

# HSBC Global Equity Climate Change Fund of Fund - NFO

(An open ended fund of fund scheme investing in HSBC Global Investment Funds – Global Equity Climate Change)

## NFO Application Form

(To be Filled in BLOCK LETTERS only)



App. No.:

For Office Use Only

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

Broker Name & ARN code/RIA code <sup>^</sup>	Sub-broker ARN code	Sub code	EUIN
24952			E347831

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

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

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

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

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

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

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

#### SOLE/FIRST APPLICANT'S PERSONAL DETAILS

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

Name [Mr/Ms/M/s] \_\_\_\_\_

Date of Birth <sup>~†</sup> (Mandatory) [D D M M Y Y Y Y] \_\_\_\_\_ ~ Proof Enclosed (✓)  Birth Certificate  School Leaving Certificate  Passport  Marksheet issued by HSC State Board  Others \_\_\_\_\_ (please specify)

KYC Identification No. (KIN) <sup>‡‡</sup> \_\_\_\_\_

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

Nationality <sup>‡</sup> \_\_\_\_\_ Country of Residence \_\_\_\_\_

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

Mr/Ms/M/s \_\_\_\_\_

KYC Identification Number (KIN) <sup>‡‡</sup> \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

‡‡ W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 9 under Important Instructions). W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

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

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

...continued overleaf ⇨

### ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

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

Received from [Mr/Ms/M/s] \_\_\_\_\_

Folio No. \_\_\_\_\_ application for Units of **HSBC Global Equity Climate Change Fund of Fund**

Plan \_\_\_\_\_ Option \_\_\_\_\_ Sub-Option \_\_\_\_\_ alongwith Cheque/DD No. \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on (Bank) \_\_\_\_\_ Amount (₹) \_\_\_\_\_

SIP Investment  Total Cheques  ECS (Debit Clearing)/Direct Debit Facility Total Amount (₹) \_\_\_\_\_

Date [D 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.

App. No.:

ISC Stamp, Signature & date

**4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS**

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

City		Country		Pin Code
State	Country		Pin Code	

<b>Contact Details</b>	Phone	OR	Extn.	Mobile	Fax
	e-mail †				

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

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

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

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

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

Mr Ms M/s \_\_\_\_\_

Date of Birth 

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

 KYC Identification Number (KIN) †† \_\_\_\_\_

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

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

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

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

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

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

Mr Ms M/s \_\_\_\_\_

Date of Birth 

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

 KYC Identification Number (KIN) †† \_\_\_\_\_

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

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

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

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

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

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

NAME Mr Ms M/s \_\_\_\_\_

Date of Birth 

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

 KYC Identification Number (KIN) †† \_\_\_\_\_

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

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

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

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

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

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

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

Bank Name \_\_\_\_\_

Branch Address \_\_\_\_\_

\_\_\_\_\_

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

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

...continued on next page ⇨

**CALL US AT**

**HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:**

- Ahmedabad : Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● Bengaluru : No. 7, HSBC Center, M.G. Road, Bengaluru - 560 001. ● Chandigarh: SCO 1, Sector 9 D, Chandigarh - 160 017. ● Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082.
- Kolkata : 31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● Mumbai : 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.

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

**LUMPSUM :** Scheme Name : **HSBC Global Equity Climate Change Fund of Fund**

Plan/Option/Sub-option (✓) **Plan** \_\_\_\_\_ Option :  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the application only. In case of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"

Payment Mode  Cheque  DD  RTGS  NEFT  Fund Transfer Cheque/RTGS/NEFT/DD/FT Date   /   /

Payment from Bank A/c. No. \_\_\_\_\_ Cheque/DD/RTGS/NEFT No. \_\_\_\_\_

Investment Amount (Rs.) (i) \_\_\_\_\_ Bank Name \_\_\_\_\_

DD charges (Rs.) (ii) \_\_\_\_\_ Branch \_\_\_\_\_

Total Amount (Rs.) (i + ii) \_\_\_\_\_ A/c. Type (✓)  Current  Savings  NRO\*  NRE\*  FCNR\*  Others \_\_\_\_\_ (\* For NRI Investors)

(₹ in words) \_\_\_\_\_

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

**SIP : SYSTEMATIC INVESTMENT PLAN (For SIP through Post Dated Cheques (PDCs))** (All cheques should be of same date of the months/quarters)

First SIP Cheque Details : Cheque No. \_\_\_\_\_ Date   /   /       Bank Name \_\_\_\_\_

Drawn on Bank A/c. No. \_\_\_\_\_ Bank Branch \_\_\_\_\_

SIP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

Frequency  Monthly (Default\*)  Quarterly (10th)

SIP Period : Start Date   /   End Date   /    March 2099 (Default)

Each SIP Amount (Rs.) \_\_\_\_\_ Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

Drawn on  Bank A/c. \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_

**8 SYSTEMATIC WITHDRAWAL PLAN (SWP)**

Scheme **HSBC Global Equity Climate Change Fund of Fund** Plan \_\_\_\_\_

Option  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

Frequency (✓)  Monthly (Default\*)  Quarterly (10th)

Withdrawal Options  Fixed Amount  Capital Appreciation (1st Business Day of the month)

SWP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

Withdrawal Amount (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter) Rs. \_\_\_\_\_ Redemption amount will equal appreciation.

Period of enrolment   /   To   /

To be submitted 10 days prior to the SWP date in case of Registration.

**9 SYSTEMATIC TRANSFER PLAN (STP)**

Transfer From: Scheme **HSBC Global Equity Climate Change Fund of Fund** Transfer To: Scheme Name : \_\_\_\_\_

Plan \_\_\_\_\_ Plan \_\_\_\_\_

Option:  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

STP Frequency (✓)  Monthly (Default\*)  Quarterly (10th)

Dividend Frequency  Daily  Weekly  Fortnightly  Monthly  Quarterly  Half Yearly

Transfer Options  Fixed Amount  Capital Appreciation (1st Business Day of the month)

Transfer Amount Amount per instalment Rs. \_\_\_\_\_ (Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)

Installment commencing From   /   To   /

SIP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

To be submitted 10 days prior to the STP date in case of Registration. \* If no debit date is mentioned default date would be considered as 10th of every month/quarter.

**10 DEMAT ACCOUNT DETAILS**

Please provide details of your Depository Participant if you wish to hold units in Demat Form.

NSDL		CDSL	
DP Name	_____	DP Name	_____
DP ID	<b>I N</b> _____	DP ID	_____
Beneficiary Account No.	_____	Beneficiary Account No.	_____

**11 I DO NOT WISH TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)**

I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

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

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

**I/WE WISH TO NOMINATE AS UNDER: (Mandatory for new Folios of Individuals where mode of holding is single)** (ref. Important Instruction 14)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Relationship with Nominee	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1				✗	
Nominee 2					
Nominee 3					

\* the aggregate total should be 100%

**CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS)**  
**[Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]**
**FATCA/CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL/NRI ON BEHALF OF MINOR/PROPRIETORSHIP FIRM)**

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

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

Please complete Annexure A &amp; 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/update. I also undertake to keep the Fund informed in writing about any changes/modification/update to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

**OTHER DECLARATIONS**

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

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

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

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

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

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

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

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

# HSBC Global Equity Climate Change Fund of Fund - NFO

(An open ended fund of fund scheme investing in HSBC Global Investment Funds – Global Equity Climate Change)

## NFO Application Form

(To be Filled in BLOCK LETTERS only)



App.  
No.:

For Office Use Only

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

Broker Name & ARN code/RIA code <sup>^</sup>	Sub-broker ARN code	Sub code	EUIN
24952			E347831

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

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

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

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

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

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

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

#### SOLE/FIRST APPLICANT'S PERSONAL DETAILS

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

Name [Mr Ms M/s] \_\_\_\_\_

Date of Birth <sup>~†</sup> (Mandatory) [D D M M Y Y Y Y] \_\_\_\_\_ ~ Proof Enclosed (✓)  Birth Certificate  School Leaving Certificate  Passport  Marksheet issued by HSC State Board  Others \_\_\_\_\_ (please specify)

KYC Identification No. (KIN) <sup>‡‡</sup> \_\_\_\_\_

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

Nationality <sup>‡</sup> \_\_\_\_\_ Country of Residence \_\_\_\_\_

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

[Mr Ms M/s] \_\_\_\_\_

KYC Identification Number (KIN) <sup>‡‡</sup> \_\_\_\_\_

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

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

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

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

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

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

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

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

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

For Non Individual Investors - Identification of Beneficial Ownership Mandatory UBO Declaration form duly filled and signed attached. (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company)  Yes  No

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

‡‡ W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 9 under Important Instructions). W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

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

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

...continued overleaf ⇨

### ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

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

Received from [Mr Ms M/s] \_\_\_\_\_

Folio No. \_\_\_\_\_ application for Units of HSBC Global Equity Climate Change Fund of Fund

Plan \_\_\_\_\_ Option \_\_\_\_\_ Sub-Option \_\_\_\_\_ alongwith Cheque/DD No. \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on (Bank) \_\_\_\_\_ Amount (₹) \_\_\_\_\_

SIP Investment  Total Cheques  ECS (Debit Clearing)/Direct Debit Facility Total Amount (₹) \_\_\_\_\_

Date [D 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.

App.  
No.:

ISC Stamp, Signature & date

**4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS**

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

City					Pin Code				
State			Country						

<b>Contact Details</b>	Phone	OR	Extn.	Mobile	Fax					
<b>e-mail</b> †										

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

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

State					Country (Mandatory)			City		Zip Code	

**5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)**

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

Mr Ms M/s \_\_\_\_\_

**Date of Birth** [D D M M Y Y Y Y] \_\_\_\_\_ **KYC Identification Number (KIN)††** \_\_\_\_\_

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

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

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

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

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

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

Mr Ms M/s \_\_\_\_\_

**Date of Birth** [D D M M Y Y Y Y] \_\_\_\_\_ **KYC Identification Number (KIN)††** \_\_\_\_\_

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

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

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

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

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

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

**NAME** Mr Ms M/s \_\_\_\_\_

**Date of Birth** [D D M M Y Y Y Y] \_\_\_\_\_ **KYC Identification Number (KIN)††** \_\_\_\_\_

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

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

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

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

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

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

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

**Bank Name** \_\_\_\_\_

**Branch Address** \_\_\_\_\_

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

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

...continued on next page ⇨

**CALL US AT**

**HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:**

- Ahmedabad : Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● Bengaluru : No. 7, HSBC Center, M.G. Road, Bengaluru - 560 001. ● Chandigarh: SCO 1, Sector 9 D, Chandigarh - 160 017. ● Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082.
- Kolkata : 31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● Mumbai : 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 **hsbcmf@camsonline.com**

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

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

**LUMPSUM :** Scheme Name : **HSBC Global Equity Climate Change Fund of Fund**

Plan/Option/Sub-option (✓) **Plan** Option :  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the application only. In case of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"

Payment Mode  Cheque  DD  RTGS  NEFT  Fund Transfer Cheque/RTGS/NEFT/DD/FT Date / / -----

Payment from Bank A/c. No.  Cheque/DD/RTGS/NEFT No.

Investment Amount (Rs.) (i)  Bank Name

DD charges (Rs.) (ii)  Branch

Total Amount (Rs.) (i + ii)  A/c. Type (✓)  Current  Savings  NRO\*  NRE\*  FCNR\*  
 Others (\* For NRI Investors)

(₹ in words)

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

**SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)]** (All cheques should be of same date of the months/quarters)

First SIP Cheque Details : Cheque No.  Date / / --- Bank Name

Drawn on Bank A/c. No.  Bank Branch

SIP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

Frequency  Monthly (Default\*)  Quarterly (10th)  
 SIP Period : Start Date / / --- End Date / / ---  
 March 2099 (Default)

Each SIP Amount (Rs.)  Cheque Nos. From  To

Drawn on  Bank A/c.  Bank  Branch

**8 SYSTEMATIC WITHDRAWAL PLAN (SWP)**

Scheme **HSBC Global Equity Climate Change Fund of Fund** Plan

Option  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

Frequency (✓)  Monthly (Default\*)  Quarterly (10th)

Withdrawal Options  Fixed Amount  Capital Appreciation (1st Business Day of the month)

SWP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

Withdrawal Amount (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter) Rs.  Redemption amount will equal appreciation.

Period of enrolment / / --- To / / ---

To be submitted 10 days prior to the SWP date in case of Registration.

**9 SYSTEMATIC TRANSFER PLAN (STP)**

Transfer From: Scheme **HSBC Global Equity Climate Change Fund of Fund** Transfer To: Scheme Name :

Plan  Plan

Option:  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

STP Frequency (✓)  Monthly (Default\*)  Quarterly (10th)

Installment commencing From / / --- To / / ---

Transfer Options  Fixed Amount  Capital Appreciation (1st Business Day of the month)

Transfer Amount Amount per instalment Rs.  (Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)

SIP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

To be submitted 10 days prior to the STP date in case of Registration. \* If no debit date is mentioned default date would be considered as 10th of every month/quarter.

**10 DEMAT ACCOUNT DETAILS**

Please provide details of your Depository Participant if you wish to hold units in Demat Form.

NSDL		CDSL	
DP Name	<input type="text"/>		<input type="text"/>
DP ID	<input type="text"/>		<input type="text"/>
Beneficiary Account No.	<input type="text"/>		<input type="text"/>

**11 I DO NOT WISH TO NOMINATE** (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

Signature(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Sole/First Applicant	Second Applicant	Third Applicant

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

**I/WE WISH TO NOMINATE AS UNDER:** (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 14)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Relationship with Nominee	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1				<input type="text"/>	
Nominee 2					
Nominee 3					

\* the aggregate total should be 100%

**CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS)**  
**[Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]**
**FATCA/CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL/NRI ON BEHALF OF MINOR/PROPRIETORSHIP FIRM)**

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

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

Please complete Annexure A &amp; 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/update. I also undertake to keep the Fund informed in writing about any changes/modification/update to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

**OTHER DECLARATIONS**

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

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

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

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

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

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

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

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



# HSBC Global Equity Climate Change Fund of Fund - NFO

(An open ended fund of fund scheme investing in HSBC Global Investment Funds – Global Equity Climate Change)

## NFO Application Form

(To be Filled in BLOCK LETTERS only)



App. No.:

For Office Use Only

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

Broker Name & ARN code/RIA code <sup>^</sup>	Sub-broker ARN code	Sub code	EUIN
24952			24952

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

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

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

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

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

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

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

#### SOLE/FIRST APPLICANT'S PERSONAL DETAILS

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

Name [Mr Ms M/s] \_\_\_\_\_

Date of Birth <sup>~†</sup> (Mandatory) [D D M M Y Y Y Y] \_\_\_\_\_ ~ Proof Enclosed (✓)  Birth Certificate  School Leaving Certificate  Passport  Marksheet issued by HSC State Board  Others \_\_\_\_\_ (please specify)

KYC Identification No. (KIN) <sup>‡‡</sup> \_\_\_\_\_

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

Nationality <sup>‡</sup> \_\_\_\_\_ Country of Residence \_\_\_\_\_

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

[Mr Ms M/s] \_\_\_\_\_

KYC Identification Number (KIN) <sup>‡‡</sup> \_\_\_\_\_

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

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

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

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

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

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

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

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

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

For Non Individual Investors - Identification of Beneficial Ownership Mandatory UBO Declaration form duly filled and signed attached. (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company)  Yes  No

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

‡‡ W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 9 under Important Instructions). W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

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

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

...continued overleaf ⇨

### ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

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

Received from [Mr Ms M/s] \_\_\_\_\_

Folio No. \_\_\_\_\_ application for Units of HSBC Global Equity Climate Change Fund of Fund

Plan \_\_\_\_\_ Option \_\_\_\_\_ Sub-Option \_\_\_\_\_ alongwith Cheque/DD No. \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on (Bank) \_\_\_\_\_ Amount (₹) \_\_\_\_\_

SIP Investment  Total Cheques  ECS (Debit Clearing)/Direct Debit Facility Total Amount (₹) \_\_\_\_\_

Date [D 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.

App. No.:



ISC Stamp, Signature & date

**4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS**

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

City					Pin Code				
State			Country						
<b>Contact Details</b>		Phone	OR	Extn.	Mobile	Fax			
<b>e-mail</b> †									

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

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

State					Country (Mandatory)			City		Zip Code

**5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)**

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

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

Mr Ms M/s \_\_\_\_\_

**Date of Birth** [D D M M Y Y Y Y] \_\_\_\_\_ **KYC Identification Number (KIN)††** \_\_\_\_\_

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

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

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

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

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

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

Mr Ms M/s \_\_\_\_\_

**Date of Birth** [D D M M Y Y Y Y] \_\_\_\_\_ **KYC Identification Number (KIN)††** \_\_\_\_\_

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

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

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

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

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

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

**NAME** Mr Ms M/s \_\_\_\_\_

**Date of Birth** [D D M M Y Y Y Y] \_\_\_\_\_ **KYC Identification Number (KIN)††** \_\_\_\_\_

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

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

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

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

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

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

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

**Bank Name** \_\_\_\_\_

**Branch Address** \_\_\_\_\_

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

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

...continued on next page ⇨

**CALL US AT**

**HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:**

● Ahmedabad : Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● Bengaluru : No. 7, HSBC Center, M.G. Road, Bengaluru - 560 001. ● Chandigarh: SCO 1, Sector 9 D, Chandigarh - 160 017. ● Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082. ● Kolkata : 31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● Mumbai : 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 [hsbcmf@camsonline.com](mailto:hsbcmf@camsonline.com)

▶ Visit us at [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in)

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

**LUMP SUM :** Scheme Name : **HSBC Global Equity Climate Change Fund of Fund**

Plan/Option/Sub-option (✓) **Plan** \_\_\_\_\_ Option :  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the application only. In case of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"

Payment Mode  Cheque  DD  RTGS  NEFT  Fund Transfer Cheque/RTGS/NEFT/DD/FT Date  DD /  MM /  YYY YYY

Payment from Bank A/c. No. \_\_\_\_\_ Cheque/DD/RTGS/NEFT No. \_\_\_\_\_

Investment Amount (Rs.) (i) \_\_\_\_\_ Bank Name \_\_\_\_\_

DD charges (Rs.) (ii) \_\_\_\_\_ Branch \_\_\_\_\_

Total Amount (Rs.) (i + ii) \_\_\_\_\_ A/c. Type (✓)  Current  Savings  NRO\*  NRE\*  FCNR\*  
 Others \_\_\_\_\_ (\* For NRI Investors)

(₹ in words) \_\_\_\_\_

**Documents attached to avoid Third Party Payment Rejection where applicable :**  Third Party Declarations  Bank Certificate for Pre-funded Instruments

**MANDATORY DECLARATION :** The details of the bank account provided above pertain to my/our own bank account in my/our name  Yes  No.

If no, my relationship with the bank account holder (✓)  Parent  Grandparent  Employee  Custodian  Others \_\_\_\_\_ (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 10 on the Third Party Payments).

**SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)]** (All cheques should be of same date of the months/quarters)

First SIP Cheque Details : Cheque No. \_\_\_\_\_ Date  DD /  MM /  YYY YYY Bank Name \_\_\_\_\_

Drawn on Bank A/c. No. \_\_\_\_\_ Bank Branch \_\_\_\_\_

SIP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

Frequency  Monthly (Default\*)  Quarterly (10th)

SIP Period : Start Date  MM /  YY End Date  MM /  YY  
 March 2099 (Default)

Each SIP Amount (Rs.) \_\_\_\_\_ Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

Drawn on Bank A/c. \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_

**8 SYSTEMATIC WITHDRAWAL PLAN (SWP)**

Scheme **HSBC Global Equity Climate Change Fund of Fund** Plan \_\_\_\_\_

Option  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

Frequency (✓)  Monthly (Default\*)  Quarterly (10th)

Withdrawal Options  Fixed Amount  Capital Appreciation (1st Business Day of the month)

SWP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

Withdrawal Amount (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter) Rs. \_\_\_\_\_ Redemption amount will equal appreciation.

Period of enrolment  MM /  YY To  MM /  YY

To be submitted 10 days prior to the SWP date in case of Registration.

**9 SYSTEMATIC TRANSFER PLAN (STP)**

Transfer From: Scheme **HSBC Global Equity Climate Change Fund of Fund** Transfer To: Scheme Name : \_\_\_\_\_

Plan \_\_\_\_\_ Plan \_\_\_\_\_

Option:  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

STP Frequency (✓)  Monthly (Default\*)  Quarterly (10th)

Dividend Frequency  Daily  Weekly  Fortnightly  
 Monthly  Quarterly  Half Yearly

Transfer Options  Fixed Amount  Capital Appreciation (1st Business Day of the month)

Transfer Amount Amount per instalment Rs. \_\_\_\_\_ (Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)

Installment commencing From  MM /  YY To  MM /  YY

STP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

To be submitted 10 days prior to the STP date in case of Registration. \* If no debit date is mentioned default date would be considered as 10th of every month/quarter.

**10 DEMAT ACCOUNT DETAILS**

Please provide details of your Depository Participant if you wish to hold units in Demat Form.

NSDL		CDSL	
DP Name	_____	DP Name	_____
DP ID	<b>I N</b> _____	DP ID	_____
Beneficiary Account No.	_____	Beneficiary Account No.	_____

**11 I DO NOT WISH TO NOMINATE** (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

Signature(s)	<b>X</b>	<b>X</b>	<b>X</b>
	Sole/First Applicant	Second Applicant	Third Applicant

**OR**

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

**I/WE WISH TO NOMINATE AS UNDER:** (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 14)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Relationship with Nominee	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1				<b>X</b>	
Nominee 2					
Nominee 3					

\* the aggregate total should be 100%

...continued overleaf

**CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS)**  
**[Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]**
**FATCA/CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL/NRI ON BEHALF OF MINOR/PROPRIETORSHIP FIRM)**

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

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

Please complete Annexure A &amp; 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/update. I also undertake to keep the Fund informed in writing about any changes/modification/update to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

**OTHER DECLARATIONS**

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

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

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

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

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

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

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

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

# HSBC Global Equity Climate Change Fund of Fund - NFO

(An open ended fund of fund scheme investing in HSBC Global Investment Funds – Global Equity Climate Change)

# NFO Application Form

(To be Filled in BLOCK LETTERS only)



App.  
No.:

For Office Use Only

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

Broker Name & ARN code/RIA code <sup>^</sup>	Sub-broker ARN code	Sub code	EUIN
24952			E347831

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

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

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

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

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

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

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

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

Name [Mr Ms M/s] \_\_\_\_\_

Date of Birth <sup>~†</sup> (Mandatory) [D D M M Y Y Y Y] \_\_\_\_\_ ~ Proof Enclosed (✓)  Birth Certificate  School Leaving Certificate  Passport  Marksheet issued by HSC State Board  Others \_\_\_\_\_ (please specify)

KYC Identification No. (KIN) <sup>‡‡</sup> \_\_\_\_\_

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

Nationality <sup>‡</sup> \_\_\_\_\_ Country of Residence \_\_\_\_\_

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

[Mr Ms M/s] \_\_\_\_\_

KYC Identification Number (KIN) <sup>‡‡</sup> \_\_\_\_\_

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

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

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

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

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

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

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

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

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

For Non Individual Investors - Identification of Beneficial Ownership Mandatory UBO Declaration form duly filled and signed attached. (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company)  Yes  No

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

‡‡ W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 9 under Important Instructions). W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

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

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

...continued overleaf ⇨

### ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

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

Received from [Mr Ms M/s] \_\_\_\_\_

Folio No. \_\_\_\_\_ application for Units of HSBC Global Equity Climate Change Fund of Fund

Plan \_\_\_\_\_ Option \_\_\_\_\_ Sub-Option \_\_\_\_\_ alongwith Cheque/DD No. \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on (Bank) \_\_\_\_\_ Amount (₹) \_\_\_\_\_

SIP Investment  Total Cheques  ECS (Debit Clearing)/Direct Debit Facility Total Amount (₹) \_\_\_\_\_

Date [D 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.

App.  
No.:

ISC Stamp, Signature & date

**4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS**

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

City					Pin Code				
State			Country						
<b>Contact Details</b>		Phone	OR	Extn.	Mobile	Fax			
<b>e-mail</b> †									

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

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

State					Country (Mandatory)			City		Zip Code

**5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)**

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

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

Mr Ms M/s \_\_\_\_\_

**Date of Birth** [D D M M Y Y Y Y] \_\_\_\_\_ **KYC Identification Number (KIN)††** \_\_\_\_\_

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

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

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

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

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

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

Mr Ms M/s \_\_\_\_\_

**Date of Birth** [D D M M Y Y Y Y] \_\_\_\_\_ **KYC Identification Number (KIN)††** \_\_\_\_\_

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

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

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

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

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

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

**NAME** Mr Ms M/s \_\_\_\_\_

**Date of Birth** [D D M M Y Y Y Y] \_\_\_\_\_ **KYC Identification Number (KIN)††** \_\_\_\_\_

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

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

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

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

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

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

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

Bank Name \_\_\_\_\_

Branch Address \_\_\_\_\_

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

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

...continued on next page ⇨

**CALL US AT**

**HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:**

● Ahmedabad : Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● Bengaluru : No. 7, HSBC Center, M.G. Road, Bengaluru - 560 001. ● Chandigarh: SCO 1, Sector 9 D, Chandigarh - 160 017. ● Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082. ● Kolkata : 31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● Mumbai : 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 [hsbcmf@camsonline.com](mailto:hsbcmf@camsonline.com)

▶ Visit us at [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in)

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

**LUMP SUM :** Scheme Name : **HSBC Global Equity Climate Change Fund of Fund**

Plan/Option/Sub-option (✓) Plan \_\_\_\_\_ Option :  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the application only. In case of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"

Payment Mode  Cheque  DD  RTGS  NEFT  Fund Transfer Cheque/RTGS/NEFT/DD/FT Date / / -----

Payment from Bank A/c. No. \_\_\_\_\_ Cheque/DD/RTGS/NEFT No. \_\_\_\_\_

Investment Amount (Rs.) (i) \_\_\_\_\_ Bank Name \_\_\_\_\_

DD charges (Rs.) (ii) \_\_\_\_\_ Branch \_\_\_\_\_

Total Amount (Rs.) (i + ii) \_\_\_\_\_ A/c. Type (✓)  Current  Savings  NRO\*  NRE\*  FCNR\*  Others \_\_\_\_\_ (\* For NRI Investors)

(₹ in words) \_\_\_\_\_

Documents attached to avoid Third Party Payment Rejection where applicable :  Third Party Declarations  Bank Certificate for Pre-funded Instruments

**MANDATORY DECLARATION :** The details of the bank account provided above pertain to my/our own bank account in my/our name  Yes  No.

If no, my relationship with the bank account holder (✓)  Parent  Grandparent  Employee  Custodian  Others \_\_\_\_\_ (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 10 on the Third Party Payments).

**SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)]** (All cheques should be of same date of the months/quarters)

First SIP Cheque Details : Cheque No. \_\_\_\_\_ Date / / ----- Bank Name \_\_\_\_\_

Drawn on Bank A/c. No. \_\_\_\_\_ Bank Branch \_\_\_\_\_

SIP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

Frequency  Monthly (Default\*)  Quarterly (10th)

SIP Period : Start Date / / --- End Date / / ---  March 2099 (Default)

Each SIP Amount (Rs.) \_\_\_\_\_ Cheque Nos. From \_\_\_\_\_ To \_\_\_\_\_

Drawn on Bank A/c. \_\_\_\_\_ Bank \_\_\_\_\_ Branch \_\_\_\_\_

**8 SYSTEMATIC WITHDRAWAL PLAN (SWP)**

Scheme **HSBC Global Equity Climate Change Fund of Fund** Plan \_\_\_\_\_

Option  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

Frequency (✓)  Monthly (Default\*)  Quarterly (10th)

Withdrawal Options  Fixed Amount  Capital Appreciation (1st Business Day of the month)

SWP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

Withdrawal Amount (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter) Rs. \_\_\_\_\_ Redemption amount will equal appreciation.

Period of enrolment / / --- To / / ---

To be submitted 10 days prior to the SWP date in case of Registration.

**9 SYSTEMATIC TRANSFER PLAN (STP)**

Transfer From: Scheme **HSBC Global Equity Climate Change Fund of Fund** Transfer To: Scheme Name : \_\_\_\_\_

Plan \_\_\_\_\_ Plan \_\_\_\_\_

Option:  Growth (default)  Dividend Sub-option:  Dividend Payout  Reinvestment

Sub-option:  Dividend Payout  Reinvestment

STP Frequency (✓)  Monthly (Default\*)  Quarterly (10th)

Dividend Frequency  Daily  Weekly  Fortnightly  Monthly  Quarterly  Half Yearly

Transfer Options  Fixed Amount  Capital Appreciation (1st Business Day of the month)

Transfer Amount Amount per instalment Rs. \_\_\_\_\_ (Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)

Installment commencing From / / --- To / / ---

SWP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  9th  10th (Default)  11th  12th  13th  14th  15th  16th  17th  18th  19th  20th  21st  22nd  23rd  24th  25th  26th  27th  28th  29th  30th  31st

To be submitted 10 days prior to the STP date in case of Registration. \* If no debit date is mentioned default date would be considered as 10th of every month/quarter.

**10 DEMAT ACCOUNT DETAILS**

Please provide details of your Depository Participant if you wish to hold units in Demat Form.

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

**11 I DO NOT WISH TO NOMINATE** (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

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

**OR**

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

**I/WE WISH TO NOMINATE AS UNDER:** (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 14)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Relationship with Nominee	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1					
Nominee 2					
Nominee 3					

\* the aggregate total should be 100%

...continued overleaf

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

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

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

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

Please complete Annexure A & B

**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/update. I also undertake to keep the Fund informed in writing about any changes/modification/update to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

**OTHER DECLARATIONS**


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

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

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

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

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

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

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

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



# Annexure A - Ultimate Beneficial Ownership (UBO) Declaration form

[MANDATORY for Non-Individual Applicants/Investors]

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



## A APPLICANT DETAILS:

Applicant Name																				
PAN																				
Folio Nos.																				
Application No.																				

## B CATEGORY [tick (✓) applicable category]:

Unlisted Company 
  Partnership Firm 
  LLP 
  Unincorporated association/body of individuals 
  Public Charitable Trust 
  Religious Trust 
  Private Trust/Trust created by a Will 
  Others [Specify] \_\_\_\_\_

## C DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)

Please list below each controlling person, confirming ALL countries of tax residency/permanent address/citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Type of Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships)  
 > 25% control of company  
 > 15% control of Partnership/LLP/Trust/AoP/BoI

If there is no UBO, please declare that there is no holding beneficial interest - striking off the below table and provide signatures under the declaration & signature section.

Sr. No	Name of UBO [Mandatory]	Country of Tax Residency	PAN/Taxpayer Identification Number/Equivalent ID Number	Document Type	% of beneficial interest (Enclose appropriate proof)	Place & Country of Birth / Incorporation	Date of Birth / Incorporation [dd-mm-yyyy]	Address, Address Type* & Contact details [include City, Pin code, State, Country]	Gender [Male, Female, others]	Father's Name	Nationality	Occupation	Mandatory, if PAN not provided		
													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
1.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
2.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
3.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
4.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
5.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others

\* Address Type should either Residence or Business or Registered Office

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

Date _____	<b>X</b>	<b>X</b>
Place _____	Authorized Signatory 1	Authorized Signatory 2
		Authorized Signatory 3

**FATCA AND CRS SELF CERTIFICATION FOR NON-INDIVIDUALS**

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

**APPLICANT DETAILS**

Applicant Name:									
PAN			Application No				Folio Nos		

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

**INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)**

Place of Incorporation:	Country of Incorporation:	Date of Incorporation:
-------------------------	---------------------------	------------------------

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

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

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

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

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

**FATCA and CRS DETAILS (Mandatory)**

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

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

<b>We are a, (Please ✓ as appropriate) :</b> <input type="checkbox"/> Financial Institution (Refer definition A) or <input type="checkbox"/> Direct reporting NFE (Refer definition B)	<b>GIIN</b> <input type="text"/> Note: If you do not have a GIIN (Global Intermediary Identification number) but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below <b>Name of sponsoring entity:</b> <input type="text"/>
<b>GIIN - Not Available (Please ✓ as appropriate):</b> If the entity is a financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> <input type="text"/> (refer definition C) <input type="checkbox"/> Not obtained – Non-participating FI

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

<b>Is the Entity a publicly traded company?</b> No <input type="checkbox"/> (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)	<b>Yes</b> <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) <b>Name of stock exchange</b> _____
<b>Is the Entity a related entity of a publicly traded company?</b> No <input type="checkbox"/> (a company whose shares are regularly traded on an established securities market) (Refer definition D2)	<b>Yes</b> <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) <b>Name of listed company</b> _____ <b>Nature of relation:</b> <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company <b>Name of stock exchange</b> _____
<b>Is the Entity an Active NFE?</b> No <input type="checkbox"/> (Refer definition D3)	<b>Yes</b> <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> <b>Nature of Business</b> _____ <b>Please specify the sub-category of Active NFE</b> <input type="text"/> <input type="text"/> (Mention code - refer D3)
<b>Is the Entity a Passive NFE?</b> No <input type="checkbox"/> (Refer definition E2)	<b>Yes</b> <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> <b>Name of stock exchange</b> _____

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

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

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

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

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

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

**DECLARATION & SIGNATURE(S)**

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



Date : \_\_\_\_\_ Place : \_\_\_\_\_

**Authorized Signatories** [with Company/Trust/Firm/Body Corporate seal]

**DEFINITIONS/ INSTRUCTIONS /GUIDANCE**

**A. Financial Institution (FI)-** The term FI means any financial institution that is a

- 1 **Depository institution:** Accepts deposits in the ordinary course of banking or similar business.
- 2 **Custodial institution:** An entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's gross income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of- (a) The three-year period ending on December 31 of the year preceding the year in which the determination is made; (b) The period during which the entity has been in existence before the determination is made)
- 3 **Investment entity :** Conducts a business or operates for or on behalf of a customer for any of the following activities: (a) Trading in money market instruments, foreign exchange, foreign currency,etc. (b) Individual or collective portfolio management. (c) Investing, administering or managing funds, money or financial asset on behalf of other persons. [OR] The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described herein. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or (ii) The period during which the entity has been in existence.
- 4 **Specified Insurance company:** Entity issuing insurance products i.e. life insurance or cash value products.
- 5 **Holding company or treasury company:** Is an entity that is a holding company or treasury centre that is a part of an expanded affiliate group that includes a depository, custodial institution, specified insurance company or investment entity.

**B. Direct Reporting NFE:** means a Non-financial Entity (NFE) that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

**C. GIIN not required:** Categories with codes

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

**D. Non-Financial Entity (NFE):** Entity that is not a financial institution (including a territory NFE). Types of NFEs excluded from FATCA reporting are as below:

1. **Publicly traded corporation (listed company):** A company is publicly traded if its stock are regularly traded on one or more established securities markets.
2. **Related entity of a listed company:** The NFE is a related entity of an entity of which is regularly traded on an established securities market;
3. **Active NFE:** (is any one of the following):

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

	educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; <ul style="list-style-type: none"> <li>• It is exempt from income tax in India;</li> <li>• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> </ul>
--	--

The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

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

**E. Other definitions**

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

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



**DISTRIBUTOR INFORMATION** (Only empanelled Distributors/Brokers will be permitted to distribute Units) Date: \_\_\_\_\_

Broker Name & ARN code/RIA code <sup>^</sup>	Sub-broker ARN code	Sub Code	EUIN	SCSB	SCSB IFSC Code	Syndicate Member Code	Sl. No.
24952			E347831				

Application No. :

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

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

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

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

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

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

**Sole/First Applicant's Name** Mr Ms M/s \_\_\_\_\_  
**KYC Identification Number (KIN)** \_\_\_\_\_  
**PAN (Mandatory)** \_\_\_\_\_ Proof to be enclosed (✓)  PAN card Copy  
**Guardian's** (If Sole/First Applicant is a Minor) OR **Contact Person's** (In case of Non-Individual Investors only)  
**Name** Mr Ms M/s \_\_\_\_\_  
**KYC Identification Number (KIN)** \_\_\_\_\_  
**PAN (Mandatory)** \_\_\_\_\_ Proof to be enclosed (✓)  PAN card Copy  
**Are you a resident of USA/Canada?** (✓) Yes  No\*\*  \*\*Default if not ticked.

**2 INVESTMENT DETAILS**

**Scheme Name : HSBC Global Equity Climate Change Fund of Fund**  
**Plan** (✓) :  Regular  Direct      **Option** (✓) :  Growth (default)  Dividend      **Sub-option**:  Dividend Payout  Reinvestment  
**Total Amount to be blocked (in Figures)** ₹ \_\_\_\_\_ (in words) \_\_\_\_\_

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

**Bank Name** \_\_\_\_\_  
**Branch Address** \_\_\_\_\_  
**Bank A/c No.** \_\_\_\_\_ **Bank City** \_\_\_\_\_  
**Bank A/c No.** \_\_\_\_\_ **A/c. Type** (✓)  Current  Savings  NRO\*  NRE\* \* For NRI Investors

**4 DEMAT ACCOUNT DETAILS** **(MANDATORY)**

	NSDL	CDSL
<b>DP Name</b>	_____	_____
<b>DP ID</b>	I N _____	_____
<b>Beneficiary Account No.</b>	_____	_____

**5 UNDERTAKING BY ASBA INVESTOR/ACCOUNT HOLDER**

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

Having read and understood the contents of the SID and SAI, I/We hereby apply under Direct/AMFI Certified empanelled distributors to the Trustees of HSBC Mutual Fund for units of the Scheme/Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have understood the details of the Scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby authorise HSBC Mutual Fund, its Investment Manager and its Agents to disclose details of my/our investment to my/our bank(s)/HSBC Mutual Fund's Bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details provided by me/us. I/We hereby declare that the particulars given above are correct and express my/our willingness to make payments referred above through participation in ECS/Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform HSBC Asset Management (India) Pvt. Ltd., about any changes in my/our bank account. We have understood that the present scheme does not offer any guarantee or assured return and that the scheme is subject to credit risk or default risk including possible loss of principal, any losses in case of a default will be borne by me/us. \*I/We confirm that I am/We are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO/FCNR Account. I/We confirm that the details provided by me/us are true and correct. I/We hereby declare that the amount being invested by me/us in the Scheme of HSBC Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. \*Applicable to NRI I/We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We acknowledge that the AMC has not considered my/our tax position in particular and that I/we should seek tax advice on the specific tax implications arising out of my/our participation in the scheme.

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

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

**ACKNOWLEDGEMENT SLIP FOR INVESTOR**

Scheme Name \_\_\_\_\_ Option \_\_\_\_\_ Date: \_\_\_\_\_ Application No. : \_\_\_\_\_  
 Received from Mr./Ms. \_\_\_\_\_  
 Address \_\_\_\_\_ Pin Code \_\_\_\_\_  
 Tel. \_\_\_\_\_ Mobile \_\_\_\_\_ Bank A/c No. \_\_\_\_\_  
 Bank Name & Branch Address \_\_\_\_\_  
 Total Amount to be Blocked (Rs.) \_\_\_\_\_  
 (in words) \_\_\_\_\_

**SCSB Stamp, Signature, Date & Time of Form submission**

## Instructions for filling up the Application Form

### 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](http://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:  
(i) is a "Resident Retail Individual Investor, Non Institutional Investor, QIBs, 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.
- 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.
- Signatures as available with depository will be taken for all purpose after the allotment of units in case of demat holding.
- All static details in our records would be taken from the demat account (DP ID) provided by you.
- 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 in case of demat holding.
- SCSB shall give ASBA investors an acknowledgement for the receipt of ASBAs.
- 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.
- 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.
- SCSB shall be liable for all its omissions and commissions in discharging responsibilities in the ASBA process.
- 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.
- 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.
- Mode of ASBA i.e. either Physical ASBA or Electronic ASBA, not selected or ticked.
- ASBA Application Form without the stamp of the SCSB.
- Application by any person outside India if not in compliance with applicable Foreign and Indian laws.
- Bank account details not given/incorrect details given.
- Duly certified Power of Attorney, if applicable, not submitted along with the ASBA Application Form.
- 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.
- Insufficient funds in the investor's account.
- Application accepted by SCSB and not uploaded on/with the Exchange/ Registrar.

**AUTO DEBIT FORM – For SIP Investments (To be Filled in BLOCK LETTERS only)**
**DISTRIBUTOR INFORMATION** (Only empanelled Distributors/Brokers will be permitted to distribute Units)

Broker Name & ARN code/RIA code <sup>^</sup>	Sub-broker ARN code	Sub code	EUIN
24952			E347831

**App. No. :**
**For Office Use Only**
<sup>^</sup> I/We hereby confirm that by mentioning RIA code, I/We authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my/our transactions in the schemes(s) of HSBC Mutual Fund.

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

Sole/First Applicant/ Authorised Signatory	<b>X</b>	Second Applicant/ Authorised Signatory	Third Applicant/ Authorised Signatory
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**REQUEST FOR** (tick  any one):
  Registration of SIP
  Registration of Micro SIP
  Renewal of SIP

**1 APPLICANT'S PERSONAL DETAILS (MANDATORY)**
**Folio No.** (For Existing Unit holders)

**Sole/1st Unit Holder's Name** Mr./Ms./M/s

**Date of Birth<sup>~</sup>** (Mandatory) DDMMYYYY **Are you a resident of USA/Canada?** (✓)  Yes  No<sup>\*\*</sup> (\*\* Default)

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

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

**E-mail ID**

	Sole/First Unitholder	Guardian/PoA Holder	Second Unitholder	Third Unitholder
<b>KYC Identification No. (KIN)</b> <sup>†††</sup>				
<b>PAN</b> (Mandatory) <sup>**</sup>				
Enclosed (✓)	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy

<sup>\*\*</sup> W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). For Micro SIP Investment please refer Instructions for filling up the Application Form. <sup>†††</sup> W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process. W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

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

**MANDATORY FIELDS IN NACH FORM:** ● Account type ● Bank A/c number (core banking a/c no. only) ● Bank Name ● IFSC code or MICR code (as per the cheque/pass book) ● Amount in Figures (Maximum Amount) ● Amount in Words (maximum amount) ● Period start date and end date or until cancelled ● Account holder signature ● Account holder Name as per Bank record

**Debit Mandate Form NACH / ECS / Direct Debit (Mandatory)**

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

UMRN  Date

Sponsor Bank Code   Create  Modify  Cancel

Utility Code  I/We hereby authorize

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

with Bank  Name of customers bank IFSC/MICR

An amount of Rupees  In Words  ₹  In Figures

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

Reference 1  Reference 2

Mobile No.  Email ID

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

**PERIOD**

From  To  Or  Until Cancelled

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

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

**ACKNOWLEDGMENT SLIP (To be filled by the investor)**

Received from

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

Scheme 1	Plan <input type="text"/>	Option/Sub-option <input type="text"/>
Scheme 2	Plan <input type="text"/>	Option/Sub-option <input type="text"/>
Scheme 3	Plan <input type="text"/>	Option/Sub-option <input type="text"/>

SIP period from  to  OR  End date

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

ISC Stamp & Signature  Date:

<b>2</b>	<b>SIP DETAILS (Please tick (✓) wherever applicable)</b>		
<b>1</b>	<b>Scheme 1 Name</b> <input type="text" value="HSBC Global Equity Climate Change Fund of Fund"/>	<b>Plan</b> <input type="text"/>	<b>Option</b> <input type="text"/> <b>Sub-option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
	<b>SIP period</b> From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> <b>OR</b> <input type="checkbox"/> End date <input type="text" value="0399"/>	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		
	<b>SIP Amount (figures)</b> ₹ <input type="text"/> (words) <input type="text"/>		
	<b>First SIP</b>	<b>Cheque No.</b> <input type="text"/>	<b>Dated</b> <input type="text" value="DDMMYYYY"/> <b>Cheque Amount</b> ₹ <input type="text"/>
	<b>Drawn on Bank name (should be same as NACH mandate)</b> <input type="text"/> <b>Branch</b> <input type="text"/>		
<b>2</b>	<b>Scheme 2 Name</b> <input type="text"/>	<b>Plan</b> <input type="text"/>	<b>Option/Sub option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
	<b>SIP period</b> From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> <b>OR</b> <input type="checkbox"/> End date <input type="text" value="0399"/>	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		
	<b>SIP Amount (figures)</b> ₹ <input type="text"/> (words) <input type="text"/>		
	<b>First SIP</b>	<b>Cheque No.</b> <input type="text"/>	<b>Dated</b> <input type="text" value="DDMMYYYY"/> <b>Cheque Amount</b> ₹ <input type="text"/>
	<b>Drawn on Bank name (should be same as NACH mandate)</b> <input type="text"/> <b>Branch</b> <input type="text"/>		
<b>3</b>	<b>Scheme 3 Name</b> <input type="text"/>	<b>Plan</b> <input type="text"/>	<b>Option/Sub option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
	<b>SIP period</b> From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> <b>OR</b> <input type="checkbox"/> End date <input type="text" value="0399"/>	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		
	<b>SIP Amount (figures)</b> ₹ <input type="text"/> (words) <input type="text"/>		
	<b>First SIP</b>	<b>Cheque No.</b> <input type="text"/>	<b>Dated</b> <input type="text" value="DDMMYYYY"/> <b>Cheque Amount</b> ₹ <input type="text"/>
	<b>Drawn on Bank name (should be same as NACH mandate)</b> <input type="text"/> <b>Branch</b> <input type="text"/>		
	^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above.		
<b>3</b>	<b>DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')</b>		
	<b>OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order)</b>		
	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.		
<b>X</b>	<b>X</b>	<b>X</b>	
<b>Sole/1st Unit Holder/POA/Guardian</b>	<b>2nd Unit Holder</b>	<b>3rd Unit Holder</b>	

### INSTRUCTION

1. Investors are advised to comply with applicable Know Your Customer (KYC) requirements from time to time and failure to comply with this requirement may result in the purchase application being rejected.
2. Please read the Scheme Information Document(s), Key Information Memorandum(s) of the scheme(s) and Statement of Additional Information of the respective schemes and addenda issued for these documents carefully before investing.
3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
4. Applications incomplete in any respect are liable to be rejected. AMC/RTA shall have absolute discretion to reject any such Application Forms.
5. Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC)/CAMS.
6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
7. A minimum gap of 21 Calendar Days needs to be maintained between the first and second SIP installments.
8. 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.
9. 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)

1. Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third party validation.
4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".

**AUTO DEBIT FORM – For SIP Investments** (To be Filled in BLOCK LETTERS only)

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

Broker Name & ARN code/RIA code <sup>^</sup>	Sub-broker ARN code	Sub code	EUIN
24952			E347831

App. No. :

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

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

For Office Use Only

Sole/First Applicant/ Authorised Signatory	<input checked="" type="checkbox"/>	Second Applicant/ Authorised Signatory		Third Applicant/ Authorised Signatory	
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REQUEST FOR (tick  any one):  Registration of SIP  Registration of Micro SIP  Renewal of SIP

**1 APPLICANT'S PERSONAL DETAILS (MANDATORY)**

Folio No. (For Existing Unit holders)

Sole/1st Unit Holder's Name

Date of Birth<sup>~</sup> (Mandatory)  Are you a resident of USA/Canada?  Yes  No<sup>##</sup> (<sup>##</sup> Default)

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

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

E-mail ID

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

\*\* W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). For Micro SIP Investment please refer Instructions for filling up the Application Form. <sup>+++</sup> W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process. W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

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

**MANDATORY FIELDS IN NACH FORM:** ● Account type ● Bank A/c number (core banking a/c no. only) ● Bank Name ● IFSC code or MICR code (as per the cheque/pass book) ● Amount in Figures (Maximum Amount) ● Amount in Words (maximum amount) ● Period start date and end date or until cancelled ● Account holder signature ● Account holder Name as per Bank record

**HSBC Debit Mandate Form NACH / ECS / Direct Debit (Mandatory)**

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

UMRN  Date

Sponsor Bank Code   Create  Modify  Cancel

Utility Code  I/We hereby authorize

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

with Bank  Name of customers bank IFSC/MICR

An amount of Rupees  In Words In Figures ₹

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

Reference 1  Reference 2

Mobile No.  Email ID

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

PERIOD		<input checked="" type="checkbox"/>	×	×
From	<input type="text" value="DDMMYYYY"/>			
To	<input type="text" value="DDMMYYYY"/>			
Or	<input type="checkbox"/> Until Cancelled			

Signature of Primary Bank Account Holder  Signature of Bank Account Holder  Signature of Bank Account Holder  
 Name as in bank records  Name as in bank records  Name as in bank records

**ACKNOWLEDGMENT SLIP (To be filled by the investor)**

Received from	<input type="text"/>	<input checked="" type="checkbox"/>
Folio No.	<input type="text"/>	
SIP Application for Units of Scheme/Plan/Option:		
Scheme 1	Plan <input type="text"/> Option/Sub-option <input type="text"/>	
Scheme 2	Plan <input type="text"/> Option/Sub-option <input type="text"/>	
Scheme 3	Plan <input type="text"/> Option/Sub-option <input type="text"/>	
SIP period	from <input type="text" value="MMYY"/> to <input type="text" value="MMYY"/>	ISC Stamp & Signature
	OR <input type="checkbox"/> End date <input type="text" value="0399"/>	
Total Amount (Rs.)	₹ <input type="text"/> Amount (in words) <input type="text"/>	Date: <input type="text"/>



<b>2</b>	<b>SIP DETAILS (Please tick (✓) wherever applicable)</b>		
<b>1</b>	<b>Scheme 1 Name</b> <input type="text" value="HSBC Global Equity Climate Change Fund of Fund"/>	<b>Plan</b> <input type="text"/>	<b>Option</b> <input type="text"/> <b>Sub-option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
	<b>SIP period</b> From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> <b>OR</b> <input type="checkbox"/> End date <input type="text" value="0399"/>	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		
	<b>SIP Amount (figures)</b> ₹ <input type="text"/> (words) <input type="text"/>		
	<b>First SIP</b> <input type="text"/>	<b>Cheque No.</b> <input type="text"/>	<b>Dated</b> <input type="text" value="DDMMYYYY"/> <b>Cheque Amount</b> ₹ <input type="text"/>
	<b>Drawn on Bank name (should be same as NACH mandate)</b> <input type="text"/> <b>Branch</b> <input type="text"/>		
<b>2</b>	<b>Scheme 2 Name</b> <input type="text"/>	<b>Plan</b> <input type="text"/>	<b>Option/Sub option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
	<b>SIP period</b> From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> <b>OR</b> <input type="checkbox"/> End date <input type="text" value="0399"/>	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
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	<b>SIP Amount (figures)</b> ₹ <input type="text"/> (words) <input type="text"/>		
	<b>First SIP</b> <input type="text"/>	<b>Cheque No.</b> <input type="text"/>	<b>Dated</b> <input type="text" value="DDMMYYYY"/> <b>Cheque Amount</b> ₹ <input type="text"/>
	<b>Drawn on Bank name (should be same as NACH mandate)</b> <input type="text"/> <b>Branch</b> <input type="text"/>		
<b>3</b>	<b>Scheme 3 Name</b> <input type="text"/>	<b>Plan</b> <input type="text"/>	<b>Option/Sub option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
	<b>SIP period</b> From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> <b>OR</b> <input type="checkbox"/> End date <input type="text" value="0399"/>	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
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	<b>First SIP</b> <input type="text"/>	<b>Cheque No.</b> <input type="text"/>	<b>Dated</b> <input type="text" value="DDMMYYYY"/> <b>Cheque Amount</b> ₹ <input type="text"/>
	<b>Drawn on Bank name (should be same as NACH mandate)</b> <input type="text"/> <b>Branch</b> <input type="text"/>		
^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above.			
<b>3</b>	<b>DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')</b>		
<b>OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order)</b>			
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.			
<b>X</b>	<b>X</b>	<b>X</b>	
<b>Sole/1st Unit Holder/POA/Guardian</b>	<b>2nd Unit Holder</b>	<b>3rd Unit Holder</b>	

### INSTRUCTION

1. Investors are advised to comply with applicable Know Your Customer (KYC) requirements from time to time and failure to comply with this requirement may result in the purchase application being rejected.
2. Please read the Scheme Information Document(s), Key Information Memorandum(s) of the scheme(s) and Statement of Additional Information of the respective schemes and addenda issued for these documents carefully before investing.
3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
4. Applications incomplete in any respect are liable to be rejected. AMC/RTA shall have absolute discretion to reject any such Application Forms.
5. Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC)/CAMS.
6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
7. A minimum gap of 21 Calendar Days needs to be maintained between the first and second SIP installments.
8. 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.
9. 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)

1. Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third party validation.
4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".



<b>2</b>	<b>SIP DETAILS (Please tick (✓) wherever applicable)</b>		
<b>1</b>	<b>Scheme 1 Name</b> <input type="text" value="HSBC Global Equity Climate Change Fund of Fund"/>	<b>Plan</b> <input type="text"/>	<b>Option</b> <input type="text"/> <b>Sub-option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
	<b>SIP period</b> From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> <b>OR</b> <input type="checkbox"/> End date <input type="text" value="0399"/>	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		
	<b>SIP Amount (figures)</b> ₹ <input type="text"/> (words) <input type="text"/>		
	<b>First SIP</b> <input type="text"/>	<b>Cheque No.</b> <input type="text"/>	<b>Dated</b> <input type="text" value="DDMMYYYY"/> <b>Cheque Amount</b> ₹ <input type="text"/>
	<b>Drawn on Bank name (should be same as NACH mandate)</b> <input type="text"/> <b>Branch</b> <input type="text"/>		
<b>2</b>	<b>Scheme 2 Name</b> <input type="text"/>	<b>Plan</b> <input type="text"/>	<b>Option/Sub option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
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<b>3</b>	<b>Scheme 3 Name</b> <input type="text"/>	<b>Plan</b> <input type="text"/>	<b>Option/Sub option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
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^ 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.			
<b>3</b>	<b>DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')</b>		
<b>OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order)</b>			
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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.			
<b>✗</b>	<b>✗</b>	<b>✗</b>	
<b>Sole/1st Unit Holder/POA/Guardian</b>	<b>2nd Unit Holder</b>	<b>3rd Unit Holder</b>	

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3. Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third party validation.
4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".

**AUTO DEBIT FORM – For SIP Investments (To be Filled in BLOCK LETTERS only)**
**DISTRIBUTOR INFORMATION** (Only empanelled Distributors/Brokers will be permitted to distribute Units)

Broker Name & ARN code/RIA code <sup>^</sup>	Sub-broker ARN code	Sub code	EUIN
24952			E347831

**App. No. :**
**For Office Use Only**
<sup>^</sup> I/We hereby confirm that by mentioning RIA code, I/We authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my/our transactions in the schemes(s) of HSBC Mutual Fund.

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

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

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

**1 APPLICANT'S PERSONAL DETAILS (MANDATORY)**
**Folio No.** (For Existing Unit holders)

**Sole/1st Unit Holder's Name** Mr./Ms./M/s

**Date of Birth<sup>~</sup>** (Mandatory) DDMMYYYY **Are you a resident of USA/Canada?** ( Yes  No<sup>\*\*</sup> (\*\* Default))

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

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

**E-mail ID**

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

<sup>\*\*</sup> W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). For Micro SIP Investment please refer Instructions for filling up the Application Form. <sup>†††</sup> W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process. W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

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

**MANDATORY FIELDS IN NACH FORM:** ● Account type ● Bank A/c number (core banking a/c no. only) ● Bank Name ● IFSC code or MICR code (as per the cheque/pass book) ● Amount in Figures (Maximum Amount) ● Amount in Words (maximum amount) ● Period start date and end date or until cancelled ● Account holder signature ● Account holder Name as per Bank record

**Debit Mandate Form NACH / ECS / Direct Debit (Mandatory)**

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

UMRN	F O R O F F I C E U S E O N L Y										Date	DDMMYYYY
Sponsor Bank Code	CITI000PIGW										<input type="radio"/> Create <input type="radio"/> Modify <input type="radio"/> Cancel	
Utility Code	CITI00002000000037										I/We hereby authorize <b>HSBC Mutual Fund</b>	
To debit ( <input checked="" type="checkbox"/> )	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others										Bank Account No.	
with Bank	Name of customers bank										IFSC/MICR	
An amount of Rupees	In Words										₹ In Figures	
Debit Type :	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount										Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> As & when presented	
Reference 1	Folio No.										Reference 2 Application Number	
Mobile No.	Email ID											

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

<b>PERIOD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From	DDMMYYYY	Signature of Primary Bank Account Holder	Signature of Bank Account Holder
To	DDMMYYYY	Name as in bank records	Name as in bank records
Or	<input type="checkbox"/> Until Cancelled		

**ACKNOWLEDGMENT SLIP (To be filled by the investor)**

Received from	<input checked="" type="checkbox"/>										
Folio No.	SIP Application for Units of Scheme/Plan/Option:										
<b>Scheme 1</b>	Plan	Option/Sub-option								ISC Stamp & Signature	
<b>Scheme 2</b>	Plan	Option/Sub-option									
<b>Scheme 3</b>	Plan	Option/Sub-option									
SIP period	from	MMYYYY	to	MMYYYY	<b>OR</b>	<input type="checkbox"/> End date	0399	Date:			
Total Amount (Rs.)	₹	Amount (in words)									

<b>2</b>	<b>SIP DETAILS (Please tick (✓) wherever applicable)</b>		
<b>1</b>	<b>Scheme 1 Name</b> <input type="text" value="HSBC Global Equity Climate Change Fund of Fund"/>	<b>Plan</b> <input type="text"/>	<b>Option</b> <input type="text"/> <b>Sub-option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
	<b>SIP period</b> From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> <b>OR</b> <input type="checkbox"/> End date <input type="text" value="0399"/>	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		
	<b>SIP Amount (figures)</b> ₹ <input type="text"/> (words) <input type="text"/>		
	<b>First SIP</b> <input type="text"/>	<b>Cheque No.</b> <input type="text"/>	<b>Dated</b> <input type="text" value="DDMMYYYY"/> <b>Cheque Amount</b> ₹ <input type="text"/>
	<b>Drawn on Bank name (should be same as NACH mandate)</b> <input type="text"/> <b>Branch</b> <input type="text"/>		
<b>2</b>	<b>Scheme 2 Name</b> <input type="text"/>	<b>Plan</b> <input type="text"/>	<b>Option/Sub option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
	<b>SIP period</b> From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> <b>OR</b> <input type="checkbox"/> End date <input type="text" value="0399"/>	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		
	<b>SIP Amount (figures)</b> ₹ <input type="text"/> (words) <input type="text"/>		
	<b>First SIP</b> <input type="text"/>	<b>Cheque No.</b> <input type="text"/>	<b>Dated</b> <input type="text" value="DDMMYYYY"/> <b>Cheque Amount</b> ₹ <input type="text"/>
	<b>Drawn on Bank name (should be same as NACH mandate)</b> <input type="text"/> <b>Branch</b> <input type="text"/>		
<b>3</b>	<b>Scheme 3 Name</b> <input type="text"/>	<b>Plan</b> <input type="text"/>	<b>Option/Sub option</b> <input type="text"/>
	<b>Frequency</b> <input type="checkbox"/> Monthly (Default <sup>^</sup> ) <input type="checkbox"/> Quarterly (10th)	<b>SIP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> )	
	<b>SIP period</b> From <input type="text" value="MMYY"/> To <input type="text" value="MMYY"/> <b>OR</b> <input type="checkbox"/> End date <input type="text" value="0399"/>	<input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st	
	If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st		
	<b>SIP Amount (figures)</b> ₹ <input type="text"/> (words) <input type="text"/>		
	<b>First SIP</b> <input type="text"/>	<b>Cheque No.</b> <input type="text"/>	<b>Dated</b> <input type="text" value="DDMMYYYY"/> <b>Cheque Amount</b> ₹ <input type="text"/>
	<b>Drawn on Bank name (should be same as NACH mandate)</b> <input type="text"/> <b>Branch</b> <input type="text"/>		
^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above.			
<b>3</b>	<b>DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')</b>		
	<b>OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order)</b>		
	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.		
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<b>Sole/1st Unit Holder/POA/Guardian</b>	<b>2nd Unit Holder</b>	<b>3rd Unit Holder</b>

### INSTRUCTION

1. Investors are advised to comply with applicable Know Your Customer (KYC) requirements from time to time and failure to comply with this requirement may result in the purchase application being rejected.
2. Please read the Scheme Information Document(s), Key Information Memorandum(s) of the scheme(s) and Statement of Additional Information of the respective schemes and addenda issued for these documents carefully before investing.
3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
4. Applications incomplete in any respect are liable to be rejected. AMC/RTA shall have absolute discretion to reject any such Application Forms.
5. Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC)/CAMS.
6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
7. A minimum gap of 21 Calendar Days needs to be maintained between the first and second SIP installments.
8. 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.
9. 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)

1. Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third party validation.
4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".

# Declaration Formats

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

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

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

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

### Declaration and Signatures:

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

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

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

### Instrument Details:

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

### Details of Bank Account Debited for issuing the instrument:

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

### If the issuing Bank branch is outside India:

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

Under the Regulator	Name of the Regulator
In the Country	Country Name
Registration No.	Registration Number

We confirm having carried out necessary Customer Due Diligence with regard to the Beneficiary and to the source of the funds received from him, as per the standards of Anti-Money Laundering laws and other applicable relevant laws in our country

### Branch Manager/Declarant(s)

Signature X \_\_\_\_\_ Bank & Branch Seal \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal code \_\_\_\_\_

Country \_\_\_\_\_ Contact Number \_\_\_\_\_

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

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

*To whomsoever it may concern*

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

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

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

Signature of Declarant(s) ✗ \_\_\_\_\_

Name of Declarant(s) \_\_\_\_\_

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

Address of Declarant(s) \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Signature of Beneficiary(ies) ✗ \_\_\_\_\_

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

*To whomsoever it may concern*

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

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

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

Signature of Declarant(s) ✗ \_\_\_\_\_

Name of Declarant(s) \_\_\_\_\_

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

Address of Declarant(s) \_\_\_\_\_

City \_\_\_\_\_ Postal code \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

# Multiple Bank Accounts Registration / Deletion Form

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

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

## A. Old / Existing Bank Account details\*\*:

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

Bank Name :

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

## B. Change in Tax Status:

In-case of Change in Tax Status, please tick the applicable new tax status:  
 Resident Individual  NRI on Repatriation Basis  NRI on Non-Repatriation Basis

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

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

## C. Addition of Bank Accounts:

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

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

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

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

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

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

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

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

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

## D. Default Bank Account:

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

**Core Bank Account No.**       **Bank Name :**

## E. Bank Account Deletion:

**Name of Sole / First Unit Holder**

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

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

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



**F. My identity details for IPV <sup>^^</sup> : (copy enclosed & original shown for verification)\***

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

**DECLARATION :**

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

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

\* First unit holder OR Any 1 of the unit holder where mode of holding in the folio is anyone or survivor

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

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

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

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

Employee Name		✗							
Employee No.									
Location Name	CAMS/AMC - <Location Name>								
Date	<table border="1" style="display: inline-table;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
		Signature with Branch Seal							

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

For the existing/new bank account

- 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.**

**INSTRUCTIONS AND TERMS & CONDITIONS**

1. 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/alterd, 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.