Fund of Fund - NFO	te Change		ication Form	Global Asset
An open ended fund of fund scheme invest		(To be Filled in Bl	OCK LETTERS only)	Managemer
nvestment Funds – Global Equity Climate DISTRIBUTOR INFORMATION (Or Broker Name & ARN code/RIA code^			o distribute Units)	
24952			E347831	App. No.:
[^] I/We hereby confirm that by mentioning I			istered Investment Adviser	
(RIA) the details of my/our transactions in t I/We hereby confirm that the EUIN box ha interaction or advice by the employee/relative the advice of in-appropriateness, if any, provi- Sole/First Applicant/Authorised Signatory	s been intentionally left blan onship manager/sales persor	nk by me/us as this transactic n of the above distributor/sub nship manager/sales person of	broker or notwithstanding	For Office Use Only
TRANSACTION CHARGES (Please	**	0 9 11		harges annlicability)
I AM A FIRST TIME MUTUAL FU			N EXISTING INVESTOR	
(₹ 150 will be deducted as transaction cha		, .		charge for per purchase of ₹ 10,000 and more
		-		v (if not provided earlier) and proceed to Section
Folio No.				ng will be as per existing Folio Number
SOLE/FIRST APPLICANT'S PERSONA	AL DETAILS	Are you a r	esident of USA/Canada? (Yes No ^{**} (** Default if not ticked)
Name Mr Ms M/s		~ Proof Enclo	sed (1) Birth Certificate	School Leaving Certificate Passport
Date of Birth ~ [‡] (Mandatory) D D M	IMYYYYY		issued by HSC State Board	
KYC Identification No. (KIN) ‡‡				
PAN** (Mandatory)		Proof to be	enclosed (✓) □ PAN car	d Copy
Nationality‡		Country of	Residence	
GUARDIAN NAME (if Sole/First appl	licant is a Minor) Conta			
Mr Ms M/s				
KYC Identification Number (KIN) ‡‡				
		Proof to be e	nclosed (\checkmark) PAN card C	opy
PAN** (Mandatory)				бру
Natural Guardian ⁺ (Father or Mother) ⁺ Document evidencing relationship with Guardia		I Guardian ⁺⁺ (court appointed		intment letter, affidavit etc. to support.
·				
Status of Sole/1st Applicant (✓): Reside - Minor (Repatriable) Non-Resident – Minu Limited Co. Body Corporate Partnershi Society LLP PIO Non Profit Orgonate	ent Individual	tinor (through Guardian) Nor k FPIs QFI/EFI AOI st Fund of Fund Gratuity pment Network Foreign Natio	n-Resident (Repatriable) N HUF FPI Sole-Pr Fund Pension and Retireme	on-Resident (Non-Repatriable) Non-Resider oprietor Private Limited Company Publ
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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

INVESTMENT & SO	URCE OF FUNDS	S DETAILS (Please (/) Scheme/Pla	n/Option/Sub-Opt	ion)		
LUMPSUM :	Scheme Name	e : HSBC Global]	Equity Cli	mate Change	Fund of Fun	d	
Plan/Option/Sub-option			-	Growth (default)		Sub-option: Dividend	
The scheme name mentioned on the application only. Inca						units will be allotted as per	the scheme name mentioned
Payment Mode		DD RTGS NEF				T Date DD/MM	/ Y Y Y Y
Payment from Bank A/c.	No.			Cheque/DI	D/RTGS/NEFT N	No.	
Investment Amount (Rs.)	(i)			Bank Name			
DD charges (Rs.)	(ii)			Branch			
Total Amount (Rs.) (i +	- ii)			A/c. Type (v	() Current Others	Savings NRO*	NRE* FCNR*
(₹ in words)							
Documents attached to a MANDATORY DECLAR If no, my relationship with the Third Party declaration	ATION : The details the bank account ho	of the bank account probler (\checkmark) Parent	vided above pe Grandparent	ertain to my/our ow Employee Cus	n bank account in stodian 🗌 Others		
		1		5 5	/	should be of same date of	the months/quarters)
First SIP Cheque Details	: Cheque No.	Date D	d M M Y Y	Bank Na	me		
Drawn on Bank A/c. No.				Bank Br			
SIP Date 1st 2nd 11th 12th 13th 22nd 23rd 24th	14th 15th 1		th 20th 2		iod : Start Date	y (Default ¹) Quarterly M M Y Y End Date 2099 (Default)	(10th)
Each SIP Amount (Rs.)			Cheque	Nos. From		To	
Drawn on Bank A/c.		Ba	nk			Branch	
SYSTEMATIC WITH	DRAWAL PLAN	(SWP)					
Scheme HSBC Gl	obal Equity Clim	ate Change Fund of	f Fund	Plan			
	hly (Default¶) Fixed Amount Capi 3rd 4th 5 14th 15th 1	Quarterly (10th) tal Appreciation (1st Busin th 6th 7th 8th 6th 17th 18th 19 7th 28th 29th 30	ness Day of the 10 9th 10 11 11 11 11 11 11 11 12 14 15	month) th (Default) l st Period	of enrolment		tiples of Re. 1/- thereafter) nount will equal appreciation
OVOTEMATIO TRAN	CEED DI ANI (CTI	To be submitted 10	days prior to t	he SWP date in cas	e of Registration.		
SYSTEMATIC TRAN			und of Fund	Transfer To: Sch	ma Nama :		
Plan	IISDC Global Equ	ity Chinate Change F	unu or r unu	Plan			
Option: Growth (Sub-option: Dividend	· 🛏	dend westment		Sub-option Dividend Frequen	Growth (default)	Dividend Reinvestm	ent Dividend Payout Fortnightly
STP Frequency (1)	Monthly (Default¶)	Quarterly (10th)		Transfer Options	Monthly	Quarterly	Half Yearly Business Day of the month)
Installment commencing F	From M M Y Y	Y Y To M M Y	Y Y Y	Transfer Amount	t Amount per i		
16th 1	end 3rd 4th 7th 18th 19t	h 20th 21st	7th 8th 22nd 23rd	24th 25th	26th 2	1th 12th 13th 7th 28th 29th	14th 15th 30th 31st
DEMAT ACCOUNT I		TP date incase of Regist	ration.	¶ If no debit date is	mentioned default d	ate would be considered as 1	0th of every month/quarter.
Please provide details of y		cipant if you wish to hole	d units in Dem	at Form.			
		NSDL				CDSL	
DP Name DP ID I N							
Beneficiary Account No.							
		•			0	is single and who do	
I/We hereby confirm t	nat <u>17 we do not w</u>	visit to exercise the ri	gnt of nomin	iation in respect	or units subscri	bed/purchased by me	/us.
Signature(s)	Sole/First A	Applicant	×	Second Applicar	nt	X Third A	pplicant
			()R		·	
Where Nominee details and		,					updated without Nominee.
Name & Address of		NDER: (Mandatory for the second	ame & Addres	ss of Guardian	Relationship with Nominee	blding is single) (re Signature of Nominee / Guardian of Nominee (Optional)	f. Important Instruction 14) Proportion (%) in which the units will be shared by each Nominee*
Nomine	e 1					×	
Nomine							
Nomine	e J					* the aggreg	gate total should be 100%

 $\overset{\times}{\mid}$

2 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]

		RS (INDIVIDUAL/NRI ON BEHALF OF	· · · · · ·
	Sole/First Applicant Guardian	Second Applicant	Third Applicant
Place and Country of Birth	Place	Place	Place
	Country	Country	Country
Address Type	Residential Business	Residential Business	Residential Business
[for KYC address]	Registered Office	Registered Office	Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	Yes No	Yes No	Yes No
If 'Yes' please fill for all countrie in the respective countries	s (other than India) in which you are a Resid	ent for tax purpose i.e. where you are Citizen	/Resident/Green Card Holder/Tax Resident
Country of Tax Residency#			
Tax Identification Number (TIN) or Functional Equivalent^			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick \checkmark the reason A, B or C [as defined below]	A B C	A B C	□ A □ B □ C
Reason A – The country where the Reason B – No TIN required [Se	he Account Holder is liable to pay tax does no lect this reason only for the authorities of the	t issue TIN to its residents. respective country of tax residence do not req	uired the TIN to be collected]
Reason C - Others - Please speci	fy the reason		
	ne individual is a citizen/green card holder of aber is not available, kindly provide its function		
FATCA/CRS SELF			E BENEFICIAL OWNER (UBO)

Please complete Annexure A & B

13 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/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.

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 repate 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. Incase of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

We confirm that we have not 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.

×	x	x
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA
Date		

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.

	HSBC Global Equity Climate Fund of Fund - NFO	e Change				lication Form	HSBC Global Asset
	An open ended fund of fund scheme investi	ng in HSBC Globa	al	(To	be Filled in B	LOCK LETTERS only)	Managemer
	nvestment Funds – Global Equity Climate	Change)					,
	DISTRIBUTOR INFORMATION (Onl Broker Name & ARN code/RIA code	y empanelled Dis Sub-broker A			be permitted ub code	to distribute Units) EUIN	
	24952	Sub-broker A	ANN COUR	3	ub coue	E347831	App. No.:
ľ	^ I/We hereby confirm that by mentioning R				the SEBI Reg	gistered Investment Adviser	
	(RIA) the details of my/our transactions in th I/We hereby confirm that the EUIN box has interaction or advice by the employee/relation the advice of in-appropriateness, if any, provide Sele/Eirst Applicant/Authorized Signatory	been intentionally nship manager/sal ed by the employe	y left blank b les person of t e/relationship	y me/us as the above o manager/	listributor/sub sales person of	broker or notwithstanding the distributor/sub broker.	
	Sole/First Applicant/Authorised Signatory TRANSACTION CHARGES (Please ti	Second Applicant/	-	- 1		cant/Authorised Signatory	aharraa annliaahilita)
	I AM A FIRST TIME MUTUAL FUN	•	ne delow. K	erer poin	* 0	5 regarding transaction	0
	(₹ 150 will be deducted as transaction charge		of ₹ 10,000 a	nd more)			n charge for per purchase of ₹ 10,000 and more)
2	APPLICANT'S INFORMATION [Please	e fill in your Folio N	lo. below. In ca	se of existin	g folio, furnish	only KYC and PAN details be	low (if not provided earlier) and proceed to Section 3
	Folio No.		Plea	ase note th	nat applicant	details and mode of hole	ding will be as per existing Folio Number.
	SOLE/FIRST APPLICANT'S PERSONA	L DETAILS			Are you a	resident of USA/Canada?	(Yes No ^{‡‡} (^{‡‡} Default if not ticked)
	Name Mr Ms M/s						
	Date of Birth ~ [‡] (Mandatory) D D M	MYYY	Y		~ Proof Enclo	based (\checkmark) Birth Certific t issued by HSC State Boar	
	KYC Identification No. (KIN) ^{‡‡}						
	PAN** (Mandatory)				Proof to be	enclosed (\checkmark) \square PAN c	ard Copy
	Nationality‡				Country of	Residence	
	GUARDIAN NAME (if Sole/First applied) Mr Ms M/s Image: Sole (Marcon Sole	cant is a Minor)) Contact P	erson (in	case of Non-	individual Investors on	y)
	KYC Identification Number (KIN) ^{‡‡}						
	PAN** (Mandatory)		7		Proof to be	enclosed () PAN card	Сору
	Natural Guardian ⁺ (Father or Mother) Document evidencing relationship with Guardian			ardian++ (court appointe	d Guardian)	pointment letter, affidavit etc. to support.
3	Limited Co. Body Corporate Partnership Society LLP PIO Non Profit Orga KYC DETAILS [Mandatory (Details of G	Firm Trust anisation Globa	NPS Trust al Development	Fund of Fund of Fund of Fund of Fund of Fund of Fundation for the second	nd Gratuity Foreign Nat or)]	Fund Pension and Retirer ionals [Specify Country]	Proprietor Private Limited Company Public nent Fund Government Body NGO BO
a.	Investors are requested to complete the KY $Occupation Datails(\) : \ Private Sector Service$				/ **		Housewife Student Doctor Forex Dealer
	Business [Nature of Business]	Casino Owner	Arms manufac	turer Ga	ambling service	s offerer Money lender	Pawn Broker Others [Pl. specify]
b.	Gross Annual Income (Please \checkmark) :	Below ₹ 1 Lac	₹ 1-5 Lac	s _ ₹ 5	5-10 Lacs	₹ 10-25 Lacs ₹ 25	Lacs - ₹ 1 Crore > ₹ 1 Crore
	OR Net-worth in Rupees (Mandatory for	Non-Individuals) ₹ Net-wo	orth should	not be older t	han 1 year as on (date)	D D M M Y Y Y Y
	For Individuals [Tick (\checkmark) if applicable] :			· •	, ,	artnership etc.) :	
	Politically Exposed Person (PEP)				r Subsidiary of Declaration)	Listed Company or Contro	lled by a Listed Company 🗌 Yes 🗌 No
с.	Related to a Politically Exposed Person (PEP)	II. Foreign Exc					Yes No
	Not Applicable	III. Gaming/Ga	mbling/Lotte	ery/ Casino	Services		Yes No
		IV. Money Lend	ding/Pawning	g			Yes No
	For Non Individual Investors - Identification of Beneficial Ownership	•			•	signed attached. f Listed Company or Contr	olled by a Listed Company)
	Instructions for filling up the Application Form ‡ W.e.f. January 1, 2011, all the applicants need are required to complete the uniform KYC pro- under KRA (KYC Registration Agency) regime Please note that information sought here will b	n. to be KYC Compli ocess (for details re e and whose KYC be obtained from KI	iant irrespectiv efer point 9 ur is not registere RA also. In ca	ve of the am nder Import ed or verifie se of any di	nount invested (ant Instructions ed in the KRA s ifferences, the F	including switch). W.e.f. Janu). W.e.f. February 1, 2017, N ystem will be required to fill KRA input will apply.	r and NRIs). For Micro SIP Investment please references and NRIs). For Micro SIP Investment please references and the set of the new CKYC form while investing with the Fundamental for instructions related to folios held in the name name of the new CKYC form while investing with the fundamental for instructions related to folios held in the name name of the new formation of the new formation of the folios held in the name of the new formation of t
	of Minor. CKNOWLEDGEMENT SLIP (To be fill	ed in by the In	vestor)				continued overleaf 🗘
No	e: This Acknowledgement Slip is for your refere	nce only. Informati	ion provided o	n the form	is considered fir	nal.	App.
-	a survey diama the her her her her her her her her her h						
	ceived from Mr Ms M/s						No.:
Fo	io No.		n for Units of			imate Change Fund of Fun	
Fo Pla	io No.	application	n for Units of		obal Equity Cl Cheque/DD No Amount (₹)	8	d

Address for Correspondence [‡] [P.O. Box Address is NOT suffic	cient] (Shoul	d be same	as in KRA records)
City			Country	Pin Code
Contact pu 0			Extn.	Fax Fax
Details Phone R		+-+	EXUI.	Mobile
e-mail ⁺				
Yes No + I/We, wish to receive scheme wise annual re	eport or	r an a	bridged su	immary thereof/account statements/statutory & other documents by ema
If unticked, by default the above will be sent on email.	1		U	
Overseas Address/Registered Address in case of Non-Individual inv	estors ((Manda	atory in case	e of NRI/FPI applicant in addition to mailing address) (Should be same as in KRA re
				City
State State			fandatory)	Zip Code
JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please ti				
	· · ·			nentioned)
	t is a Min	or and	Second Appli	cant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes No ^{##} ([#] Default if no
Mr Ms M/s				
Date of Birth D D M M Y Y Y Y			KYC Id	entification Number (KIN) ^{‡‡}
PAN** (Mandatory)			Proof to	be enclosed (\checkmark) \square PAN card Copy
Nationality	ator Cor	- 		y of Residence
Business [Nature of Business]	CIUI SEI			Forex Dealer Money lender Casino Owner Arms manufactur
Gambling services offerer Money lender Pawn Broker	r 🗌 Of			
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	Relate	ed to a	Politically	Exposed Person (PEP) Not Applicable
				at cannot be a Minor) Are you a resident of USA/Canada? (\checkmark) Yes No ^{‡‡} (^{‡†} Default if no
Mr Ms M/s				
			KVC IA	entification Number (KIN) ^{‡‡}
PAN** (Mandatory)			Proof to	be enclosed (\checkmark) \square PAN card Copy
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	ctor Ser	here and the second sec		nent Service Professional Agriculturist Retired Housewife S
Business [Nature of Business]				Forex Dealer Money lender Casino Owner Arms manufactur
	- 0			
Gambling services offerer Money lender Pawn Broker			111 900	NL4 month to Decomplete the Post of the State of the Stat
Gambling services offerer Money lender Pawn Broker Below ₹ 1 Lac ₹ 1-5 L		₹ 5-1		Net-worth in Rupees (Mandatory for Non-Individuals) OR ₹
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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 : 16, V.N. Road, Fort, Mumbai - 400 001 • New Delhi : Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. • Pune : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 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

INVESTMENT & SOURCE	OF FUNDS DET	ΔIIS (Please (v	() Scheme/P	an/Ontion/Sub-	Ontion)		
				•	ge Fund of Fund	d	
	Plan			Growth (defa	0	Sub-option: Dividend	Payout Reinvestment
The scheme name mentioned on the on the application only. Incase of ap	application form and the		e the same. In	case of any discre	pancy between the two,	•	
Payment Mode	Cheque DD	RTGS NEFT	Fund Tr	ansfer Cheque	/RTGS/NEFT/DD/F	T Date D D / M M	/ Y Y Y Y
Payment from Bank A/c. No.				Cheque	/DD/RTGS/NEFT N	No.	
Investment Amount (Rs.) (i)				Bank N	ame		
DD charges (Rs.) (ii)				Branch			
Total Amount (Rs.) (i + ii)				A/c. Typ	oe (✓) Current Others	Savings NRO*	NRE* FCNR* or NRI Investors)
(₹ in words)							
Documents attached to avoid Th MANDATORY DECLARATION If no, my relationship with the ba the Third Party declaration form is	N: The details of the ank account holder (✓	bank account prov	vided above p Grandparent	ertain to my/our Employee	own bank account in Custodian 🗌 Others		
SIP : SYSTEMATIC INV	· · ·				. ,	should be of same date of	the months/quarters)
First SIP Cheque Details : Cheque	ue No.	Date D	d M M Y	Y Y Y Bank	Name		
Drawn on Bank A/c. No.					Branch		
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Each SIP Amount (Rs.)			Chequ	e Nos. From		То	
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SYSTEMATIC WITHDRAW	AL PLAN (SWP						
	Equity Climate Cl		Fund	Plan			
Option Growth (default) Frequency (✓) Monthly (Def Withdrawal Options Fixed An SWP Date 1st 2nd 3rd 11th 12th 13th 14tl 22nd 23rd 24th 25tl	mount Capital Appr I 4th 5th 6 ch 15th 16th 1 ch 26th 27th 2	ith 7th 8th 7th 18th 19t 8th 29th 30t	9th 20th 11 20th 12 13	e month) 10th (Default) 21st Per i	iod of enrolment	Redemption and	Itiples of Re. 1/- thereafter) mount will equal appreciation
		be submitted 10	days prior to	the SWP date in	case of Registration.		
SYSTEMATIC TRANSFER				-			
Transfer From: Scheme HSBC	Global Equity Cli	mate Change Fi	und of Func	-	Scheme Name :		
Plan Growth (default) Sub-option: Dividend Payout		at		Plan Sub-option Dividend Free	Growth (default)	Dividend Reinvestm	nent Dividend Payout
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Installment commencing From			Y Y Y	Transfer Opt Transfer Amo	ount Amount per i	nstalment Rs.	Business Day of the month)
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To be submitted 10 days							10th of every month/quarter.
DEMAT ACCOUNT DETAI							
Please provide details of your De	epository Participant in NSDL	5	d units in Der	nat Form.		CDSL	
DP Name							
DP ID IN							
Beneficiary Account No.							
☐ I DO NOT WISH TO N I/We hereby confirm that I/V		•			8	0	
Signature(s)			x			x	
	Sole/First Applica	nt		Second App	licant	Third A	pplicant
Where Nominee details and Non int	tontion to nominate has	th are montioned N		OR o nominato will be	a considered as "Default	" Falia in such asso will be	undated without Nominee
		,					•
Name & Address of Nom	inee(s) Date	· · ·	lame & Addr	ess of Guardian	Relationship with Nominee	Signature of Nominee / Guardian of Nominee	f. Important Instruction 14) Proportion (%) in which the units will be shared by each Nominee*
Nominee 1						(Optional)	
Nominee 2							
Nominee 3						* the aggreg	gate total should be 100%

 $\overset{\times}{\mid}$

...continued overleaf 🗘

2 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	Place				
Address Type [for KYC address]	Residential Business Registered Office	Residential Business Registered Office	Residential Business Registered Office				
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	Yes No	Yes No	Yes No				
If 'Yes' please fill for all countries	s (other than India) in which you are a Reside	ent for tax purpose i.e. where you are Citizen	/Resident/Green Card Holder/Tax Resident				
Country of Tax Residency#							
Tax Identification Number (TIN) or Functional Equivalent [^]							
Identification Type (TIN or Other, please specify)							
If TIN is not available, please tick \checkmark the reason A, B or C [as defined below]	A B C	A B C	A B C				
	ne Account Holder is liable to pay tax does no lect this reason only for the authorities of the	t issue TIN to its residents. respective country of tax residence do not req	uired the TIN to be collected]				
Reason C - Others - Please speci	fy the reason						
	ne individual is a citizen/green card holder of aber is not available, kindly provide its function						
FATCA/CRS SELF (AL INVESTORS AND THEIR ULTIMAT DCIETY/PARTNERSHIP FIRM etc.)	E BENEFICIAL OWNER (UBO)				

Please complete Annexure A & B

13 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/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.

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. Incase of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

We confirm that we have not 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.

×	x	x
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA
Date		

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.

	HSBC Global Equity Climate Fund of Fund - NFO		NFO Appli (To be Filled in BL	HSBC Global Asset Management	
	(An open ended fund of fund scheme investin Investment Funds – Global Equity Climate				Ivialiayerrient
	DISTRIBUTOR INFORMATION (Only	y empanelled Distributors/Br	okers will be permitted to	distribute Units)	
	Broker Name & ARN code/RIA code [^]	Sub-broker ARN code	Sub code	EUIN	App.
	24952			24952	No.:
	^ I/We hereby confirm that by mentioning RI (RIA) the details of my/our transactions in th I/We hereby confirm that the EUIN box has interaction or advice by the employee/relation the advice of in-appropriateness, if any, provide	e schemes(s) of HSBC Mutual been intentionally left blank b ship manager/sales person of	Fund. y me/us as this transaction the above distributor/sub l	n is executed without any broker or notwithstanding	For Office Use Only
	Sole/First Applicant/Authorised Signatory	Second Applicant/Authorised Sig	natory Third Applica	nt/Authorised Signatory	
1	TRANSACTION CHARGES (Please the	ck any one of the below. R	efer point 5 on page 15	regarding transaction c	harges applicability)
	I AM A FIRST TIME MUTUAL FUN			N EXISTING INVESTOR	
2	(₹ 150 will be deducted as transaction charge		, .		charge for per purchase of ₹ 10,000 and more) w (if not provided earlier) and proceed to Section 3]
		•	0 /	•	· · · · · · ·
	Folio No. SOLE/FIRST APPLICANT'S PERSONA		11	esident of USA/Canada? (ng will be as per existing Folio Number. V) Yes No ^{‡‡} (^{‡‡} Default if not ticked)
	Name Mr Ms M/s			csident of USA/Canada: (
			~ Proof Enclos	sed (Birth Certificate	e School Leaving Certificate Passport
	Date of Birth ~ [‡] (Mandatory) D D M		Marksheet	issued by HSC State Board	Others (please specify)
	KYC Identification No. (KIN) ^{‡‡}				
	PAN** (Mandatory)		Proof to be e	enclosed (\checkmark) \square PAN car	d Copy
	Nationality‡		Country of 1	Residence	
	GUARDIAN NAME (if Sole/First applied Mr Ms Ms	cant is a Minor) Contact P	erson (in case of Non-in	ndividual Investors only)	
	KYC Identification Number (KIN) ^{‡‡}				
	PAN** (Mandatory)		Proof to be en	closed (\checkmark) PAN card C	Copy
	Natural Guardian ⁺ (Father or Mother)		ardian ⁺⁺ (court appointed		*F)
	 Pratural Guardian (Father of Mouler) * Document evidencing relationship with Guardian 				bintment letter, affidavit etc. to support.
	- Minor (Repatriable) Non-Resident - Minor Limited Co. Body Corporate Partnership Society LLP PIO Non Profit Orga	· (Non-Repatriable)	FPIs QFI/EFI AOP Fund of Fund Gratuity F nt Network Foreign Natio	HUF FPI Sole-Pr	Non-Resident (Non-Repatriable) Non-Resident roprietor Private Limited Company Public ent Fund Government Body NGO BOI Others [Specify]
}	KYC DETAILS [Mandatory (Details of G				
a.	Investors are requested to complete the KY		· · · · ·	A contrast Dating of	Housewife Student Doctor Forex Dealer
	Business [Nature of Business]	Casino Owner Arms manufac	turer Gambling services	offerer Money lender	Pawn Broker Others [Pl. specify]
).	Gross Annual Income (Please ✓) : □ E	Below ₹ 1 Lac	es	₹ 10-25 Lacs	acs - ₹ 1 Crore >₹ 1 Crore
	OR Net-worth in Rupees (Mandatory for	Non-Individuals) ₹ Net-wo	orth should not be older that	an 1 year as on (date)	D D M M Y Y Y Y
	For Individuals [Tick (\checkmark) if applicable] :	For Non-Individual Investor			
_	Politically Exposed Person (PEP)Related to a Politically Exposed	I. Is the company a Listed C (If No, please attach man	datory UBO Declaration)	Listed Company or Controlle	ed by a Listed Company 🗌 Yes 🗌 No
).	Person (PEP)	II. Foreign Exchange/Mone			
	Not Applicable	III. Gaming/Gambling/Lotte IV. Money Lending/Pawning	•		Yes No
	For Non Individual Investors -	Mandatory UBO Declaration		ioned attached	Yes No
	Identification of Beneficial Ownership	(Not Required for a Listed C	·	0	
	Instructions for filling up the Application Form to W.e.f. January 1, 2011, all the applicants need are required to complete the uniform KYC pro- under KRA (KYC Registration Agency) regime Please note that information sought here will b	 be KYC Compliant irrespective ocess (for details refer point 9 ure and whose KYC is not registere e obtained from KRA also. In ca 	ve of the amount invested (in ader Important Instructions). ed or verified in the KRA sys se of any differences, the KR	cluding switch). W.e.f. Januar W.e.f. February 1, 2017, Nev stem will be required to fill th RA input will apply.	and NRIs). For Micro SIP Investment please refer ry 1, 2012, applicants who are not KYC compliant w individual investors who have never done KYC to new CKYC form while investing with the Fund. for instructions related to folios held in the name <i>continued overleaf</i>
A	CKNOWLEDGEMENT SLIP (To be fill	ed in by the Investor)			
No	te: This Acknowledgement Slip is for your refere		n the form is considered fina	ıl.	App.
	eceived from Mr Ms M/s				No.:
	lio No. Option	application for Units of		nate Change Fund of Fund	×
	an Option ated Drawn on (Bank)	_5u0-Option	_alongwith Cheque/DD No Amount (₹)		
		CS (Debit Clearing)/Direct Deb			ISC Stamp, Signature & date

X

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

Address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be	
	d be same as in KRA records)
City	Pin Code
State State	Country
Contact Phone 0	Extn. Fax
Details R R	Mobile
e-mail ⁺	
Yes No + I/We, wish to receive scheme wise annual report or an a	bridged summary thereof/account statements/statutory & other documents by em
If unticked, by default the above will be sent on email.	
Overseas Address/Registered Address in case of Non-Individual investors (Mand	atory in case of NRI/FPI applicant in addition to mailing address) (Should be same as in KRA re
	City
State Country (1	Aandatory) Zip Code
JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (\checkmark) whe	rever applicable)
MODE OF HOLDING (✓)	It if not mentioned)
	Second Applicant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes No ^{##} ([#] Default if no
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 (\checkmark) \square PAN card Copy
Nationality	Country of Residence
	Government Service Professional Agriculturist Retired Housewife S
Business [Nature of Business]	Doctor Forex Dealer Money lender Casino Owner Arms manufactur
Gambling services offerer Money lender Pawn Broker Others	
 b. Gross Annual Income (please ✓): Below ₹1 Lac ₹1-5 Lacs ₹5- 	Net mentle in Demons (Mandatam for New Judiciduals)
= ₹ 10-25 Lacs = ₹ 25 Lacs - ₹ 1 Crore = >₹ 1 Crore	OR OR Net-worth in Kupees (Mandatory for Non-Individuals)
C. Others (please ✓) :	
	nird Applicant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes No ⁺⁺ (+Default if no
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 (\checkmark) \square PAN card Copy
Nationality	Country of Residence
a. Occupation (please ✓): □ Private Sector Service □ Public Sector Service [
Business [Nature of Business]	Doctor Forex Dealer Money lender Casino Owner Arms manufactur
Gambling services offerer Money lender Pawn Broker Others	
b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-	
\Box ₹ 10-25 Lacs \Box ₹ 25 Lacs - ₹ 1 Crore \Box > ₹ 1 Crore	OR ₹ Net-worth should not be older than 1 year
	Politically Exposed Person (PEP) Not Applicable
POA HOLDER DETAILS (If the investment is being made by a Constituted Attorne	
	y prease fullitish details of FOA holder).
	KYC Identification Number (KIN) ^{‡‡}
NAME Mr M/s Image: Mr	
NAME Mr Ms M/s Image: Mail of the second sec	Proof to be enclosed (\checkmark) \square PAN card Copy
NAME Mr Ms M/s Image: Mail of the second sec	Proof to be enclosed (✓) □ PAN card Copy Country of Residence
NAME Mr Ms M/s Image: Mail of the state of t	Proof to be enclosed (✓) □ PAN card Copy Country of Residence □ Government Service □ Professional □ Agriculturist □ Retired □ Housewife □ S
NAME Mr Ms M/s Image: Mail of the state of t	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Image: Sector Service in the sector Service in t	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Date of Birth D M M Y Y PAN** (Mandatory)	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Image: Sector Service in the sector Service in t	Proof to be enclosed (✓) □ PAN card Copy Country of Residence Government Service □ Professional □ Agriculturist □ Retired □ Housewife □ S □ Doctor □ Forex Dealer □ Money lender □ Casino Owner □ Arms manufa Please specify]
NAME Mr Ms M/s Image: Sector Service Image: Sector S	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Image: Sector Service Ministry PAN** (Mandatory) Image: Sector Service Public Sector Service Ministry a. Occupation (please ✓): Private Sector Service Public Sector Service Business [Nature of Business] Image: Sector Service Public Sector Service Others b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5- I ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore C. Others (please ✓) : Politically Exposed Person (PEP) Related to a	Proof to be enclosed (✓) PAN card Copy Country of Residence
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NAME Mr Ms M/s Date of Birth □ M M Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ □ M Y Y Y PAN** (Mandatory) □ □ □ □ □ □ □ Nationality □ □ □ □ □ □ □ □ a. Occupation (please ✓) : □ <t< td=""><td>Proof to be enclosed (✓) PAN card Copy Country of Residence </td></t<>	Proof to be enclosed (✓) PAN card Copy Country of Residence
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NAME Mr Ms M/s Date of Birth □ M M Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ □ □ □ □ Nationality	Proof to be enclosed (✓) PAN card Copy Country of Residence
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NAME Mr Ms M/s Date of Birth □ M M Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ □ □ □ □ Nationality	Proof to be enclosed (✓) PAN card Copy Country of Residence
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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 : 16, V.N. Road, Fort, Mumbai - 400 001 • New Delhi : Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. Pune : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 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	

INVESTMENT 8	SOURCE	OF FUI	NDS D	ETAILS	(Pleas	e (√) Sch	eme/P	lan/O	otion/Su	ub-O	() () () () () () () () () () () () () (
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The scheme name me on the application onl															units will be a	llotted as pe	r the s	cheme na	me mentioned
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(₹ in words)																			
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I/We hereby conf	irm that <u>I/V</u>	Ve do n	ot wish	to exer	cise th	e rig	ght of	nom	inatio	<u>n</u> in re	espe	ct of u	inits	subscr	ibed/purcha	ased by m	e/us.		
Signature(s)	×	Sole/Fir	rst App	licant			×		Se	cond A	Applia	cant			×	Third	Appli	cant	
									OR										
Where Nominee detail	ils and Non inte	ention to r	nominate	e both are i	mention	ed, N	lon inte	ention	to nom	inate wil	ill be o	conside	red as	"Defaul	t". Folio in suc	h case will b	e upd	ated with	out Nominee.
Name & Ad	TO NOMINA dress of Nomin			ER: (Ma Date of B (To be f	irth	N	ame &	z Addı	ress of	Guardia	an	F	Relatio	le of h onship ominee	Signature / Guardian	ngle) (1 of Nominee of Nominee ional)	Pro e the	portion (units wi	nstruction 14) (%) in which ill be shared Nominee*
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...continued overleaf 🗘

2 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	Place	Place						
	Country	Country	Country						
Address Type	Residential Business	Residential Business	Residential Business						
[for KYC address]	Registered Office	Registered Office	Registered Office						
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	Yes No	Yes No	Yes No						
If 'Yes' please fill for all countrie in the respective countries	es (other than India) in which you are a Resid	ent for tax purpose i.e. where you are Citizen	/Resident/Green Card Holder/Tax Resident						
Country of Tax Residency#									
Tax Identification Number (TIN) or Functional Equivalent [^]									
Identification Type (TIN or Other, please specify)									
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	A B C	A B C	A B 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 speci	fy 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	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

13 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/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.

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 repate 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. Incase of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

We confirm that we have not 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.

×	x	x
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA
Date		

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.

	HSBC Global Equity Climate Fund of Fund - NFO	e Change				ication Form	HSBC Global Asset
	(An open ended fund of fund scheme investi	ng in HSBC Globa		(To be	Filled in BL	OCK LETTERS only)	Managemen
	Investment Funds – Global Equity Climate				• •	1 1 YY 1	
	DISTRIBUTOR INFORMATION (Onl Broker Name & ARN code/RIA code	y empanelled Dis Sub-broker A			permitted to	e distribute Units)	
	24952			Cub	0000	E347831	App. No.:
	^ I/We hereby confirm that by mentioning R				he SEBI Regi	stered Investment Adviser	
	(RIA) the details of my/our transactions in th I/We hereby confirm that the EUIN box has interaction or advice by the employee/relation the advice of in-appropriateness, if any, provide	been intentionally iship manager/sal ed by the employed	y left blank b les person of t e/relationship	y me/us as t the above dist o manager/sa	tributor/sub les person of t	broker or notwithstanding the distributor/sub broker.	For Office Use Only
	Sole/First Applicant/Authorised Signatory	Second Applicant/	-	-		ant/Authorised Signatory	1
	TRANSACTION CHARGES (Please ti	·	ne delow. K	eler point 5	. 0	N EXISTING INVESTOR	0
	(₹ 150 will be deducted as transaction charge		of ₹ 10,000 a	nd more)			charge for per purchase of ₹ 10,000 and more)
2	APPLICANT'S INFORMATION [Please	fill in your Folio N	lo. below. In ca	se of existing f	olio, furnish o	nly KYC and PAN details belo	w (if not provided earlier) and proceed to Section 3
	Folio No.		Plea	use note that	applicant c	letails and mode of holdi	ng will be as per existing Folio Number.
	SOLE/FIRST APPLICANT'S PERSONA	L DETAILS			Are you a r	esident of USA/Canada? (✓) Yes No ^{‡‡} (^{‡‡} Default if not ticked)
	Name Mr Ms M/s						
	Date of Birth ~ [‡] (Mandatory) D D M	MYYY	Y		Proof Enclos	sed (\checkmark) Birth Certificat issued by HSC State Board	
	KYC Identification No. (KIN) ^{‡‡}						
	PAN** (Mandatory)			F	proof to be a	enclosed (✓)	rd Copy
	Nationality‡				Country of	Residence	
	GUARDIAN NAME (if Sole/First applied Mr Ms M/s	cant is a Minor)) Contact P	erson (in ca	se of Non-i	ndividual Investors only	
	KYC Identification Number (KIN) ^{‡‡}						
	PAN** (Mandatory)		1	I	Proof to be en	nclosed (✓) □ PAN card C	Сору
	Natural Guardian ⁺ (Father or Mother) ⁺ Document evidencing relationship with Guardian		Legal Gua	ardian ⁺⁺ (co	urt appointed	Guardian)	ointment letter, affidavit etc. to support.
	Limited Co. Body Corporate Partnership Society LLP PIO Non Profit Orga KYC DETAILS [Mandatory (Details of G	Firm Trust anisation Globa	NPS Trust al Developmen .he unitholde	Fund of Fund at Network	Gratuity l Foreign Natio	Fund Pension and Retirem	roprietor Private Limited Company Public ent Fund Government Body NGO BOI Others [Specify]
9	Investors are requested to complete the KY					al A arrianturiat Datirad	Housewife Student Doctor Forex Dealer
a.	Business [Nature of Business]	Casino Owner 🗌 A	Arms manufact	turer Gam	bling services	offerer Money lender	Pawn Broker Others [Pl. specify]
b.	Gross Annual Income (Please ✓) : □ E	Below ₹ 1 Lac	₹ 1-5 Lac	s₹5-1	0 Lacs	₹ 10-25 Lacs	Lacs - ₹ 1 Crore > ₹ 1 Crore
	OR Net-worth in Rupees (Mandatory for	Non-Individuals) ₹ Net-wo	orth should no	ot be older th	an 1 year as on (date)	D D M M Y Y Y
	For Individuals [Tick (\checkmark) if applicable] :	For Non-Individ	dual Investor	rs (Companie	es, Trust, Pa	rtnership etc.) :	
	Politically Exposed Person (PEP)		any a Listed C se attach mand			Listed Company or Controll	ed by a Listed Company 🗌 Yes 🗌 No
c.	Related to a Politically Exposed Person (PEP)	II. Foreign Exc			/		Yes No
	Not Applicable	III. Gaming/Ga	mbling/Lotte	ery/ Casino Se	ervices		Yes No
		IV. Money Lend	ling/Pawning	g			Yes No
	For Non Individual Investors - Identification of Beneficial Ownership	•		•		signed attached. Listed Company or Control	lled by a Listed Company)
	under KRA (KYC Registration Agency) regime Please note that information sought here will b	n. to be KYC Compli- bocess (for details re- e and whose KYC e obtained from KI	iant irrespectiv efer point 9 un is not registere RA also. In cas	ve of the amounder Important ed or verified is se of any diffe	nt invested (in Instructions) in the KRA sy erences, the K	ncluding switch). W.e.f. Janua W.e.f. February 1, 2017, Ne stem will be required to fill th RA input will apply.	
A	of Minor.						continued overleaf
No	te: This Acknowledgement Slip is for your refere	•	,	n the form is a	considered fina	al.	App.
	ceived from Mr Ms M/s		n for Unit of			note Cherror Frond . C.T.	No.:
Fc Pl	lio No. Option	application	n tor Units of	HSBC Globa alongwith Ch		nate Change Fund of Fund	×
	ated Drawn on (Bank)	_~~~ option		e	amount (₹)		
	SIP Investment Total Cheques E	CS (Debit Clearin	ng)/Direct Deb	oit Facility To	otal Amount (₹	F)	ISC Stamp, Signature & date

X

Address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should be	
	d be same as in KRA records)
City	Pin Code
State State	Country
Contact Phone 0	Extn. Fax
Details R R	Mobile
e-mail ⁺	
Yes No + I/We, wish to receive scheme wise annual report or an a	bridged summary thereof/account statements/statutory & other documents by em
If unticked, by default the above will be sent on email.	
Overseas Address/Registered Address in case of Non-Individual investors (Mand	atory in case of NRI/FPI applicant in addition to mailing address) (Should be same as in KRA re
	City
State Country (1	Aandatory) Zip Code
JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (\checkmark) whe	rever applicable)
MODE OF HOLDING (✓)	It if not mentioned)
	Second Applicant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes No ^{##} ([#] Default if no
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 (\checkmark) \square PAN card Copy
Nationality	Country of Residence
	Government Service Professional Agriculturist Retired Housewife S
Business [Nature of Business]	Doctor Forex Dealer Money lender Casino Owner Arms manufactur
Gambling services offerer Money lender Pawn Broker Others	
 b. Gross Annual Income (please ✓): Below ₹1 Lac ₹1-5 Lacs ₹5- 	Net mentle in Demons (Mandatam for New Jackinster)
= ₹ 10-25 Lacs = ₹ 25 Lacs - ₹ 1 Crore = >₹ 1 Crore	OR OR Net-worth in Kupees (Mandatory for Non-Individuals)
C. Others (please ✓) :	
	nird Applicant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes No ⁺⁺ (+Default if no
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 (\checkmark) \square PAN card Copy
Nationality	Country of Residence
a. Occupation (please ✓): □ Private Sector Service □ Public Sector Service [
Business [Nature of Business]	Doctor Forex Dealer Money lender Casino Owner Arms manufactur
Gambling services offerer Money lender Pawn Broker Others	
b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-	
\Box ₹ 10-25 Lacs \Box ₹ 25 Lacs - ₹ 1 Crore \Box > ₹ 1 Crore	OR ₹ Net-worth should not be older than 1 year
	Politically Exposed Person (PEP) Not Applicable
POA HOLDER DETAILS (If the investment is being made by a Constituted Attorne	
	y prease fullitish details of FOA holder).
	KYC Identification Number (KIN) ^{‡‡}
NAME Mr M/s Image: Mr	
NAME Mr Ms M/s Image: Mail of the second sec	Proof to be enclosed (\checkmark) \square PAN card Copy
NAME Mr Ms M/s Image: Mail of the second sec	Proof to be enclosed (✓) □ PAN card Copy Country of Residence
NAME Mr Ms M/s Image: Sector Service Image: Sector Se	Proof to be enclosed (✓) □ PAN card Copy Country of Residence □ Government Service □ Professional □ Agriculturist □ Retired □ Housewife □ S
NAME Mr Ms M/s Image: Mail of the state of t	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Image: Mail of the state of t	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Date of Birth D M M Y Y PAN** (Mandatory)	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Image: Mail of the state of t	Proof to be enclosed (✓) □ PAN card Copy Country of Residence Government Service □ Professional □ Agriculturist □ Retired □ Housewife □ S □ Doctor □ Forex Dealer □ Money lender □ Casino Owner □ Arms manufa Please specify]
NAME Mr Ms M/s Image: Sector Service Image: Sector S	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Image: Sector Service Ministry PAN** (Mandatory) Image: Sector Service Public Sector Service Ministry a. Occupation (please ✓): Private Sector Service Public Sector Service Business [Nature of Business] Image: Sector Service Public Sector Service Gambling services offerer Money lender Pawn Broker Others b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5- I ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore C. Others (please ✓) : Politically Exposed Person (PEP) Related to a	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Date of Birth □ M M Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ □ M Y Y Y PAN** (Mandatory) □ □ □ □ □ □ □ Nationality □ □ □ □ □ □ □ a. Occupation (please ✓) : □ □ □ □ □ □ Business [Nature of Business] □<	Proof to be enclosed (✓) PAN card Copy Country of Residence
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NAME Mr Ms M/s Date of Birth □ □ M Y Y Y PAN** (Mandatory) □ □ □ M Y Y Y PAN** (Mandatory) □ □ □ M Y Y Y PAN** (Mandatory) □ □ □ □ □ □ Nationality □ □ □ □ □ □ □ A. Occupation (please ✓) : □	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Image: Mail of the	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Date of Birth □ □ M Y Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ □ M Y Y Y PAN** (Mandatory) □ □ □ □ □ □ □ Nationality □ □ □ □ □ □ □ □ a. Occupation (please ✓) : □ <t< td=""><td>Proof to be enclosed (✓) PAN card Copy Country of Residence </td></t<>	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Date of Birth □ M M Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ □ □ □ □ Nationality	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Date of Birth □ □ M Y Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ □ M Y Y Y PAN** (Mandatory) □ □ □ □ □ □ □ Nationality □ □ □ □ □ □ □ □ a. Occupation (please √) : □ <t< td=""><td>Proof to be enclosed (✓) PAN card Copy Country of Residence </td></t<>	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Date of Birth □ M M Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ □ □ □ □ Nationality	Proof to be enclosed (✓) PAN card Copy Country of Residence
NAME Mr Ms M/s Date of Birth □ □ M Y Y Y PAN** (Mandatory) □ □ M Y Y Y PAN** (Mandatory) □ □ □ M Y Y Y PAN** (Mandatory) □ □ □ □ □ □ □ Nationality □ □ □ □ □ □ □ □ a. Occupation (please √) : □ <t< td=""><td>Proof to be enclosed (✓) PAN card Copy Country of Residence </td></t<>	Proof to be enclosed (✓) PAN card Copy Country of Residence

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 : 16, V.N. Road, Fort, Mumbai - 400 001 • New Delhi : Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. Pune : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 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	

INVESTMENT & SOURCE OF FU	JNDS DETAILS (Please (/) Scheme/Pla	n/Option/Sub-Option)			
LUMPSUM : Scheme	Name : HSBC Global I	Equity Clir	nate Change Fu	nd of Fun	d	
Plan/Option/Sub-option (✓) Plan		-			Sub-option: Dividend	
The scheme name mentioned on the application on the application only. Incase of application					units will be allotted as per	the scheme name mentioned
	e DD RTGS NEFT				T Date DD/MM	/ Y Y Y Y
Payment from Bank A/c. No.			Cheque/DD/R	IGS/NEFT N	No.	
Investment Amount (Rs.) (i)			Bank Name			
DD charges (Rs.) (ii)			Branch			
Total Amount (Rs.) (i + ii)			A/c. Type (✓)	Current Others	Savings NRO* (* Fo	NRE* FCNR*
(₹ in words)						
Documents attached to avoid Third Part MANDATORY DECLARATION : The of If no, my relationship with the bank accou- the Third Party declaration form is attached	details of the bank account prount holder (\checkmark) \square Parent \square	vided above pe Grandparent	rtain to my/our own ba	nk account in		
SIP : SYSTEMATIC INVESTM	` *		, <u>,</u>)] (All cheques	should be of same date of t	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 1st 2nd 3rd 4th 11th 12th 13th 14th 15th 22nd 23rd 24th 25th 26th	n 16th 17th 18th 19t	th 🗌 20th 🗌 21		: Start Date	y (Default ¹) Quarterly M M Y Y End Date 2099 (Default)	(10th) : M M Y Y
Each SIP Amount (Rs.)		Cheque	Nos. From		To	
Drawn on Bank A/c.	Bar	nk			Branch	
SYSTEMATIC WITHDRAWAL PL	AN (SWP)					
Scheme HSBC Global Equity	Climate Change Fund of	f Fund	Plan			
Frequency (Monthly (Default¶) Withdrawal Options Fixed Amount SWP Date 1st 2nd 3rd 4th 11th 12th 13th 14th 15ti	5th 6th 7th 8th a 16th 17th 18th 19th a 27th 28th 29th 30th	ness Day of the 10 9th 10 10 20th 21 11 31st 31	month) Withdrawal th (Default) st Period of et	nrolment		tiples of Re. 1/- thereafter) nount will equal appreciation
SYSTEMATIC TRANSFER PLAN		days prior to the	he SWP date in case of	Registration.		
Transfer From: Scheme HSBC Global		und of Fund	Transfer To: Scheme	Name ·		
Plan	Equity Chinate Change P	und of Fund	Plan			
Option: Growth (default) Sub-option: Dividend Payout	Dividend Reinvestment				Weekly	ent Dividend Payout Fortnightly
STP Frequency (\checkmark) Monthly (Defaul	t¶) Quarterly (10th)		Transfer Options	Monthly	Quarterly	Half Yearly Business Day of the month)
Installment commencing From M M Y	YYYY To MMY	YYY	Transfer Amount	Amount per i		
STP Date 1st 2nd 3rd 16th 17th 18th	19th 20th 21st	7th 8th 22nd 23rd	9th 10th (Def 24th 25th	26th 27	1th 12th 13th 7th 28th 29th	14th 15th 30th 31st
To be submitted 10 days prior to DEMAT ACCOUNT DETAILS	the STP date incase of Registi	ration.	If no debit date is men	tioned default d	ate would be considered as 1	0th of every month/quarter.
Please provide details of your Depository		d units in Dema	at Form.			
DDNama	NSDL				CDSL	
DP Name DP ID I N						
Beneficiary Account No.						
	· ·			0	0	
I/We hereby confirm that I/We do	not wish to exercise the right	gnt of nomin	auon in respect of t	inits subscri	bed/purchased by me	/us.
Signature(s)	ïrst Applicant	×	Second Applicant		X Third A	pplicant
		C	R			
Where Nominee details and Non intention to	,					updated without Nominee.
I/WE WISH TO NOMINATE A Name & Address of Nominee(s)	· · · ·	ame & Addres	s of Guardian	e mode of he Relationship vith Nominee	blding is single) (re Signature of Nominee / Guardian of Nominee (Optional)	f. Important Instruction 14) Proportion (%) in which the units will be shared by each Nominee*
Nominee 1					×	
Nominee 2						
Nominee 3					* the aggreg	gate total should be 100%

 $\overset{\times}{\mid}$

...continued overleaf 🗘

2 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]

	Sole/First Applicant Guardian	Second Applicant	Third Applicant					
Place and Country of Birth	Place	Place	Place					
Address Type [for KYC address]	Residential Business Registered Office	Residential Business Registered Office	Residential Business Registered Office					
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	Yes No	Yes No	Yes No					
If 'Yes' please fill for all countries	s (other than India) in which you are a Resid	ent for tax purpose i.e. where you are Citizen	/Resident/Green Card Holder/Tax Residen					
Country of Tax Residency#								
Tax Identification Number (TIN) or Functional Equivalent^								
Identification Type (TIN or Other, please specify)								
If TIN is not available, please tick \checkmark the reason A, B or C [as defined below]	A B C	A B C	A B 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 speci	fy the reason							
	ne individual is a citizen/green card holder of aber is not available, kindly provide its function							
FATCA/CRS SELF		AL INVESTORS AND THEIR ULTIMAT DCIETY/PARTNERSHIP FIRM etc.)	E BENEFICIAL OWNER (UBO)					

Please complete Annexure A & B

13 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/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.

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 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. Incase of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

We confirm that we have not 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.

×	x	×
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA
Date		

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.

Folio Nos. Pilo Nos. VI: Folio Nos. VNERS (If the given space VNERS (If the given space VIL countries of tax resider uly signed by Authorized Signed uly signed by Authorized Signed ectly or indirectly through a certification Number/Equivalent Number/Equivalent Mandatory	ciation /body of individuals t below is not adequate, please acy/permanent address/citizenshi natory. thain of controls or ownerships) the below table and provic Document Type appropriate proof)	Public Charitable Trust ase attach multiple declaration ship and ALL Tax Identification vide signatures under the declaration r Place & Country Date of Birth / Incorporation [dd-m	edeclaration & signature section. Date of Birth / Address Address Type* Incorporation & Contact details [include (dd-mm-yyy] Cuty, Pin code, State, Country]	Application No. Application No. Private Trust/Trust created by a Will CH controlling person. If the given rows a trust, Address Type* Iress, Address Type* Iress, Address Type* Iress, Address Type* Cuntryl Ountryl Ountryl Ountryl	Will Others Specifyl will Others Specifyl requ Nati Nati	ecify]	Occupation
B CATEGORY [tick (v') applicable category]: Unlisted Company Partnership Firm LLP Unincorporated associated associated associated associated as a process of the second and additional sheet(s) duly signed by Authorized Signing a charact an be enclosed as additional sheet(s) duly signed by Authorized Signing and the second of company Type of Beneficial Ownership (control or Benefit directly or indirectly through a charact and be enclosed as additional sheet(s) duly signed by Authorized Signing of Beneficial Ownership (control of Partnership/LLP/Trust/AoP/Bol If there is no UBO, please declare that there is no holding beneficial interest - striki St. Name of UBO Country of Identification PAN/Taxpayer I 1. It there is no UBO, please declare that there is no holding beneficial interest - striki Mandatory] 2. 2. 2. 2. 2. 2. 1. 1.	iation/body of individuals below is not adequate, please cy/permanent address/citizenshi atory. nain of controls or ownerships) ing off the below table and provic ning off the below table and provic Type appropriate proof)	Public Charitable Trust attach multiple declaration p and ALL Tax Identification de signatures under the decla de Signatures under the decla of Birth / Incor Incorporation [dd-m	Religious Trust Private Trust/ In forms Private Trust/ In forms In forms In formation In formation	Trust created by a erson. If the given r pe* Gender clude [Male, Female, et others]	Will Others [Sp rows are not sufficien Father's Name	ecify] t, required inform	mation in the Occupation
C DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space Please list below each controlling person, confirming ALL countries of tax residence given format can be enclosed as additional sheet(s) duly signed by Authorized Sign. Type of Beneficial Ownership (control or Benefit directly or indirectly through a ch > 25% control of Partnership/LLP/Trust/AoP/BoI If there is no UBO, please declare that there is no holding beneficial interest - striki Sr. Name of UBO No If there is no UBO, please declare that there is no holding beneficial interest - striki If there is no UBO Country of Identification If there is no UBO Tax Residency If and atory] Tax Residency I. . 1. . 2. .	below is not adequate, please cy/permanent address/citizenshi atory. atory. atin of controls or ownerships) ing off the below table and provic Document % of beneficial Type appropriate proof)	e attach multiple declarati ip and ALL Tax Identification de signatures under the decla de Signatures under the decla of Birth / Incor Incorporation [dd-m	on forms) Numbers for EACH controlling p ration & signature section. f Birth / Address, Address T, ooration m- yyyy] City, Pin code, Sta Country]	erson. If the given r pe* Gender clude [Male, te, Female, others]	rows are not sufficien Father's Name	t, required inform	nation in the Occupation
Please list below each controlling person, confirming ALL countries of tax residence given format can be enclosed as additional sheet(s) duly signed by Authorized Sign. Type of Beneficial Ownership (control or Benefit directly or indirectly through a ch > 25% control of Partnership/LLP/Trust/AoP/BoI > 15% control of Partnership (control or Benefit directly or indirectly through a ch > 15% control of Partnership/LLP/Trust/AoP/BoI If there is no UBO, please declare that there is no holding beneficial interest - striki [Mandatory] Sr. Name of UBO No [Mandatory] 1.	y/permanent address/citizenshi atiory. atio of controls or ownerships) ing off the below table and provic Document % of beneficial Type appropriate proof)	p and ALL Tax Identification de signatures under the decla place & Country Date of Birth / Incorporation [dd- m	Aumbers for EACH controlling p ration & signature section. f Birth / Address, Address T) oration m- yyyy] City, Pin code, Sta Country]	erson. If the given r pe* Gender clude [Male, te, Female, others],	rows are not sufficien Father's Name	t, required inform	nation in the Occupation
Name of UBO Country of [Mandatory] PAN/Taxpayer [Mandatory] Tax Residency Identification In Number/Equivalent Number/Equivalent			Address, & Contact City, Pi C		Father's Name		Occupation
			Mandator	Mandatory, if PAN not provided	ided		
2							Business Others
							Service Business Others
3.							Business Others
4.							Service Business Others
							Service Business 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. 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.	rect to the best of my/our knowled e information received by the Fund dation. In case the above informatic se the allotment of units, if subsequ ny other additional information as r	lge and belief. In case any of t or from other SEBI Registered on is not provided, it will be pr aently it is found that applicant may be required at your end.	r 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 the Fund or from other SEBI Registered Intermediaries. Further, I authorize you to share the beneficial owner information (in this form) provided by me 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 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 nation as may be required at your end.	nd to be false or untr /ou to share the bene beneficial owner, wit ownership. I/We als	rue or misleading or n sficial owner informatio th no declaration to sub to undertake to keep yo	uisrepresenting, I/ on (in this form) pr omit. In such case, u informed in wri	We aware t rovided by the concern ting about a
Date		×		*			

Authorised Signatory 3

Authorised Signatory 2

Authorised Signatory 1

Place_

Annexure – B

X

X

FATCA AND CRS SELF CERTIFICATION FOR NON-INDIVIDUALS



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

	APPLICANT DETAI	LS										1 1										
Applic	cant Name:																					
PAN	N				App	olication No	5							Folio I	Nos							
Type of	address given at KRA		Residentia			Reside		Bus					(Man	dator	2							
Place	e of Incorporation:			INCOL		Country						AILS	-	Date of I		oration.						
	a tax resident of any c	tri	other they	India?	Vac	No	or mee	nporatio					1		meorp	oration.						
-	blease provide country/ies	2					ses and	the asso	ociated '	Tax ID	number bel	ow)										
	Country of Tax Res							uivalent				,		Identi	ificatio	on Type (T	'IN o	r Other, p	lease	spec	ify)	
1																						
2																						
3																						
4																						
	se Tax Identification Nur bal Entity Identification N				provic	le its function	onal eq	uivalent.	. In cas	e TIN (or its function	onal equ	ivalent is	not avai	ilable,	please prov	vide (Company l	dentif	icatio	on nui	mber
	the Entity's Country of I definition E5), please me								ed U.S.	Persor	1											
				(Please cot	nsult v	FATC/ our professi					S (Man			assificat	ion)							
	PART A (to be fille	ed bv		`	-	•						FAICA	a crs ci	assincat	.1011)							
	e a, (Please ✓ as appr				GI														_			_
	nancial Institution (Ref	fer defii	nition A)			te: If you do	o not ha	ave a GI	IN (Glo	obal In	termediary	Identific	ation nur	nber) but	t you :	are sponso	red by	y another a	entity,	plea	se pro	ovide
or	irect reporting NFE (Re	əfer def	finition B)		1	ir sponsor's				ate yo	ur sponsor's	name b	elow									
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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
- Custodial institution: An entity that as a substantial portion of its business, holds financial 2 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)
- Investment entity : Conducts a business or operates for or on behalf of a customer for any 3 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 entry 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
- GIIN not required: Categories with codes C.

Code Sub-Category

Coue	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.
 - Related entity of a listed company: The NFE is a related entity of an entity of which is 2.
 - 3.

ctive N	IFE: (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;
)4	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 NEE is a 'non for profit organization which meets all of the following

- 07 Any NFE is a 'non for profit organization which meets all of the following requirements:
 - 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;

- 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;

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-profitorganization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

4.	Code	Sub-Category

cour	Sub Calegory
А	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37
В	The United States or any of its agencies or instrumentalities
С	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 $1.1472-1(c)(1)(i)$
Е	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
Н	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
Ι	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)
М	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
- 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)
- Passive income: The term passive income means the portion of gross income that consists 3 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
- 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
- Specified US Persons Any US Person other than i). A publicly traded corporation; ii). 5 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
- **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 6 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.
- 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

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

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Background:

In its continuing endeavour to make the existing New Fund Offer process more efficient, SEBI introduced a supplementary process of applying in New Fund Offer, viz: the "Applications Supported by Blocked Amount (ASBA)" process. Accordingly, Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2009, as amended have been amended for ASBA process. The salient features of circular no. SEBI/CFD/DIL/ASBA/1/2009/30/12 dated December 30, 2009 available on SEBI website for "Additional mode of payment through Applications Supported by Blocked Amount (hereinafter referred to as "ASBA") are mentioned below for understanding the ASBA process:

- 1. Meaning of ASBA: ASBA is an application for subscribing to a New Fund Offer (NFO), containing an authorisation to block the application money in a bank account.
- 2. Self Certified Syndicate Bank (SCSB): SCSB is a banker to an issue registered with the SEBI which offers the facility of applying through the ASBA process. The list of SCSBs will be displayed by SEBI on its website at www.sebi.gov.in from time to time. ASBAs can be accepted only by SCSBs, whose names appear in the list of SCSBs displayed on SEBI's website. Investors maintaining their accounts in any of these Banks may approach one of the designated branches of these SCSBs for availing this facility. Further it may be noted that from time to time new banks register themselves as SCSBs who become eligible to provide these services and also the existing SCSBs designate additional branches that also provide this facility. An updated list of all the registered SCSBs, their controlling branches, contact details and details of their contact persons, a list of their designated branches which are providing such services is available on the website of SEBI at the address http://www.sebi.gov.in. Further these details are also available on the websites of the Stock Exchanges at http://www.bseindia.com and http://www.nseindia.com. Alternatively, investors may also contact the AMC, R&TA for information about the SCSBs or the ASBA process. These SCSBs are deemed to have entered into an arrangement with the Issuer and shall be required to offer the ASBA facility to all its account holders for all issues to which ASBA process is applicable. An SCSB shall identify its Designated Branches (DBs) at which an ASBA Applicant shall submit ASBA and shall also identify the Controlling Branch (CB), which shall act as a coordinating branch for the Registrar to the Issue, Stock Exchanges and Merchant Bankers. The SCSB, its DBs and CB shall continue to act as such, for all issues to which ASBA process is applicable. The SCSB may identify new DBs for the purpose of ASBA process and intimate details of the same to SEBI, after which SEBI will add the DB to the list of SCSBs maintained by it. The SCSB shall communicate the following details to Stock Exchanges for making it available on their respective websites. These details shall also be made available by the SCSB on its website: (i) Name and address of the SCSB (ii) Addresses of DBs and CB and other details such as telephone number, fax number and email ids. (iii) Name and contact details of a nodal officer at a senior level from the CB.
- **3. Eligibility of Investors:** An Investor shall be eligible to apply through ASBA process, if he/she:
 - is a "Resident Retail Individual Investor, Non Institutional Investor, OIBs, Eligible NRIs applying on non-repatriation basis, Eligible NRIs applying on repatriation basis i.e. any investor,
 - (ii) is applying through blocking of funds in a bank account with the SCSB; Such investors are hereinafter referred as "ASBA Investors".
- 4. ASBA Facility in Brief: Investor shall submit his/her Application through an ASBA Application Form, either in physical or electronic mode, to the SCSB with whom the bank account of the ASBA Investor or bank account utilised by the ASBA Investor ("ASBA Account") is maintained. The SCSB shall block an amount equal to the NFO application Amount in the bank account specified in the ASBA Application Form, physical or electronic, on the basis of an authorisation to this effect given by the account holder at the time of submitting the Application. The Application Amount shall remain blocked in the aforesaid ASBA Account until the Allotment in the New Fund Offer and consequent transfer of the Application Amount against the allocated Units to the Issuer's account designated for this purpose, or until withdrawal/failure of the Offer or until withdrawal/rejection of the ASBA Application, as the case may be. The ASBA data shall thereafter be uploaded by the SCSB in the electronic IPO system of the Stock Exchanges. Once the Allotment is finalised, the R&TA shall send an appropriate request to the Controlling Branch of the SCSB for unblocking the relevant bank accounts and for transferring the amount allocable to the successful ASBA Applicants to

the AMC account designated for this purpose. In case of withdrawal/ Rejection of the Offer, the R&TA shall notify the SCSBs to unblock the blocked amount of the ASBA Applicants within one day from the day of receipt of such notification.

5. Obligations of the AMC: AMC shall ensure that adequate arrangements are made by the R&TA to obtain information about all ASBAs and to treat these applications similar to non-ASBA applications while allotment of Units, as per the procedure specified in the Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2009.

Investors are requested to check with their respective banks about the availability of the ASBA facility.

6. Other Information for ASBA Investors:

- On the closure date of the NFO, the ASBA form should be submitted to the SCSBs before the 3.00 p.m. or such other time as may be decided by respective SCSBs.
- 2. The Applicant intending to invest in the Scheme through ASBA Process will be required to have a beneficiary account with a Depository Participant (DP) of NSDL/ CDSL and will be required to mention in the application form DP ID No. and Beneficiary Account No. with the DP at the time of purchasing Units during the NFO.
- 3. Signatures as available with depository will be taken for all purpose after the allotment of units incase of demat holding.
- 4. All static details in our records would be taken from the demat account (DP ID) provided by you.
- 5. Bank account details provided in the ASBA Application form will be used for refunding reject applications where DP ID is not matching
- Bank Mandate for redemptions/dividend will be as per your DP ID incase of demat holding.
- 7. SCSB shall give ASBA investors an acknowledgement for the receipt of ASBAs.
- 8. SCSB shall not upload any ASBA in the electronic system of the Stock Exchange(s) unless (i) it has received the ASBA in a physical or electronic form; and (ii) it has blocked the application money in the bank account specified in the ASBA or has systems to ensure that Electronic ASBAs are accepted in the system only after blocking of application money in the relevant bank account opened with it.
- 9. SCSB shall ensure that complaints of ASBA investors arising out of errors or delay in capturing of data, blocking or unblocking of bank accounts, etc. are satisfactorily redressed.
- 10.SCSB shall be liable for all its omissions and commissions in discharging responsibilities in the ASBA process.
- 11. R&TA shall act as a nodal agency for redressing complaints of ASBA and non-ASBA investors, including providing guidance to ASBA investors regarding approaching the SCSB concerned.
- 12. ASBA facility is currently available only to those investors who wish to hold the units in dematerialized form.

Grounds for rejection of ASBA applications

ASBA application forms can be rejected by the AMC/Registrar/ SCSBs, on the following technical grounds:

- Applications by persons not competent to contract under the Indian Contract Act, 1872, including but not limited to minors, insane persons etc.
- 2. Mode of ASBA i.e. either Physical ASBA or Electronic ASBA, not selected or ticked.
- 3. ASBA Application Form without the stamp of the SCSB.
- 4. Application by any person outside India if not in compliance with applicable Foreign and Indian laws.
- 5. Bank account details not given/incorrect details given.
- 6. Duly certified Power of Attorney, if applicable, not submitted along with the ASBA Application Form.
- 7. No corresponding records available with the Depositories matching the parameters namely (a) Names of the ASBA applicants (including the order of names of joint holders) (b) DP ID (c) Beneficiary account number or any other relevant details pertaining to the Depository Account.
- 8. Insufficient funds in the investor's account.
- 9. Application accepted by SCSB and not uploaded on/with the Exchange/ Registrar.

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2	SIP DETAILS (Please tick (\checkmark) wherever applicable)
1	Scheme 1 Name HSBC Global Equity Climate Change Fund of Fund Plan Option Sub-option
-	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default')
	SIP period From M M Y Y To M M Y Y OR End date 0 3 9 9 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st
	SIP Amount (figures) ₹ (words)
	First SIP Cheque No. Dated D M Y Y Y Y Cheque Amount ₹
	Drawn on Bank name (should be same as NACH mandate) Branch
2	Scheme 2 Name Plan Option/Sub option
	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default^)
	SIP period From M Y Y OR End date O 3 9 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st
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	First SIP Cheque No. □ <th□< th=""> □ □</th□<>
	Drawn on Bank name (should be same as NACH mandate) Branch
3	Scheme 3 Name Plan Option/Sub option
	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default^)
	SIP period From M Y Y OR End date 0 3 9 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) 22nd 23rd 24th 25th 26th 27th 28th 30th 31st SIP Amount (figures) ₹ (words) 24th 25th 26th 27th 28th 30th 31st
	First SIP Cheque No. Dated D D M Y Y Y Cheque Amount ₹
	Drawn on Bank name (should be same as NACH mandate) Branch
	^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above.
3	DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')
	OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order
	I/We declare that the particulars furnished here are correct. I/We authorise HSBC Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP instalments through an Electronic Debit arrangement/NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform HSBC Mutual Fund about any changes in my bank account.
	I/We have registered for making payment towards my investments in HSBC Mutual Fund by debit to my/our account directly or through ECS (Debit Clearing)/NACH (National Automated Clearing House). I /We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the
	above Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the Mutual Fund before investing in any scheme of HSBC Mutual Fund using this facility.
	× x x
	Sole/1st Unit Holder/POA/Guardian 2nd Unit Holder 3rd Unit Holder

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.
- 3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
- Applications incomplete in any respect are liable to be rejected. AMC/RTA shall have absolute discretion to reject any such Application Forms.
- Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC)/CAMS.
- 6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
- A minimum gap of 21 Calendar Days needs to be maintained between the first and second SIP installments.

- 8. Investors can choose any preferred date of the month as SIP debit date. In case the chosen date falls on a non-business day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day. In case the SIP debit date is not indicated, 10th shall be treated as the default date.
- All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date.
- 10. In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
- 11. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
- 12. The SIP will be discontinued automatically if payment is not received for two successive installments.
- 13. 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.
- 14. Please submit this form along with a copy of a cancelled cheque.
- 15. 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.

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)

- Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third

party validation.

- 4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
- 5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
- Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
- 7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".

DISTRIBUTOR	T FORM – For SIP I INFORMATION (Only em		kers will	he permitted to d							Glob		
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Scheme 1					r Iall		Option/Sub-option

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 Date:
ISC Stamp & Signature

2	SIP DETAILS (Please tick (\checkmark) wherever applicable)
1	Scheme 1 Name HSBC Global Equity Climate Change Fund of Fund Plan Option Sub-option
•	Frequency Monthly (Default [^]) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default [^])
	SIP period From M M Y Y To M M Y Y OR End date 0 3 9 9 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 1f end date is not mentioned then the SIP will be considered for perpetuity (March 2099) 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st
	SIP Amount (figures) ₹ (words)
	First SIP Cheque No. Dated D M Y Y Y Cheque Amount ₹
	Drawn on Bank name (should be same as NACH mandate) Branch
2	Scheme 2 Name Plan Option/Sub option
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3	Scheme 3 Name Plan Option/Sub option
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	First SIP Cheque No. Dated D D M M Y Y Y Y Cheque Amount ₹
	Drawn on Bank name (should be same as NACH mandate) Branch
	^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above.
3	DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')
	OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order
	I/We declare that the particulars furnished here are correct. I/We authorise HSBC Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP instalments through an Electronic Debit arrangement/NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform HSBC Mutual Fund about any changes in my bank account.
	I/We have registered for making payment towards my investments in HSBC Mutual Fund by debit to my/our account directly or through ECS (Debit Clearing)/NACH (National Automated Clearing House). I /We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. 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.
	× × ×
	Sole/1st Unit Holder/POA/Guardian 2nd Unit Holder 3rd Unit Holder

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.
- 3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
- Applications incomplete in any respect are liable to be rejected. AMC/RTA shall have absolute discretion to reject any such Application Forms.
- Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC)/CAMS.
- 6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
- A minimum gap of 21 Calendar Days needs to be maintained between the first and second SIP installments.

- 8. Investors can choose any preferred date of the month as SIP debit date. In case the chosen date falls on a non-business day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day. In case the SIP debit date is not indicated, 10th shall be treated as the default date.
- All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date.
- 10. In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
- 11. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
- 12. The SIP will be discontinued automatically if payment is not received for two successive installments.
- 13. 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.
- 14. Please submit this form along with a copy of a cancelled cheque.
- 15. 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.

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)

- Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third

party validation.

- 4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
- 5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
- Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
- 7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".

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2	SIP DETAILS (Please tick (\checkmark) wherever applicable)
1	Scheme 1 Name HSBC Global Equity Climate Change Fund of Fund Plan Option Sub-option
•	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default^)
	SIP period From M M Y Y To M M Y Y OR End date 0 3 9 9 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 1f end date is not mentioned then the SIP will be considered for perpetuity (March 2099) 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st
	SIP Amount (figures) ₹ (words)
	First SIP Cheque No. Dated D M Y Y Y Cheque Amount ₹
	Drawn on Bank name (should be same as NACH mandate) Branch
2	Scheme 2 Name Plan Option/Sub option
	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default^)
	SIP period From M M Y Y To M M Y Y OR End date O 3 9 9 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 1f end date is not mentioned then the SIP will be considered for perpetuity (March 2099) 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st
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	Drawn on Bank name (should be same as NACH mandate) Branch
3	Scheme 3 Name Plan Option/Sub option
-	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default^)
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	SIP Amount (figures) ₹ (words)
	Drawn on Bank name (should be same as NACH mandate) Branch
	^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above.
3	DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')
	OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order
	I/We declare that the particulars furnished here are correct. I/We authorise HSBC Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP instalments through an Electronic Debit arrangement/NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform HSBC Mutual Fund about any changes in my bank account.
	I/We have registered for making payment towards my investments in HSBC Mutual Fund by debit to my/our account directly or through ECS (Debit Clearing)/NACH (National Automated Clearing House). I /We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. 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.
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	Sole/1st Unit Holder/POA/Guardian 2nd Unit Holder 3rd Unit Holder

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.
- 3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
- Applications incomplete in any respect are liable to be rejected. AMC/RTA shall have absolute discretion to reject any such Application Forms.
- Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC)/CAMS.
- 6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
- A minimum gap of 21 Calendar Days needs to be maintained between the first and second SIP installments.

- 8. Investors can choose any preferred date of the month as SIP debit date. In case the chosen date falls on a non-business day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day. In case the SIP debit date is not indicated, 10th shall be treated as the default date.
- All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date.
- In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
- 11. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
- 12. The SIP will be discontinued automatically if payment is not received for two successive installments.
- 13. 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.
- 14. Please submit this form along with a copy of a cancelled cheque.
- 15. 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.

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)

- Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third

party validation.

- 4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
- 5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
- Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
- 7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".

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ISC Stamp & Signature

Date:

2	SIP DETAILS (Please tick ()) wherever applicable)
1	Scheme 1 Name HSBC Global Equity Climate Change Fund of Fund Plan Option Sub-option
•	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default')
	SIP period From M M Y Y To M M Y Y OR End date 0 3 9 9 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st
	SIP Amount (figures) ₹ (words)
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	Drawn on Bank name (should be same as NACH mandate) Branch
2	Scheme 2     Name     Plan     Option/Sub option
	Frequency Monthly (Default^) Quarterly (10th) SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default')
	SIP period From M M Y Y To M M Y Y OR End date 0 3 9 9 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st
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3	DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')
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	I/We declare that the particulars furnished here are correct. I/We authorise HSBC Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP instalments through an Electronic Debit arrangement/NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform HSBC Mutual Fund about any changes in my bank account.
	I/We have registered for making payment towards my investments in HSBC Mutual Fund by debit to my/our account directly or through ECS (Debit Clearing)/NACH (National Automated Clearing House). I /We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. 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.
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	Sole/1st Unit Holder/POA/Guardian 2nd Unit Holder 3rd Unit Holder
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- 6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
- A minimum gap of 21 Calendar Days needs to be maintained between the first and second SIP installments.

- 8. Investors can choose any preferred date of the month as SIP debit date. In case the chosen date falls on a non-business day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day. In case the SIP debit date is not indicated, 10th shall be treated as the default date.
- All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date.
- 10. In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
- 11. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
- 12. The SIP will be discontinued automatically if payment is not received for two successive installments.
- 13. 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.
- 14. Please submit this form along with a copy of a cancelled cheque.
- 15. 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.

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

- Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third

party validation.

- 4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
- 5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
- Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
- 7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".

## **Declaration Formats**



Payments by:Parent/GPayments to:Minor Followick	lio only	; In c	onsi	deratio	on of	Nati	ural	love	and	d aff	ectio	n oi	as															
Maximum Value : Not Excee	-				-	-			-					otio	nchin	DA	N	P. 1/1										
Application and Payment 1	Details	(AI	i ue	lalls	Delo	ware		anua	nor	у, п	iciu	me	101		Applic													
Beneficiary Name														1	applic	anoi	11.01		5.									
Investment Amount in Rs.														[	Lump sum SIP with post-dated Cheques SIP Auto Debit													
Bank Details	A/c No.																											
Dalik Details														Branch														
DD/Chaqua No. (Lump gum)	Dalik	Bank Name Bra												Branch				Dr	atad			DI	M M		- V	Y	V	
DD/Cheque No. (Lump sum) Cheque Nos. (for SIP via PDC)	From								_				_		То				Da	ated		-			+-	-	-	
1 , ,	FIOIII											_	_		10													
Cheque Drawn on A/c No. Declaration and Signatures:																												
Declaration and Signatures.	Parent	t/Cran	d-Dai	ronts/R	alated	Porse	ne ()	thor t	hon	the R	oniste	rod	Cuar	dian			Cu	ordia	n of	Mir	or a	e ro	aisto	red in	the	Folio		
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Relationship with Minor															_													
Income Tax PAN															_													
				1.											_			<u> </u>	<u> </u>									
KYC Acknowledgement	<b>X1</b>	1 1				(Man		2		·				· · 1	Attached (Mandatory for any amount)													
Declaration	I here owner the fu affect	r of th nds fo	e invor	vestme ese inv	ent de vestm	tails 1 ents c	ment	tioned	d ab it of	ove a my i	and I	am	prov	iding														
Signature	×														×													
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2 BANKER'S CERTIF		E (in	cas	se of	Dem	and	Dra	aft/H	Pay	Ore	der/	Any	7 <b>O</b> 1	her	pre-f	und	led	instı	ume	ent)								
To whomsoever it may concern,	we here	eby co	onfirr	n the	follo	wing	deta	ils re	garc	ling	the in	nstru	mer	t iss	ued by	us:												

#### **Instrument Details:** Instrument Type Pay Order/Banker's Cheque Demand Draft Debit to Account Date D D Μ Μ Instrument Number 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 Income Tax PAN Name 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 Number Registration No. 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



		To whomsoever it may conce	ern
We hereby declare that the Appl	ication 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 o	wner(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 a	and am providing the funds fo	r these investments through the payr	oll deduction / expense reimbursement (strike off which is not applicable)
Signature of Declarant(s) 💥			
Name of Declarant(s)			
Income Tax PAN		КУС	Acknowledgement attached (Mandatory for any amount)
Address of Declarant(s)			
City		Postal coo	le
State		Country	
Signature of Beneficiary(ies)	<b>\$</b>		
			HSBC Global Asset

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

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	Cheque	Fund Transfer	RTGS	NEFT				
Payment Cheque/UTR No.				Dated D	D M	MY	Y	ΥΥ
Payment from Bank								
Payment from A/c No.								

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

HSBC Global Asset Management

(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.)

Ж

	Folio No. (For Existing Unit Holders)	OR	Application No. (For New Unit Holders)
	Name of Sole / First		Permanent Account No. (PAN)
Α.	Old / Existing Bank Account details**:		
	Bank Account No.	Bank A/c. Typ	pe: Savings Current NRI-NRO NRI-NRE Others
	Bank Name :		
	^ In case of non-availability of old bank proof (as mentioned in mandatory documents), In-Pers	on verification (IP	V) is mandatory
B.	Change in Tax Status:		
	In-case of Change in Tax Status, please tick the applicable new tax status:		
			Repatriation Basis
	Overseas Address (Mandatory in case of NRI / FPI applicant) (Should be sam	e as in KRA rec	ords)
			City
	State Country (Ma	indatory)	Zip Code
C.	Addition of Bank Accounts:		
	• If you are changing an existing bank account with a new one for redemption/dividend proc account is not mentioned in Part C, redemption/dividend proceeds will be sent to existing originals of any one of the documents mentioned below. If copies are submitted, the originals Please register my/our following additional bank accounts for all investments in my/our folios. a specific request in my/our redemption request. I/We understand that the bank accounts listed is a scope to register additional bank accounts in the folio subject to a maximum of five in the Bank A/c. Type: Savings Current NRI-NRO NRI-N.RE Other	default bank accoss s should be product I/we understand th I below shall be tak case of individuals ers	unt only. • For each bank account mentioned in Part C, Investors should submit sed for verification. hat I/we can choose to receive payment proceeds in any of these accounts, by making ken up for registration in my/our folio and the same shall be registered only if there s and ten in the case of non-individuals.
Ŧ	For each bank account, Investors should produce original for verifica		•
	Core Bank Account NoBank Name	Account Type Branch	$e(\checkmark)$ : Current Savings NRO [#] NRE [#] FCNR [#]
	City	PIN Code	
	MICR Code^	IFSC Code^^	
		Cheque Leaf	
	Come Dende A commé Na	A coount Truno	e (✓) : □ Current □ Savings □ NRO [#] □ NRE [#] □ FCNR [#] □
	Core Bank Account NoBank Name	Branch	$(\bullet)$ . Current Savings NKO" NKE" FCNK"
	City	PIN Code	
	MICR Code^	IFSC Code^^	
	Any one Document with name of investor pre printed  Cancelled	Cheque Leaf	Passbook
	Core Bank Account No.	Account Type	e ( $\checkmark$ ) : Current Savings NRO [#] NRE [#] FCNR [#]
	Bank Name	Branch	
	City	PIN Code	
	MICR Code^	IFSC Code^^	
	Any one Document with name of investor pre printed  Cancelled	Cheque Leaf	Passbook
	Core Bank Account No.	A coount Truno	e (✓) : Current Savings NRO [#] NRE [#] FCNR [#]
	Bank Name	Branch	
	City	PIN Code	
	MICR Code^	IFSC Code^^	
	Any one Document with name of investor pre printed Cancelled	Cheque Leaf	
		git code printed o	
D.	Default Bank Account:		
	If you are changing an existing default bank account with new one for redemy well as in Part D. From among the bank accounts mentioned above or those Bank Account for payment of future redemption and/or dividend proceeds, if	already register	ed with you, please register the following bank account as a Default
	Core Bank Account No.	Bank Name	:
Ε.	Bank Account Deletion:		
	Name of Sole / First Unit Holder		
	Please delete the following Bank accounts as registered accounts for	or my/our abo	ve folio:
	Bank Account No.	Bank Name	
	Bank Account No.	Bank Name	
	Bank Account No.	Bank Name	
	Bank Account No.	Bank Name	
	Deletion of a default bank account will not be effective in the Folio	unless the in	nvestor mentions another valid registered Bank Account as a

default account in Part D of this Form.



My identity details f	First Holder/Guardian	Joint Holder 1	Joint Holder 2
PAN/(Please Specify) #			
Holder's Name			
Contact Number			
Signature [§]	×	x	x
I/We acknowledge that my/ rejected/delayed as the case		etails are properly filled and valid docume	to abide by the same. ents are attached, failing which the request may gistrar liable for any loss due to delayed executi
2 5	the unit holder where mode of holding in the foli roof for PAN Exempt Investors like Passport, Vot	5	Number to be scored out)
	(s) as per the mode of holding. In case of Non-In		
\$ To be signed by all the holder		dividual Unit holders, to be signed by AUTHOR	ISED SIGNATORIES
\$ To be signed by all the holder In-Person verification I have done the In-Person	(s) as per the mode of holding. In case of Non-In <b>(For Office Use only)</b> – <i>applical</i> verification of the above referred investo	dividual Unit holders, to be signed by AUTHOR ble only if the old / existing bank manda r along with ID document specified abov	<i>ISED SIGNATORIES</i> <i>ite proof not submitted</i> re; matched with the information available in
\$ To be signed by all the holder In-Person verification I have done the In-Person	(s) as per the mode of holding. In case of Non-In <b>(For Office Use only)</b> – <i>applical</i> verification of the above referred investo	dividual Unit holders, to be signed by AUTHOR ble only if the old / existing bank manda r along with ID document specified abov	ISED SIGNATORIES
\$ To be signed by all the holder In-Person verification I have done the In-Person referred Folio(s) and found	(s) as per the mode of holding. In case of Non-In <b>(For Office Use only)</b> – <i>applical</i> verification of the above referred investo	dividual Unit holders, to be signed by AUTHOR ble only if the old / existing bank manda r along with ID document specified abov	<i>ISED SIGNATORIES</i> <i>ite proof not submitted</i> re; matched with the information available in t
\$ To be signed by all the holder In-Person verification I have done the In-Person referred Folio(s) and found Employee Name Employee No.	(s) as per the mode of holding. In case of Non-In <b>(For Office Use only)</b> – <i>applical</i> verification of the above referred investo	dividual Unit holders, to be signed by AUTHOR ble only if the old / existing bank manda r along with ID document specified abov	ISED SIGNATORIES te proof not submitted re; matched with the information available in f with the copies shared and found them in ord
\$ To be signed by all the holder In-Person verification I have done the In-Person referred Folio(s) and found Employee Name Employee No.	(s) as per the mode of holding. In case of Non-In <b>n (For Office Use only)</b> – <i>applicat</i> verification of the above referred investor them in order. Also verified the originals	dividual Unit holders, to be signed by AUTHOR ble only if the old / existing bank manda r along with ID document specified abov	ISED SIGNATORIES te proof not submitted re; matched with the information available in f with the copies shared and found them in ord
\$ To be signed by all the holder         In-Person verification         I have done the In-Person referred Folio(s) and found         Employee Name         Employee No.         Location Name         Date	(s) as per the mode of holding. In case of Non-In <b>h (For Office Use only)</b> – <i>applicat</i> verification of the above referred investor them in order. Also verified the originals CAMS/AMC - <a href="https://coation.name">Location.name</a>	dividual Unit holders, to be signed by AUTHOR ble only if the old / existing bank manda r along with ID document specified abov of new bank mandate documentary proo	ISED SIGNATORIES  ate proof not submitted are; matched with the information available in f with the copies shared and found them in or
\$ To be signed by all the holder         In-Person verification         I have done the In-Person referred Folio(s) and found         Employee Name         Employee No.         Location Name         Date	(s) as per the mode of holding. In case of Non-Im <b>n (For Office Use only)</b> – applicate verification of the above referred investor them in order. Also verified the originals CAMS/AMC - <location name=""> D D M M Y Y Y Y <b>nts Required (Please attach any one of</b>)</location>	dividual Unit holders, to be signed by AUTHOR ble only if the old / existing bank manda r along with ID document specified abov of new bank mandate documentary proo	ISED SIGNATORIES  Ite proof not submitted  re; matched with the information available in f with the copies shared and found them in or
\$ To be signed by all the holder         In-Person verification         I have done the In-Person referred Folio(s) and found         Employee Name         Employee No.         Location Name         Date         Mandatory Documer	(s) as per the mode of holding. In case of Non-Im <b>n (For Office Use only)</b> – applicate verification of the above referred investor them in order. Also verified the originals CAMS/AMC - <location name=""> D D M M Y Y Y Y <b>nts Required (Please attach any one of</b>)</location>	dividual Unit holders, to be signed by AUTHOR ble only if the old / existing bank manda r along with ID document specified abov of new bank mandate documentary proo	ISED SIGNATORIES  ate proof not submitted  are; matched with the information available in a f with the copies shared and found them in or
\$ To be signed by all the holder         In-Person verification         I have done the In-Person referred Folio(s) and found         Employee Name         Employee Name         Location Name         Date         Mandatory Document         For the existing/new bank act         a) Cancelled cheque leaf         b) Bank Statement (issued of the second seco	(s) as per the mode of holding. In case of Non-In <b>n (For Office Use only)</b> – applicate verification of the above referred investor them in order. Also verified the originals CAMS/AMC - <location name=""> D D M M Y Y Y Y <b>nts Required (Please attach any one of count</b> within 3 months for new bank, in case of old b</location>	dividual Unit holders, to be signed by AUTHOR ble only if the old / existing bank manda r along with ID document specified abov of new bank mandate documentary proo of the following)**	ISED SIGNATORIES the proof not submitted re; matched with the information available in f with the copies shared and found them in or Signature with Branch Seal
\$ To be signed by all the holder         In-Person verification         I have done the In-Person referred Folio(s) and found         Employee Name         Employee Name         Employee No.         Location Name         Date         Mandatory Document         For the existing/new bank act         a) Cancelled cheque leaf         b) Bank Statement (issued weight)         c) Bank Passbook (having the state)	(s) as per the mode of holding. In case of Non-In <b>n (For Office Use only)</b> – applicate verification of the above referred investor them in order. Also verified the originals CAMS/AMC - <location name=""> D D M M Y Y Y Y <b>nts Required (Please attach any one of</b> count within 3 months for new bank, in case of old b he name, address and account number of the a</location>	dividual Unit holders, to be signed by AUTHOR ble only if the old / existing bank manda r along with ID document specified abov of new bank mandate documentary proo of the following)**	ISED SIGNATORIES the proof not submitted re; matched with the information available in f with the copies shared and found them in or Signature with Branch Seal

## **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.
- 2. 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.
- 3. 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:
  - a. Cancelled cheque leaf
  - b) Bank Statement (issued within 3 months for new bank, in case of old bank account the date of statement will not be applicable)

c) 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.

- 4. 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.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. 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.
- 10. 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.
- 11. 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.
- 12. 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.
- 13. 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.