the amount shall be switched from source scheme to the target scheme over a period of 6 months or 12 months (as opted by the investor) in accordance with the terms and conditions relating to Smart STP as stipulated under the Scheme Information Document and Key Information Memorandum of the target scheme.

*In case of HSBC Cash Fund, exit Load shall be applicable if switched-out / redeemed / transferred within 7 Calendar Days from the date of investment. Please refer Scheme Information Document of HSBC Cash Fund for further details on exit load

9 DEMAT ACCOUNT DETAILS	
Please provide details of your Depository Participant if you wish to hold units in Demat Form.	
NSDL	CDSL
DP Name	
DP ID	
Beneficiary Account No.	

10 I DO NOT WISH TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)
 I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

Signature(s)	X	X	X
	Sole/First Applicant	Second Applicant	Third Applicant

OR
 Where Nominee details and Non intention to nominate both are mentioned, Non intention to nominate will be considered as "Default". Folio in such case will be updated without Nominee.

I/WE WISH TO NOMINATE AS UNDER: (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 14)					
Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Relationship with Nominee	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1				X	
Nominee 2					
Nominee 3					

* the aggregate total should be 100%

...continued overleaf ⇨

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

FATCA / CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)

	Sole / First Applicant Guardian	Second Applicant	Third Applicant
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are Citizen / Resident / Green Card Holder / Tax Resident in the respective countries			
Country of Tax Residency#			
Tax Identification Number (TIN) or Functional Equivalent^			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Reason A – The country where the Account Holder is liable to pay tax does not issue TIN to its residents. Reason B – No TIN required [Select this reason only for the authorities of the respective country of tax residence do not required the TIN to be collected] Reason C – Others - Please specify the reason _____			
# To also include USA, where the individual is a citizen / green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.			

FATCA / CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBO)
(COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.)

Please complete Annexure A & B

12 DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)

FATCA / CRS DECLARATION

I acknowledge and confirm that the information provided with respect to FATCA/CRS is true and correct to the best of my knowledge and belief. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA/CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission/update. I also undertake to keep the Fund informed in writing about any changes/modification/update to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

OTHER DECLARATIONS

Having read and understood the contents of the Scheme Information Document, Key Information Memorandum, Statement of Additional Information and Addenda of the Scheme(s) issued till date, I/We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to abide by the terms, conditions, rules and regulations of the Scheme and the above mentioned documents of HSBC Mutual Fund. I/We hereby authorise HSBC Mutual Fund, the AMC and its Agents to disclose my/our details including investment details to my/our bank(s)/HSBC Mutual Fund's Bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details provided by me/us, or to disclose to such other service providers as deemed necessary for conduct of business. I/We express my/our willingness to make payments referred above through participation in ECS/Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Fund, the AMC, its service providers or representatives responsible. I/We will also inform the AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions for ECS/Direct Debit.

I/We confirm that I am/we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO/FCNR Account (Applicable to NRI).

I/We confirm that the details provided by me/us are true and correct. I/We hereby declare that the amount being invested by me/us in the Scheme(s) is through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any other applicable laws or Notifications issued by any governmental or statutory authority from time to time. I/We acknowledge that the AMC has not considered my/our tax position in particular and that I/we should seek tax advice on the specific tax implications arising out of my/our participation in the Scheme. I/We have understood the details of the Scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We confirm that primary email ID provided belongs to self or a family member.

I/We confirm that I am/We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

We confirm that we have not issued any bearer shares or share warrants. We also confirm that we will inform the AMC if bearer shares or share warrants are issued subsequently.

×	×	×
Sole / First Applicant / Guardian / PoA	Second Applicant / PoA	Third Applicant / PoA
Date <input style="width: 150px;" type="text"/>		

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

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

Annexure A – Ultimate Beneficial Ownership (UBO) Declaration form

[MANDATORY for Non-Individual Applicants/Investors]

This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company



A APPLICANT DETAILS:											
Applicant Name											
PAN											Application No.
Folio Nos.											

B CATEGORY [tick (✓) applicable category]:											
<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> LLP	<input type="checkbox"/> Unincorporated association / body of individuals	<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Private Trust/Trust created by a Will	<input type="checkbox"/> Others	[Specify] _____			

C DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)												
Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.												
Type of Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships)												
> 25% control of company												
> 15% control of Partnership / LLP / Trust / AoP / BoI												
If there is no UBO, please declare that there is no holding beneficial interest - striking off the below table and provide signatures under the declaration & signature section.												
Sr. No	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type	% of beneficial interest (Enclose appropriate proof)	Place & Country of Birth / Incorporation	Date of Birth / Incorporation [dd-mm-yyyy]	Address, Address Type* & Contact details [include City, Pin code, State, Country]	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
1.												<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
2.												<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
3.												<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
4.												<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others
5.												<input type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others

* Address Type should either Residence or Business or Registered Office

I / We acknowledge and confirm that the information provided above is / are true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I / We aware that I / We may liable for it. I / We hereby authorize you to update your records from the above information received by the Fund or from other SEBI Registered Intermediaries. Further, I authorize you to share the beneficial owner information (in this form) provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or redeem / reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I / We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Date _____	X	X
Place _____	Authorized Signatory 1	Authorized Signatory 2
	Authorized Signatory 3	

FATCA AND CRS SELF CERTIFICATION FOR NON-INDIVIDUALS

[MANDATORY for Non-Individual Investors including HUF] Please turn over for Definitions/Instructions/Guidance

APPLICANT DETAILS

Applicant Name: _____
 PAN _____ Application No _____ Folio Nos _____

Type of address given at KRA Residential or Business Residential Business Registered Office

INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

Place of Incorporation: _____ Country of Incorporation: _____ Date of Incorporation: _____

Is Entity a tax resident of any country other than India? Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)

	Country of Tax Residency	TIN or equivalent number^	Identification Type (TIN or Other, please specify)
1			
2			
3			
4			

^ In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box (Refer instruction D4):

FATCA and CRS DETAILS (Mandatory)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, (Please ✓ as appropriate):
 Financial Institution (Refer definition A) or
 Direct reporting NFE (Refer definition B)

GIIN _____
 Note: If you do not have a GIIN (Global Intermediary Identification number) but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below
Name of sponsoring entity: _____

GIIN - Not Available (Please ✓ as appropriate):
 If the entity is a financial institution,
 Applied for
 Not required to apply for - please specify 2 digits sub-category _____ (refer definition C)
 Not obtained – Non-participating FI

PART B (please fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

Is the Entity a publicly traded company? No
 (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)
Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)
Name of stock exchange _____

Is the Entity a related entity of a publicly traded company? No
 (a company whose shares are regularly traded on an established securities market) (Refer definition D2)
Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)
Name of listed company _____
Nature of relation: Subsidiary of the Listed Company OR Controlled by a Listed Company
Name of stock exchange _____

Is the Entity an Active NFE? No
 (Refer definition D3)
Yes Also provide UBO Form
Nature of Business _____
Please specify the sub-category of Active NFE _____ (Mention code - refer D3)

Is the Entity a Passive NFE? No
 (Refer definition E2)
Yes Also provide UBO Form
Name of stock exchange _____

If Passive NFE, please provide the below additional details for each of the Controlling person. (Please attach additional sheets if necessary)

Sr. No.	Name of UBO	Taxpayer Identification Number / PAN / Equivalent ID Number	Place of Birth	Country of Birth	Occupation Type [Service, Business, Others]	Nationality	Father's Name	Date of Birth dd/mm/yyyy	Gender [Male, Female, others]
1									
2									
3									

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification No.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

DECLARATION & SIGNATURE(S)

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. 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.

Date : _____ Place : _____ **Authorized Signatories** [with Company / Trust / Firm / Body Corporate seal]

Applications Supported by Blocked Amount (ASBA) Application Form (to be used by investors adopting the ASBA route)



DISTRIBUTOR INFORMATION (Only empanelled Distributors/Brokers will be permitted to distribute Units)

Date: _____

Broker Name & ARN code/RIA code [^]	Sub-broker ARN code	Sub Code	EUIN	SCSB	SCSB IFSC Code	Syndicate Member Code	Sl. No.

Application No. : _____

[^] I/We hereby confirm that by mentioning RIA code, I/We authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my/our transactions in the scheme(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.

Sole/Ist Applicant/Authorised Signatory IInd Applicant/Authorised Signatory IIIrd Applicant/Authorised Signatory

TRANSACTION CHARGES (Please refer point 5 on page 15 regarding transaction charges applicability)

I confirm that I am a First time Investor across Mutual Funds (₹ 150 will be deducted as transaction charges for per purchase of ₹ 10000 & above) I confirm that I am an Existing investor in Mutual Funds (₹ 100 will be deducted as transaction charges for per purchase of ₹ 10,000 & above)

1 INVESTOR'S DETAILS (Names should be in the same sequence as appearing in your Demat Account. In case of discrepancies, the Application is liable to get rejected.)

Sole/First Applicant's Name Mr Ms M/s _____

KYC Identification Number (KIN) _____ **PAN (Mandatory)** _____ Proof to be enclosed (✓) PAN card Copy

Guardian's (If Sole/First Applicant is a Minor) OR **Contact Person's** (In case of Non-Individual Investors only)
Name Mr Ms M/s _____

KYC Identification Number (KIN) _____ **PAN (Mandatory)** _____ Proof to be enclosed (✓) PAN card Copy

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

2 INVESTMENT DETAILS

Scheme Name : HSBC Mid Cap Fund **Plan (✓) :** Regular Direct

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

Total Amount to be blocked (in Figures) ₹ _____ (in words) _____

3 SCSB ACCOUNT DETAILS (please refer websites of NSE, BSE and SEBI for list of SCSBs) **(MANDATORY)**

Bank Name _____

Branch Address _____

Bank A/c No. _____ **Bank City** _____

Bank A/c No. _____ **A/c. Type (✓)** Current Savings NRO* NRE* * For NRI Investors

4 DEMAT ACCOUNT DETAILS **(MANDATORY)**

	NSDL	CDSL
DP Name	_____	_____
DP ID	I N _____	_____
Beneficiary Account No.	_____	_____

5 UNDERTAKING BY ASBA INVESTOR/ACCOUNT HOLDER

1) I/We hereby undertake that I/We am/are an ASBA investor(s) as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009. 2) In accordance with ASBA process provided in the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009, I/We authorize (a) the Self Certified Syndicate Bank (SCSB) to do all acts as are necessary to make an application for purchase of units in the NFO blocking the amount to the extent mentioned above in the "SCSB details" or unblocking of funds in the bank account maintained with the SCSB specified in the ASBA Form, transfer of funds to the Issuer's account designated for this purpose on receipt of instruction from the Registrar after finalisation of the basis of allotment entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar to HSBC Mutual Fund to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the ASBA Form, upon finalisation of the basis of allotment and to transfer the requisite money to the Issuer's account designated for this purpose. 3) In case the amount available in the bank account specified in the ASBA Form is insufficient for blocking the amount equivalent to the application money, the SCSB shall reject the application. 4) If the DP ID, Client ID or PAN furnished by me/us in the ASBA Form is incorrect or incomplete, the ASBA Application shall be rejected and the AMC, R&TA and SCSB shall not be liable for losses, if any. 5) I/We hereby authorise the SCSB to make relevant revisions as may be required to be done during the NFO, in the event of price revision.

Having read and understood the contents of the SID and SAI, I/We hereby apply under Direct/AMFI Certified empanelled distributors to the Trustees of HSBC Mutual Fund for units of the Scheme/Option as indicated above and agree to abide by the terms, conditions, rules and regulations of 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 hereby authorise HSBC Mutual Fund, its Investment Manager and its Agents to disclose details of my/our investment 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. I/We hereby declare that the particulars given above are correct and 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 HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform HSBC Asset Management (India) Pvt. Ltd., about any changes in my/our bank account. We have understood that the present scheme does not offer any guarantee or assured return and that the scheme is subject to credit risk or default risk including possible loss of principal, any losses in case of a default will be borne by me/us. *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. 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 of HSBC Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. *Applicable to NRI 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 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 confirm that I am/We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

Signature of the Applicant(s)	<input checked="" type="checkbox"/> 1. Sole/First Applicant/Guardian/POA	<input type="checkbox"/> 2. Second applicant/POA	<input type="checkbox"/> 3. Third Applicant/POA	Attn: NRI investors; payment must be made through NRE/FCNR Accounts)
Signature of the Bank Account Holder(s)	<input type="checkbox"/> 1. Sole/First Applicant/Guardian/POA	<input type="checkbox"/> 2. Second applicant/POA	<input type="checkbox"/> 3. Third Applicant/POA	

ACKNOWLEDGEMENT SLIP FOR INVESTOR

Date: _____

Scheme Name _____ Option _____

Received from Mr./Ms. _____

Address _____ Pin Code _____

Tel. _____ Mobile _____ Bank A/c No. _____

Bank Name & Branch Address _____

Total Amount to be Blocked (Rs.) _____

(in words) _____

Application No. : _____

SCSB Stamp, Signature, Date & Time of Form submission

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	EUIN

[^] I/We hereby confirm that by mentioning RIA code, I/We authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my/our transactions in the schemes(s) of HSBC Mutual Fund.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

App. No. :
For Office Use Only

Sole/First Applicant/ Authorised Signatory <input checked="" type="checkbox"/>	Second Applicant/ Authorised Signatory	Third Applicant/ Authorised Signatory
--	--	---------------------------------------

REQUEST FOR (tick any one): Registration of SIP Registration of Micro SIP Renewal of SIP

1 APPLICANT'S PERSONAL DETAILS (MANDATORY)

Folio No. (For Existing Unit holders)

Sole/1st Unit Holder's Name

Date of Birth[~] (Mandatory) **Are you a resident of USA/Canada?** (Yes No^{**} (^{**} Default))

Guardian's (in case of minor)/PoA Holder's Name

Relationship with Minor Natural Guardian⁺ (Father or Mother) Legal Guardian^{**} (court appointed Guardian)
⁺ Document evidencing relationship with Guardian ^{**} In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

E-mail ID

	Sole/First Unitholder	Guardian/PoA Holder	Second Unitholder	Third Unitholder
KYC Identification No. (KIN) ^{††}	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN (Mandatory)^{**}	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enclosed (<input checked="" type="checkbox"/>)	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy

^{**} W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). For Micro SIP Investment please refer Instructions for filling up the Application Form. ^{††} W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process. 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.

[~] 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)

By registering this mandate, you authorise the specified bank to debit the said maximum amount per day, towards investment in HSBC Mutual fund.

UMRN Date

Sponsor Bank Code Create Modify Cancel

Utility Code I/We hereby authorize

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

with Bank IFSC/MICR

An amount of Rupees In Words ₹ In Figures

Debit Type : Fixed Amount Maximum Amount Frequency: Monthly Quarterly Half Yearly Yearly As & when presented

Reference 1 Reference 2

Mobile No. Email ID

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

PERIOD

From To Or Until Cancelled

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

Name as in bank records Name as in bank records Name as in bank records

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Received from

Folio No. SIP Application for Units of Scheme/Plan/Option:

Scheme 1	Plan	Option/Sub-option
Scheme 2	Plan	Option/Sub-option
Scheme 3	Plan	Option/Sub-option

SIP period from to OR End date

Total Amount (Rs.) ₹ Amount (in words)

ISC Stamp & Signature

Date:

2 SIP DETAILS (Please tick (✓) wherever applicable)	
1 Scheme 1	Name HSBC Mid Cap Fund Plan _____ Option _____ Sub-option _____
Frequency	<input type="checkbox"/> Weekly (Default*) <input type="checkbox"/> Monthly (Default^*) <input type="checkbox"/> Quarterly (10th)
SIP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default*) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st
SIP period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> End date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)	
SIP Day	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default*) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
SIP Amount (figures)	₹ _____ (words) _____
First SIP	Cheque No. _____ Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cheque Amount ₹ _____
Drawn on Bank name (should be same as NACH mandate) _____ Branch _____	
2 Scheme 2	Name _____ Plan _____ Option/Sub option _____
Frequency	<input type="checkbox"/> Weekly (Default*) <input type="checkbox"/> Monthly (Default^*) <input type="checkbox"/> Quarterly (10th)
SIP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default*) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st
SIP period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> End date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)	
SIP Day	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default*) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
SIP Amount (figures)	₹ _____ (words) _____
First SIP	Cheque No. _____ Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Cheque Amount ₹ _____
Drawn on Bank name (should be same as NACH mandate) _____ Branch _____	
3 Scheme 3	Name _____ Plan _____ Option/Sub option _____
Frequency	<input type="checkbox"/> Weekly (Default*) <input type="checkbox"/> Monthly (Default^*) <input type="checkbox"/> Quarterly (10th)
SIP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default*) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st
SIP period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> End date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)	
SIP Day	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default*) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
SIP Amount (figures)	₹ _____ (words) _____
First SIP	Cheque No. _____ Dated <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 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. * If the day for Weekly SIP is not selected, Wednesday will be the default day.	

3 DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')	
OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order)	
I/We declare that the particulars furnished here are correct. I/We authorize 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. Mandate 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.	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sole/1st Unit Holder/POA/Guardian	2nd Unit Holder
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3rd Unit Holder	<input checked="" type="checkbox"/>

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.
- 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 21 Calendar 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.
- Investors can choose any preferred day/date of the month as SIP debit day/date. In case the chosen day/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.
- 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 three successive installments.
- 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 21 Calendar Days prior to the due date of the next installment/debit.
- Please submit this form along with a copy of a cancelled cheque.
- Email ID and Mobile number provided in the application form should be of the primary unit holder for speed and ease of communication. Where Email ID and Mobile number is not provided the same will be updated from KRA records.
- Minimum application amount and number of instalments:

In case of all open ended schemes of the Fund (other than HSBC Tax Saver Equity Fund)	In case of HSBC Tax Saver Equity Fund
Minimum 6 installments (including the first installment) of Rs. 1000/- each and in multiples of Re. 1/- thereafter Or Minimum 12 installments (including the first installment) of Rs. 500/- each and in multiples of Re. 1/- thereafter.	Minimum 6 installments (including the first installment) of Rs. 500/- each and in multiples of Re. 500/- thereafter.

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.
- 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".

1 THIRD PARTY PAYMENT DECLARATION (Should be enclosed with each payment/SIP Enrolment)

Payments by : **Parent/Grand-Parents/Related Persons Other than the Registered Guardian**
 Payments to : **Minor Folio only; In consideration of: Natural love and affection or as gift only**
 Maximum Value : **Not Exceeding Rs 50,000/-** (each regular purchase or per SIP instalment)

Application and Payment Details (All details below are Mandatory, including relationship, PAN & KYC):

Folio No.												Application Form No.								
Beneficiary Name																				
Investment Amount in Rs.												<input type="checkbox"/> Lump sum <input type="checkbox"/> SIP with post-dated Cheques <input type="checkbox"/> SIP Auto Debit								
Bank Details	A/c No.											Branch								
	Bank Name																			
DD/Cheque No. (Lump sum)												Dated	D	D	M	M	Y	Y	Y	Y
Cheque Nos. (for SIP via PDC)	From												To							
Cheque Drawn on A/c No.																				

Declaration and Signatures:

	Parent/Grand-Parents/Related Persons Other than the Registered Guardian	Guardian of Minor, as registered in the Folio
Name		
Relationship with Minor		
Income Tax PAN		
KYC Acknowledgement	<input type="checkbox"/> Attached (Mandatory for any amount)	<input type="checkbox"/> Attached (Mandatory for any amount)
Declaration	I hereby declare and confirm the minor stated above is the beneficial owner of the investment details mentioned above and I am providing the funds for these investments on account of my natural love and affection or as gift from my bank account only.	I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the Minor.
Signature	✗	✗
Contact Number		

2 BANKER'S CERTIFICATE (in case of Demand Draft/Pay Order/Any Other pre-funded instrument)

To whomsoever it may concern, we hereby confirm the following details regarding the instrument issued by us:

Instrument Details:

Instrument Type	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Pay Order/Banker's Cheque	<input type="checkbox"/> Debit to Account																	
Instrument Number												Date	D	D	M	M	Y	Y	Y	Y
Investment Amount in Rs.																				
In Favour of/Favouring																				
Payable At																				

Details of Bank Account Debited for issuing the instrument:

Bank Account No.																					Account Type
Account Holder Details	Name											Income Tax PAN									
1.																					
2.																					
3.																					

If the issuing Bank branch is outside India:

We further declare that we are registered as a Bank/branch as mentioned below:

Under the Regulator	Name of the Regulator										
In the Country	Country Name										
Registration No.	Registration Number										
We confirm having carried out necessary Customer Due Diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws and other applicable relevant laws in our country											

Branch Manager/Declarant(s)

Signature ✗ _____

Name _____ Bank & Branch Seal

Address _____

City _____ State _____ Postal code _____

Country _____ Contact Number _____

Important Note: It is clarified that the Bankers Certificate suggested above is recommendatory in nature, as there may be existing Bank Letters/Certificates/Declarations, which will confirm to the spirit of the requirements, if all required details are mentioned in the certificate.

3 PAYMENT BY EMPLOYER ON BEHALF OF EMPLOYEE (under Systematic Investments Plans through Payroll deductions or Expense Reimbursement)

To whomsoever it may concern

We hereby declare that the Application Form No/s. _____ for subscription of units in _____ (Name of the Scheme) is accompanied by

 Cheque No. _____ Dated _____ Drawn on _____ (Name of the Bank/Branch).

We confirm that the beneficial owner(s) of the investment in these units is/are _____ (Name of the Employee/s, with employee number/s),
 _____ who is/are my /our employee/s and am providing the funds for these investments through the payroll deduction / expense reimbursement (strike off which is not applicable).

Signature of Declarant(s) ✕ _____

Name of Declarant(s) _____

Income Tax PAN _____ KYC Acknowledgement attached (Mandatory for any amount)

Address of Declarant(s) _____

City _____ Postal code _____

State _____ Country _____

Signature of Beneficiary(ies) ✕ _____

4 CUSTODIAN ON BEHALF OF AN FII/FPI OR CLIENT (Should be enclosed with each payment)

To whomsoever it may concern

Application and Payment Details (All details below are Mandatory):

Folio No.									Application Form No.																		
Beneficial Applicant/ Investor Name																											
Investment Amount in Rs.																											
Payment Mode	<input type="checkbox"/> Cheque		<input type="checkbox"/> Fund Transfer				<input type="checkbox"/> RTGS				<input type="checkbox"/> NEFT																
Payment Cheque/UTR No.																			Dated	D	D	M	M	Y	Y	Y	Y
Payment from Bank																											
Payment from A/c No.																											

We further declare that we are registered as a Custodian with SEBI under Registration No.: _____
 We confirm the beneficial owner as stated above and that this payment is issued by us in our capacity as Custodian to the Applicant/Investor. The source of this payment is from funds provided to us by the Applicant/Investor.

Signature of Declarant(s) ✕ _____

Name of Declarant(s) _____

Income Tax PAN _____ KYC Acknowledgement attached (Mandatory for any amount)

Address of Declarant(s) _____

City _____ Postal code _____

State _____ Country _____

Multiple Bank Accounts Registration / Deletion Form

(Please read the Instructions overleaf and attached necessary documents for registration of Bank Accounts. Strike off the Sections not used by you to avoid unauthorised use.)

Folio No. (For Existing Unit Holders) <input style="width:100%;" type="text"/>	OR	Application No. (For New Unit Holders) <input style="width:100%;" type="text"/>
Name of Sole / First Unit Holder <input style="width:100%;" type="text"/>		Permanent Account No. (PAN) <input style="width:100%;" type="text"/>

A. Old / Existing Bank Account details**:

Bank Account No. Bank A/c. Type: Savings Current NRI-NRO NRI-NRE Others

Bank Name :

*** In case of non-availability of old bank proof (as mentioned in mandatory documents), In-Person verification (IPV) is mandatory*

B. Change in Tax Status:

In-case of Change in Tax Status, please tick the applicable new tax status:

Resident Individual NRI on Repatriation Basis NRI on Non-Repatriation Basis

Overseas Address (Mandatory in case of NRI / FPI applicant) (Should be same as in KRA records)

<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
State	Country (Mandatory)	City	Zip Code

C. Addition of Bank Accounts:

• If you are changing an existing bank account with a new one for redemption/dividend proceeds in future, please mention the new bank account in Part C as well as in Part D. If the new bank account is not mentioned in Part C, redemption/dividend proceeds will be sent to existing default bank account only. • For each bank account mentioned in Part C, Investors should submit originals of any one of the documents mentioned below. If copies are submitted, the originals should be produced for verification.

Please register my/our following additional bank accounts for all investments in my/our folios. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of non-individuals.

Bank A/c. Type: Savings Current NRI-NRO NRI-N.RE Others

For each bank account, Investors should produce original for verification or submit originals of the documents mentioned below.

Core Bank Account No. <input style="width:100%;" type="text"/> Bank Name <input style="width:100%;" type="text"/> City <input style="width:100%;" type="text"/> MICR Code^ <input style="width:100%;" type="text"/>	Account Type (✓) : <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO# <input type="checkbox"/> NRE# <input type="checkbox"/> FCNR# <input type="checkbox"/> _____ Branch <input style="width:100%;" type="text"/> PIN Code <input style="width:100%;" type="text"/> IFSC Code^^ <input style="width:100%;" type="text"/>
Any one Document with name of investor pre printed <input type="checkbox"/> Canceled Cheque Leaf <input type="checkbox"/> Passbook <input type="checkbox"/>	

Core Bank Account No. <input style="width:100%;" type="text"/> Bank Name <input style="width:100%;" type="text"/> City <input style="width:100%;" type="text"/> MICR Code^ <input style="width:100%;" type="text"/>	Account Type (✓) : <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO# <input type="checkbox"/> NRE# <input type="checkbox"/> FCNR# <input type="checkbox"/> _____ Branch <input style="width:100%;" type="text"/> PIN Code <input style="width:100%;" type="text"/> IFSC Code^^ <input style="width:100%;" type="text"/>
Any one Document with name of investor pre printed <input type="checkbox"/> Canceled Cheque Leaf <input type="checkbox"/> Passbook <input type="checkbox"/>	

Core Bank Account No. <input style="width:100%;" type="text"/> Bank Name <input style="width:100%;" type="text"/> City <input style="width:100%;" type="text"/> MICR Code^ <input style="width:100%;" type="text"/>	Account Type (✓) : <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO# <input type="checkbox"/> NRE# <input type="checkbox"/> FCNR# <input type="checkbox"/> _____ Branch <input style="width:100%;" type="text"/> PIN Code <input style="width:100%;" type="text"/> IFSC Code^^ <input style="width:100%;" type="text"/>
Any one Document with name of investor pre printed <input type="checkbox"/> Canceled Cheque Leaf <input type="checkbox"/> Passbook <input type="checkbox"/>	

Core Bank Account No. <input style="width:100%;" type="text"/> Bank Name <input style="width:100%;" type="text"/> City <input style="width:100%;" type="text"/> MICR Code^ <input style="width:100%;" type="text"/>	Account Type (✓) : <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO# <input type="checkbox"/> NRE# <input type="checkbox"/> FCNR# <input type="checkbox"/> _____ Branch <input style="width:100%;" type="text"/> PIN Code <input style="width:100%;" type="text"/> IFSC Code^^ <input style="width:100%;" type="text"/>
Any one Document with name of investor pre printed <input type="checkbox"/> Canceled Cheque Leaf <input type="checkbox"/> Passbook <input type="checkbox"/>	

^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque. # For NRI Investors.

D. Default Bank Account:

If you are changing an existing default bank account with new one for redemption/dividend proceeds in future, please mention the new bank account in Part C as well as in Part D. From among the bank accounts mentioned above or those already registered with you, please register the following bank account as a Default Bank Account for payment of future redemption and/or dividend proceeds, if any, in the above mentioned folio:

Core Bank Account No. **Bank Name**

E. Bank Account Deletion:

Name of Sole / First Unit Holder

Please delete the following Bank accounts as registered accounts for my/our above folio:

Bank Account No. <input style="width:100%;" type="text"/>	Bank Name <input style="width:100%;" type="text"/>
Bank Account No. <input style="width:100%;" type="text"/>	Bank Name <input style="width:100%;" type="text"/>
Bank Account No. <input style="width:100%;" type="text"/>	Bank Name <input style="width:100%;" type="text"/>
Bank Account No. <input style="width:100%;" type="text"/>	Bank Name <input style="width:100%;" type="text"/>

Deletion of a default bank account will not be effective in the Folio unless the investor mentions another valid registered Bank Account as a default account in Part D of this Form.

F. My identity details for IPV ^{^^} : (copy enclosed & original shown for verification)*

Description	First Holder/Guardian	Joint Holder 1	Joint Holder 2
PAN/ (Please Specify) #			
Holder's Name			
Contact Number			
Signature ^s	✗	✗	✗

DECLARATION :

I/We have read and understood the Instructions and the Terms and Conditions for New Bank Mandate and agree to abide by the same.

I/We acknowledge that my/our request will be processed only if all details are properly filled and valid documents are attached, failing which the request maybe rejected/delayed as the case may be in which case I/We will not hold HSBC Mutual Fund, the AMC and the Registrar liable for any loss due to delayed execution or rejection of the request.

^{^^} First unit holder OR Any 1 of the unit holder where mode of holding in the folio is anyone or survivor

Self Attested Photo Identity Proof for PAN Exempt Investors like Passport, Voter ID, Ration Card, Driving License, Aadhaar (Number to be scored out)

\$ To be signed by all the holder(s) as per the mode of holding. In case of Non-Individual Unit holders, to be signed by AUTHORIZED SIGNATORIES

G. In-Person verification (For Office Use only) – applicable only if the old / existing bank mandate proof not submitted

I have done the In-Person verification of the above referred investor along with ID document specified above; matched with the information available in the referred Folio(s) and found them in order. Also verified the originals of new bank mandate documentary proof with the copies shared and found them in order.

Employee Name		✗
Employee No.		
Location Name	CAMS/AMC - <Location Name >	
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
		Signature with Branch Seal

H. Mandatory Documents Required (Please attach any one of the following)**

For the existing/new bank account

- Cancelled cheque leaf
- Bank Statement (issued within 3 months for new bank, in case of old bank account the date of statement will not be applicable)
- Bank Passbook (having the name, address and account number of the account holder)

Note: The above document can be in original or a copy which is duly attested by the bank or verified against original by AMC / CAMS staff with name of the investor pre-printed on the document which should match with our records.

INSTRUCTIONS AND TERMS & CONDITIONS

- This facility allows a unit holder to register multiple bank account details for all investments held in the specified folio (existing or new). Individuals / HUF can register upto 5 different bank accounts for a folio by using this form. Non individuals can register upto 10 different bank accounts for a folio. For registering more than 5 accounts, please use extra copies of this form.
- Supporting Documents as mentioned in Part C will help in verification of the account details and register them accurately. The application will be processed only for such accounts for which valid documents are provided. Accounts not matching with such documents will not be registered.
- If the bank account number on the cheque leaf is handwritten or investor name is not printed on the face of the cheque, then any one of the following document should be submitted as a supporting:
 - Copy of bank statement OR
 - Photo copy of Bank Passbook

Important : The above documents should be either in original or copy to be submitted along with original produced for verification.
- Bank account registration / deletion request will be accepted and processed only if all the details are correctly filled and the necessary documents are submitted. The request is liable to be rejected if any information is missing or incorrectly filled or if there is deficiency in the documents submitted.
- The first / sole unit holder in the folio should be one of the holders of the bank account being registered. Unitholder(s) cannot provide the bank account(s) of any other person or where the First / Sole Unitholder is not an account holder in the bank account provided.
- The investors can change the default bank account only by submitting this form. In case multiple bank accounts are opted for registration as default Bank Account, the mutual fund retains the right to register any one of them as the default bank account.
- A written confirmation of registration of the additional bank account details will be dispatched to you within 10 calendar days of receipt of such request. Unitholder(s) must preserve this written confirmation as the account statement will only reflect the default bank mandate.
- If any of the registered bank accounts are closed / altered, please intimate the AMC in writing of such change with an instruction to delete / alter it from our records.
- The Bank Account chosen as the primary / default bank account will be used for all Redemption payouts / Dividend payouts. At anytime, investor can instruct the AMC to change the default bank account by choosing one of the additional accounts already registered with the AMC.
- If request for redemption is received prior to / together with a change of bank account or before verification and validation of the new bank account, the redemption request would be processed to the currently registered default (old) bank account.
- If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank account types for redemption can be SB / NRO / NRE.
- The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.
- HSBC Mutual Fund, the AMC and its registrar shall not be held liable for any loss arising to the Unitholder(s) on account of inadequate or incomplete documentation resulting in delay or rejection of the request.

HSBC Asset Management (India) Private Limited

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