

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.

Incase 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.

▶ Contact us at **hsbcmf@camsonline.com**

▶ Visit us at **www.assetmanagement.hsbc.co.in**

7 A. INVESTMENT & SOURCE OF FUNDS DETAILS (Please (✓) Plan/Option/Sub-Option)

LUMPSUM :	Scheme Name : HSBC Overnight Fund	Plan _____																				
Option/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"/> Monthly																					
The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the application only. In case of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"																						
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer	Cheque/RTGS/NEFT/DD/FT Date <table border="1"> <tr> <td>D</td><td>D</td><td>/</td><td>M</td><td>M</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	/	M	M	/	Y	Y	Y	Y										
D	D	/	M	M	/	Y	Y	Y	Y													
Payment from Bank A/c. No.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											Cheque/DD/RTGS/NEFT No. <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Investment Amount (Rs.) (i)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											Bank Name										
DD charges (Rs.) (ii)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											Branch & City										
Total Amount (Rs.) (i + ii)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>											A/c. Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others _____ (* For NRI Investors)										
(₹ in words) _____																						

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).

B. SWITCH - Auto Switch will happen on the Closing date of NFO - HSBC Mid Cap Fund

From: HSBC Overnight Fund	To: HSBC Mid Cap Fund
Plan, Options / Sub-option, Dividend Frequency will be as per the details mentioned in 7A. <input type="checkbox"/> All units OR Amount Rs. _____	Plan (✓) _____ Option / Sub-Option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
I/We hereby request you to switch units / amount as stated above from HSBC Overnight Fund (to the extent of amount invested through this application form including Reinvestment of IDCW if any), subject to the terms & conditions of HSBC Mid Cap Fund. For details of this feature, you can refer point No. 9 on page No. 22. Where a request for switch is for both amount and number of Units, the amount requested will be considered as the definitive request.	

8 SYSTEMATIC TRANSFER PLAN (STP)

Transfer From: HSBC Overnight Fund	Transfer To: HSBC Mid Cap Fund																						
Plan, Options / Sub-option, Dividend Frequency will be as per the details mentioned in 7A.	Plan <input type="checkbox"/> Regular <input type="checkbox"/> Direct Option/Sub-option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW																						
Transfer Options <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation (1st Business Day of the month)																							
STP Frequency (✓) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly (10th)																							
Transfer Amount: Amount per instalment Rs. <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> (Minimum transfer amount Rs. 1000/-)											Instalment commencing From <table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> To <table border="1"> <tr> <td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y
M	M	Y	Y	Y	Y																		
M	M	Y	Y	Y	Y																		
STP Date <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st																							
To be submitted 10 days prior to the STP date incase of Registration. † If no debit date is mentioned default date would be considered as 10th of every month/quarter.																							

9 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 (To be furnished in case the Nominee is a Minor)	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%

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													Application No.
PAN													Folio Nos.

B CATEGORY [tick (✓) applicable category]:

Unlisted Company Partnership Firm LLP Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust/Trust created by a Will 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	Mandatory, if PAN not provided		
													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
1.													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.													<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* 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 _____	✗	✗
Place _____	Authorised Signatory 1	Authorised Signatory 2
		Authorised 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]

DEFINITIONS / INSTRUCTIONS / GUIDANCE

- A. Financial Institution (FI)-** The term FI means any financial institution that is a
- 1 Depository institution:** Accepts deposits in the ordinary course of banking or similar business.
 - 2 Custodial institution:** An entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's gross income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of- (a) The three-year period ending on December 31 of the year preceding the year in which the determination is made; (b) The period during which the entity has been in existence before the determination is made)
 - 3 Investment entity :** Conducts a business or operates for or on behalf of a customer for any of the following activities: (a) Trading in money market instruments, foreign exchange, foreign currency,etc. (b) Individual or collective portfolio management. (c) Investing, administering or managing funds, money or financial asset on behalf of other persons. [OR] The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described herein. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or (ii) The period during which the entity has been in existence.
 - 4 Specified Insurance company:** Entity issuing insurance products i.e. life insurance or cash value products.
 - 5 Holding company or treasury company:** Is an entity that is a holding company or treasury centre that is a part of an expanded affiliate group that includes a depository, custodial institution, specified insurance company or investment entity.
- B. Direct Reporting NFE:** means a Non-financial Entity (NFE) that elects to report information about its direct or indirect substantial U.S. owners to the IRS.
- C. GIIN not required:** Categories with codes

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors and Investment Managers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	I with a local client base
10	Non-registering local banks
11	FI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FI

- D. Non-Financial Entity (NFE):** Entity that is not a financial institution (including a territory NFE). Types of NFEs excluded from FATCA reporting are as below:
- 1. Publicly traded corporation (listed company):** A company is publicly traded if its stock are regularly traded on one or more established securities markets.
 - 2. Related entity of a listed company:** The NFE is a related entity of an entity of which is regularly traded on an established securities market;
 - 3. Active NFE:** (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFE's gross income for the preceding financial year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past fiveyears, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE is a 'non for profit organization which meets all of the following requirements: <ul style="list-style-type: none"> It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or

	educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; <ul style="list-style-type: none"> It is exempt from income tax in India; It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
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The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

Code	Sub-Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 58
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

E. Other definitions

- 1 Related entity:** An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the vote or value in an entity.
- 2 Passive NFE:** The term passive NFE means any NFE that is not (i) an Active NFE (including publicly traded entities or their related entities), or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations. (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)
- 3 Passive income:** The term passive income means the portion of gross income that consists of: (a) Dividends, including substitute dividend amounts; (b) Interest; (c) Income equivalent to interest, including substitute interest and amounts received from or with respect to a pool of insurance contracts if the amounts received depend in whole or part upon the performance of the pool; (d) Rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFE; (e) Annuities; (f) The excess of gains over losses from the sale or exchange of property that gives rise to passive income described in this section.; (g) The excess of gains over losses from transactions (including futures, forwards, and similar transactions) in any commodities, but not including: (i) Any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation; or (ii) Active business gains or losses from the sale of commodities, but only if substantially all the foreign entity's commodities are property (h) The excess of foreign currency gains over foreign currency losses; (i) Net income from notional principal contracts; (j) Amounts received under cash value insurance contracts; (k) Amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts
- 4 Controlling persons:** Controlling persons are natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force recommendations.
- 5 Specified US Persons -** Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker
- 6 Expanded affiliated group:** Expanded affiliated group is defined to mean one or more chains of members connected through ownership (50% or more, by vote or value, as the case may be) by a common parent entity if the common parent entity directly owns stock or other equity interests meeting the requirements in at least one of the other members.
- 7 Owner documented FI:** An FI meeting the following requirements: (i) The FI is an FI solely because it is an investment entity; (ii) The FI is not owned by or related to any FI that is a depository institution, custodial institution, or specified insurance company; (iii) The FI does not maintain a financial account for any nonparticipating FI; (iv) The FI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and (v) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 FI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FI that holds its interest through a participating FI, a deemed-compliant FI (other than an owner-documented FI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

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	X	Second Applicant/ Authorised Signatory	Third Applicant/ Authorised Signatory
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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 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 <input type="text"/>	Option/Sub-option <input type="text"/>
Scheme 2	Plan <input type="text"/>	Option/Sub-option <input type="text"/>
Scheme 3	Plan <input type="text"/>	Option/Sub-option <input type="text"/>

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 <input type="text" value="HSBC Mid Cap Fund"/>		Plan <input type="text"/>		Option <input type="text"/>			Sub-option <input type="text"/>		
Frequency		<input type="checkbox"/> Weekly (Default*)		<input type="checkbox"/> Monthly (Default^)		<input type="checkbox"/> Quarterly (10th)		SIP Date		
SIP period From		M M Y Y		To		M M Y Y		OR <input type="checkbox"/> End date		
		0 3 9 9						<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		
		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)		₹ <input type="text"/>		(words)		<input type="text"/>				
First SIP		Cheque No. <input type="text"/>		Dated		D D M M Y Y Y Y		Cheque Amount		₹ <input type="text"/>
Drawn on Bank name (should be same as NACH mandate)		<input type="text"/>		Branch		<input type="text"/>				
2	Scheme 2 Name <input type="text"/>		Plan <input type="text"/>		Option/Sub option <input type="text"/>					
Frequency		<input type="checkbox"/> Weekly (Default*)		<input type="checkbox"/> Monthly (Default^)		<input type="checkbox"/> Quarterly (10th)		SIP Date		
SIP period From		M M Y Y		To		M M Y Y		OR <input type="checkbox"/> End date		
		0 3 9 9						<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		
		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)		₹ <input type="text"/>		(words)		<input type="text"/>				
First SIP		Cheque No. <input type="text"/>		Dated		D D M M Y Y Y Y		Cheque Amount		₹ <input type="text"/>
Drawn on Bank name (should be same as NACH mandate)		<input type="text"/>		Branch		<input type="text"/>				
3	Scheme 3 Name <input type="text"/>		Plan <input type="text"/>		Option/Sub option <input type="text"/>					
Frequency		<input type="checkbox"/> Weekly (Default*)		<input type="checkbox"/> Monthly (Default^)		<input type="checkbox"/> Quarterly (10th)		SIP Date		
SIP period From		M M Y Y		To		M M Y Y		OR <input type="checkbox"/> End date		
		0 3 9 9						<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		
		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)		₹ <input type="text"/>		(words)		<input type="text"/>				
First SIP		Cheque No. <input type="text"/>		Dated		D D M M Y Y Y Y		Cheque Amount		₹ <input type="text"/>
Drawn on Bank name (should be same as NACH mandate)		<input type="text"/>		Branch		<input type="text"/>				
^ 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.											
X					X					X	
Sole/1st Unit Holder/POA/Guardian				2nd Unit Holder				3rd Unit Holder			

INSTRUCTION

- | <ol style="list-style-type: none"> 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. 2. 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. 4. Applications incomplete in any respect are liable to be rejected. AMC/RTA shall have absolute discretion to reject any such Application Forms. 5. 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. 7. A minimum gap of 21 Calendar Days needs to be maintained between the first and second SIP installments. 8. All SIP installment cheques/ payment instructions must be of the same amount and the same monthly debit date. 9. Investors can choose any preferred day/date of the month as SIP debit day/date. In | <ol style="list-style-type: none"> 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. 10. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly. 11. The SIP will be discontinued automatically if payment is not received for three successive installments. 12. 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. 13. Please submit this form along with a copy of a cancelled cheque. 14. 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. 15. Minimum application amount and number of instalments: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">In case of all open ended schemes of the Fund (other than HSBC Tax Saver Equity Fund)</th> <th style="text-align: center;">In case of HSBC Tax Saver Equity Fund</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">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.</td> <td style="padding: 5px;">Minimum 6 installments (including the first installment) of Rs. 500/- each and in multiples of Re. 500/- thereafter.</td> </tr> </tbody> </table> | 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. |
|--|---|---|---------------------------------------|---|--|
| 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)

1. 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.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. 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.
6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
7. 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-NRE 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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