COMBO APPLICATION FORM

(To be Filled in BLOCK LETTERS only)



► HSBC Overnight Fund (Overnight fund – An open ended debt scheme investing in overnight securities)

<u> </u>	•	-	•	•
HSBC Global Equity Climate	Change Fur	nd of Fund (An open ended fur	nd of fund	scheme investing
in HSBC Global Investment Funds -	- Global Equity	Climate Change)		

DISTRIBUTOF	R INFORMATION (On	ly empanelled Distributors / Br	okers will	be permitted to	distribute Units)	App.
	ARN code / RIA code	Sub-broker ARN code		ub code	EUIN	No.:
		RIA code, I / We authorise you to		the SEBI Regis	tered Investment Adviser	For Office Use Only
	•	the schemes(s) of HSBC Mutual is s been intentionally left blank by		s this transaction	n is executed without any	
interaction or advice the advice of in-app	ce by the employee / relatio	nship manager / sales person of the d by the employee / relationship	he above d	istributor / sub b	roker or notwithstanding	
×						
Sole / First Applica	nt / Authorised Signatory	Second Applicant / Authorised Sign	natory	Third Applican	t / Authorised Signatory	
TRANSACTIO	N CHARGES (Please	tick any one of the below. Re	efer point	t 5 on page 20	regarding transaction of	charges applicability)
	ST TIME MUTUAL FUI deducted as transaction char	ND INVESTOR rge for per purchase of ₹ 10,000 ar	nd more)		N EXISTING INVESTOR Il be deducted as transaction	R IN MUTUAL FUND charge for per purchase of ₹ 10,000 and more)
APPLICANT'S	INFORMATION [Pleas	se fill in your Folio No. below. In cas	se of existin	g folio, furnish on	ly KYC and PAN details belo	w (if not provided earlier) and proceed to Section 3
Folio No.		Plea	se note th	nat applicant de	etails and mode of hold	ing will be as per existing Folio Number.
SOLE/FIRST AF	PPLICANT'S PERSONA	AL DETAILS		Are you a re	sident of USA/Canada? (Yes No ^{‡‡} (^{‡‡} Default if not ticked)
Name Mr Ms M	/s					
Date of Birth ~:	(Mandatory) D D M	MYYYY			ed (✓) ☐ Birth Certificat ssued by HSC State Board	School Leaving Certificate Passport Others (please specify)
KYC Identifica	ation No. (KIN) ‡‡					
PAN** (Manda	ntory)			Proof to be e	nclosed (✓) ☐ PAN car	rd Copy
Nationality‡				Country of I	Residence	
	AME (if Sole/First appl	icant is a Minor) Contact Pe	erson (in	case of Non-in	dividual Investors only	
Mr Ms M/s						
KYC Identification	on Number (KIN) ‡‡					
PAN** (Mandato	ry)			Proof to be en	closed (✓) ☐ PAN card (Сору
	ian ⁺ (Father or Mother) cing relationship with Guardia			court appointed		ointment letter, affidavit etc. to support.
– Minor (Repatriabl	le) Non-Resident – Mind dy Corporate Partnership	or (Non-Repatriable) Bank	FPIs C Fund of Fu	OFI/EFI AOP and Gratuity F	HUF FPI Sole-F und Pension and Retirem	Non-Resident (Non-Repatriable) Non-Resident Proprietor Private Limited Company Public ent Fund Government Body NGO BOI Others [Specify]
KYC DETAILS [[Mandatory (Details of G	Guardian in case the unitholder	r is a min	or)]		
Investors are req	uested to complete the K	YC section for Joint holders &	POA also	, as applicable		
						Housewife Student Doctor Forex Dealer
						Pawn Broker Others [Pl. specify]
b. Gross Annual In	ncome (Please ✓) :	Below ₹ 1 Lac	s □₹5	5-10 Lacs	₹ 10-25 Lacs	Lacs - ₹ 1 Crore
OR Net-worth in	n Rupees (Mandatory for	Non-Individuals) ₹ Net-wo	rth should	not be older than	as on (date)	D D M M Y Y Y Y
For Individuals [Tick (✓) if applicable]:	For Non-Individual Investor	s (Compa	nies, Trust, Par	tnership etc.) :	
Related to a Po	posed Person (PEP) olitically Exposed	I. Is the company a Listed C (If No, please attach mand	latory ÚBC	Declaration)	isted Company or Controll	ed by a Listed Company Yes No
Person (PEP)		II. Foreign Exchange/Money				Yes No
☐ Not Applicabl	le	III. Gaming/Gambling/Lotter	-	Services		Yes No
For Non Individu	ual Invactore	IV. Money Lending/Pawning Mandatory UBO Declaration		ulv filled and si	and attached	Yes No
	Beneficial Ownership	(Not Required for a Listed Co		•	0	lled by a Listed Company)
Instructions for fi ‡‡ W.e.f. January 1,	illing up the Application For 2011, all the applicants need	rm. I to be KYC Compliant irrespective	e of the am	nount invested (in	cluding switch). W.e.f. Janua	and NRIs). For Micro SIP Investment please referry 1, 2012, applicants who are not KYC compliants with individual investors who have never done KYC.
under KRA (KYC Please note that in	C Registration Agency) regin nformation sought here will	ne and whose KYC is not registered be obtained from KRA also. In case	ed or verifie se of any d	ed in the KRA sys ifferences, the KR	stem will be required to fill to the stem will be required to fill to the stem will apply.	he new CKYC form while investing with the Fun I for instructions related to folios held in the nan continued overleaf
		led in by the Investor) ence only. Information provided or	the form	is considered fine	— — — — I	App.
		ones only. Information provided of		considered filla		No.:
Received from Mr M	f HSBC Overnight Fund	l Plan	Ontio	on/Sub-Option		X
* *	No					
D (D 1)						ISC Stamp, Signature & date

	d be same as in KRA records)
City	Pin Code
State	Country
Contact DI 0	Extn. Fax
Details Phone R	Mobile
e-mail ⁺	
If unticked, by default the above will be sent on email.	abridged summary thereof/account statements/statutory & other documents by s (Mandatory in case of NRI/FPI applicant in addition to mailing address) (S
State Country (Mandatory) Zip Code
JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) who	
	alt if not mentioned) Anyone or Survivor
	Second Applicant cannot be a Minor) Are you a resident of USA/Canada? () Yes No " ("Default if no
Mr Ms M/s	
Date of Birth D D M M Y Y Y Y	KYC Identification Number (KIN)**
	Proof to be enclosed (\checkmark) PAN card Copy
PAN** (Mandatory)	
Nationality Private Sector Service _ Public Sector Se	Country of Residence Vice Government Service Professional Agriculturist Retired House
	Doctor Forex Dealer Money lender Casino Owner Arms manufac
 □ ₹ 5-10 Lacs □ ₹ 10-25 Lacs □ ₹ 25 Lacs - ₹ 1 Crore □ > ₹ 1 c □ Others (please ✓) : □ Politically Exposed Person (PEP) □ Related NAME OF THIRD APPLICANT (Not applicable if Sole/First Applicant is a Minor and Minor and	1 Tota Worth Should not be older than I year
Mr Ms M/s Date of Birth DDMMYYYYY	TTT10 71 40 41 77 4 GTD7++
	KYC Identification Number (KIN) ^{‡‡} Proof to be enclosed (✓) □ PAN card Copy
PAN** (Mandatory)	, , , , , , , , , , , , , , , , , , ,
NT-4:1:4	Country of Residence
Nationality a. Occupation (please ✓):	vice Government Service Professional Agriculturist Retired Hour Doctor Forex Dealer Money lender Casino Owner Arms manufacers [Please specify]
a. Occupation (please ✓): Private Sector Service Public Sector Service Student Business Nature of Business	Doctor Forex Dealer Money lender Casino Owner Arms manufacters [Please specify] Net-worth in Rupees (Mandatory for Non-Individuals)
a. Occupation (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Student ☐ Business [Nature of Business] ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Other	Doctor Forex Dealer Money lender Casino Owner Arms manufacters [Please specify] Net-worth in Rupees (Mandatory for Non-Individuals)
 a. Occupation (please ✓): Private Sector Service Public Sector Service Student Business Nature of Business Student Business Pawn Broker Others (please ✓): Below ₹ 1 Lac ₹ 1. b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1. ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1. c. Others (please ✓): Politically Exposed Person (PEP) Related 	Doctor Forex Dealer Money lender Casino Owner Arms manufacers [Please specify] 5 Lacs OR Net-worth in Rupees (Mandatory for Non-Individuals) Tore OR Net-worth should not be older than 1 year to a Politically Exposed Person (PEP) Not Applicable
a. Occupation (please ✓): Private Sector Service Public Sector Se Student Business [Nature of Business] Gambling services offerer Money lender Pawn Broker Oth b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1. ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Core Pothers (please ✓): Politically Exposed Person (PEP) Related POA HOLDER DETAILS (If the investment is being made by a Constituted And Pothers (Page 1) Related Pool Holder Details (If the investment is being made by a Constituted And Pothers (Page 2) Related Pool Holder Details (If the investment is being made by a Constituted And Pothers (Page 2) Related Pool Holder Details (If the investment is being made by a Constituted And Pothers (Page 2) Related Pool Holder Details (If the investment is being made by a Constituted And Pothers (Page 2) Related Pothers (Page 2)	Doctor Forex Dealer Money lender Casino Owner Arms manufacers [Please specify] 5 Lacs OR Net-worth in Rupees (Mandatory for Non-Individuals) Tore OR Net-worth should not be older than 1 year to a Politically Exposed Person (PEP) Not Applicable
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• 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.

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

FATCA / CRS SELF CERTIF														
	Sole / First App	licant Guardian	Second Applicant		Third Applicant									
Place and Country of Birth	Place		Place	Place										
	Country		Country	Country										
Address Type [for KYC address]	Residential Registered Office	Business	Registered Office		tial Business red Office									
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	Yes	☐ No	Yes No	Yes	☐ No									
If 'Yes' please fill for all countries in the respective countries	(other than India) in v	vhich you are a Reside	nt for tax purpose i.e. where you a	re Citizen / Resident / Gre	een Card Holder / Tax Resident									
Country of Tax Residency#														
Tax Identification Number (TIN) or Functional Equivalent														
Identification Type (TIN or Other, please specify)														
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	_ A			C	В С									
Reason A – The country where th Reason B – No TIN required [Sel	ect this reason only for	able to pay tax does no r the authorities of the	t issue TIN to its residents. respective country of tax residence	e do not required the TIN	to be collected]									
Reason C – Others - Please specif														
# To also include USA, where th ^ In case Tax Identification Num														
FATCA / CRS SELF (AL INVESTORS AND THEIR OCIETY / PARTNERSHIP FIF		IAL OWNER (UBO)									
Please complete Annexure A &	& B													
DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory) FATCA / CRS DECLARATION														
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														
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 provide by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. I also undertake to keep the Fund informed in writing about any changes / modification / updation to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and / or by the domestic tax authorities. I authorize the Fund / AMC / RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.														
OTHER DECLARATIONS														
Scheme(s) issued till date, I / We I regulations of the Scheme and the my / our details including investing bank details provided by me / us, payments referred above through information, I / We would not hol our bank account. I / We have rea I / We confirm that I am / we are my / our NRE / NRO / FCNR Account. I / We confirm that the details prolegitimate sources and is not held governmental or statutory authoritax advice on the specific tax implemental or statutory authoritax advice or specific tax implemental or statutory authoritax advice or specific tax implemental or statutory authoritax advice or specific tax implemental or statutory authoritax ad														
being recommended to me / us. I I / We confirm that I am / We ar notify the AMC, in which event We confirm that we have not is:	e not United States pe the AMC reserves th	erson(s) under the law e right to redeem my	ys of United States or resident(s) / our investments in the Schemo	of Canada. Incase of cha e(s).										
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Data														

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

HSBC	Global Asset	Management
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Control File Company Detention Detection Control File	▼	A APPLICANT DETAILS:											
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DETAILS OF ULTMATE BENEFICIAL OWNERS If the given space below is not adequate, please attach multiple declaration forms? Bet the vect controlling person, cultiming ALL-countries of tax residency permanent address/citizenship and ALL. Its identification Numbers for EACH controlling person, if the given rows are not sufficient, required information in the given must can be endeaded only signed by Authorized Signators. See sometion of countries of the color and an of countries and the countries of the color and an of countries and the countries of the color and an of countries and the color and the	Ū				ociation/body o		blic Charitable Trus			ted by a Will			
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provide signatures under the declaration & signature section. eficial Place & Country Date of Birth / Address, Address Type* & Gender Father's Name Nationality into a factor of Birth / Incorporation [dd-mm-yyyy] Pin code, State, Country] Female, others] Mandatory, if PAN not provided Mandatory, if PAN not provided	c lease rrma ype o ype o 15%	DETAILS OF ULTIMATE B e list below each controlling per nt can be enclosed as additional of Beneficial Ownership (contro e control of Partnership/LLP/7	Son, confirming Al sheet(s) duly signe ol or Benefit direct Trust/AoP/Bol	IERS (If the given spac	e below is not ncy/permanent a ry. chain of controls	adequate, please address/citizenship a	attach multiple decind ALL Tax Identific	ation Numbers for	EACH controlling person. If the	given rows a	re not sufficient, requ	uired informatic	n in the given
Name of UBO [Mandatory] Country of Tax PaN/Taxpayer Pan/Taxp	the	re is no UBO, please declare tha	at there is no holdi	ng beneficial interest - str	iking off the belo	w table and provide	signatures under the	declaration & sign	ature section.				
Mandatory: if PAN not provided Mandatory: if PAN not provided Mandatory: if PAN not provided Image: Control of the part of	Sr.	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
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1/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, 1/We aware that 1/We may liable for it. I. We hereby authorize you to update your records from the above information received by the Fund or from other SEBI Registered Intermediaries. Further, I authorize you to share the beneficial owner information (in this form) provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission/updation. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or redeem/reverse the allotment of units, it 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

Authorised Signatory 3

Authorised Signatory 2

Authorised Signatory 1

Date Place

×

×

to the above information in future and also undertake to provide any other additional information as may be required at your end.

FATCA AND CRS SELF CERTIFICATION FOR NON-INDIVIDUALS



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

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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) Management Broker Name & ARN code/RIA code Sub-broker ARN code Sub code **EUIN** App. No.: ^ I/We hereby confirm that by mentioning RIA code, I/We authorise you to share with the SEBI Registered Investment Adviser For Office Use Only (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/ Second Applicant/ Third Applicant/ **Authorised Signatory Authorised Signatory Authorised Signatory REQUEST FOR** (tick ✓ any one): Registration of SIP Registration of Micro SIP Renewal of SIP APPLICANT'S PERSONAL DETAILS (MANDATORY) Folio No. (For Existing Unit holders) Sole/1st Unit Holder's Name | Mr./Ms./M/s Are you a resident of USA/Canada? (✓) ☐ Yes ☐ No^{‡‡} (^{‡‡} Default) **Date of Birth** (Mandatory) D D M M Y Y Y Guardian's (in case of minor)/PoA Holder's Name Legal Guardian ++ (court appointed Guardian) Relationship with Minor Natural Guardian (Father or Mother) In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support Document evidencing relationship with Guardian E-mail ID Sole/First Unitholder Guardian/PoA Holder Second Unitholder Third Unitholder KYC Identification No. (KIN) ‡ PAN (Mandatory)** Enclosed (✓) PAN Card Copy PAN Card Copy ** W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). For Micro SIP Investment please refer Instructions for filling up the Application Form. ‡ W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process. W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund. ~ Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID /SAI for instructions related to folios held in the name of Minor MANDATORY FIELDS IN NACH FORM: Account type Bank A/c number (core banking a/c no. only) Bank Name IFSC code or MICR code (as per the cheque/pass book) Amount in Figures (Maximum Amount) • Amount in Words (maximum amount) • Period start date and end date or until cancelled • Account holder signature • Account holder Name as per Bank record **HSBC** Debit Mandate Form NACH / ECS / Direct Debit (Mandatory) Global Asset By registering this mandate, you authorise the specified bank to debit the said maximum amount per day, towards investment in HSBC Mutual fund. Management UMRN Date Sponsor Bank Code Create Cancel CITIOOOPIGW Modify HSBC Mutual Fund Utility Code CITI00002000000037 I/We hereby authorize To debit (√) SB CA CC SB-NRE SB-NRO Others Bank Account No IFSC/MICR with Bank An amount of Rupees Debit Type : Fixed Amount Half Yearly Maximum Amount Frequency: Monthly Quarterly 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. From Until Cancelled ACKNOWLEDGMENT SLIP (To be filled by the investor) Received from × Folio No SIP Application for Units of Scheme/Plan/Option: Scheme 1 Option/Sub-option Scheme 2 Plan Option/Sub-option ISC Stamp & Signature Plan Scheme 3 Option/Sub-option OR SIP period from M M Y Y M M Y Y End date 0 3 9 9 Date: Total Amount (Rs.)

Amount (in words)

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

INSTRUCTION

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

- 8. Investors can choose any preferred date of the month as SIP debit date. In case the chosen date falls on a non-business day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day. In case the SIP debit date is not indicated, 10th shall be treated as the default date.
- All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date.
- In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
- 11. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
- The SIP will be discontinued automatically if payment is not received for two successive installments.
- 13. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar CAMS. Notice of such discontinuance should be received at least 21 Calendar Days prior to the due date of the next installment/debit.
- 14. Please submit this form along with a copy of a cancelled cheque.
- 15. Email ID and Mobile number provided in the application form should be of the primary unit holder for speed and ease of communication. Where Email ID and Mobile number is not provided the same will be updated from KRA records.

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)

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

Declaration Formats



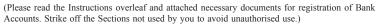
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PAYMENT BY EMPLOYER ON BEHALF OF EMPLOYEE (under Systematic Investments Plans through Payroll deductions or Expense Reimbursement)

					To whomsoe	ver it n	nay c	oncern											
We hereby declare that the Applicati	on Fo	orm No/s.						fc	or subsci	ript	tion of units	in _							
											(1	Name	of the	e Sche	me) i	is ac	compa	anied	l by
Cheque No.		Dated			Drawi	n on _								(N	ame	of th	e Ban	k/Bı	ranch).
We confirm that the beneficial owner	r(s) o	f the inve	stment in 1	thes	se units is/are														
											(Name of t	he E	mploy	ee/s, v	with	emp!	loyee	num	ber/s),
who is/are my/our employee/s and a	ım pro	oviding th	e funds for	r the	ese investments t	through	the p	ayroll dedu	action / e	exp	ense reimbu	ırsem	ent (st	rike o	ff whi	ich is	s not a	appli	cable).
Signature of Declarant(s)																			
Name of Declarant(s)																			
Income Tax PAN							_ K	YC Acknow	wledgen	nen	nt attached ()	Mand	atorv	for an	v amo	ount	, \Box		
Address of Declarant(s)																			
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City						I	Postal	code											
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AA																			
Signature of Beneficiary(ies)																			
4 CUSTODIAN ON BEH Application and Payment Deta					To whomsoe				with ea	ach	payment))							
Folio No.		111 000011	5 0 0 1 0 11 u						Ap	ppli	ication Form	ı No.							
Beneficial Applicant/ Investor Name	:																		
Investment Amount in Rs.																			
Payment Mode		Cheque			Fund Transfer			RTGS			NEFT								
Payment Cheque/UTR No.											Dated	D	D	M	M	Υ	Υ	Υ	Υ
Payment from Bank									-		'								
Payment from A/c No.																			
We further declare that we are register. We confirm the beneficial owner as state funds provided to us by the Applicant. Signature of Declarant(s)	ated a /Inves	bove and to	that this pa	iym		ıs in oui	г сара	icity as Cus	todian to	o th	ne Applicant	/Inves	stor. T	he sou	rce of	f this	paym	nent i	s from
Name of Declarant(s)																			
								VC A -l				M J	_4	c					
Address of Declarant(s)								Y C Acknow	wiedgen	nen	at attached (wana	atory	ior an	y amo				
City							P	ostal code											
State							_ C	ountry											

Multiple Bank Accounts Registration / Deletion Form





Folio No. Application No. OR (For Existing Unit Holders) Name of Sole / First Permanent Account No. (PAN) **Unit Holder** Old / Existing Bank Account details **: Bank A/c. Type: Savings Current NRI-NRO NRI-NRE Others Bank Account No. Bank Name ^ In case of non-availability of old bank proof (as mentioned in mandatory documents), In-Person verification (IPV) is mandatory 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) City State Zip Code Country (Mandatory) **Addition of Bank Accounts:** • If you are changing an existing bank account with a new one for redemption/dividend proceeds in future, please mention the new bank account in Part C as well as in Part D. If the new bank account is not mentioned in Part C, redemption/dividend proceeds will be sent to existing default bank account only. • For each bank account mentioned in Part C, Investors should submit originals of any one of the documents mentioned below. If copies are submitted, the originals should be produced for verification Please register my/our following additional bank accounts for all investments in my/our folios. I/we understand that I/we can choose to receive payment proceeds in any of these accounts, by making a specific request in my/our redemption request. I/We understand that the bank accounts listed below shall be taken up for registration in my/our folio and the same shall be registered only if there is a scope to register additional bank accounts in the folio subject to a maximum of five in the case of individuals and ten in the case of non-individuals. Bank A/c. Type: Savings Current NRI-NRO NRI-N.RE Others For each bank account, Investors should produce original for verification or submit originals of the documents mentioned below. **Account Type** (✓): ☐ Current ☐ Savings ☐ NRO# ☐ NRE# ☐ FCNR# ☐ . Core Bank Account No. **Bank Name** Branch PIN Code City IFSC Code^^ MICR Code^ ☐ Cancelled Cheque Leaf Any one Document with name of investor pre printed Passbook **Account Type** (✓): ☐ Current ☐ Savings ☐ NRO# ☐ NRE# ☐ FCNR# ☐ Core Bank Account No. **Bank Name** Branch PIN Code City IFSC Code^^ MICR Code^ ☐ Cancelled Cheque Leaf Any one Document with name of investor pre printed Passbook **Account Type** (✓) : ☐ Current ☐ Savings ☐ NRO# ☐ NRE# ☐ FCNR# ☐ Core Bank Account No. **Bank Name Branch** PIN Code City IFSC Code^^ MICR Code^ Any one Document with name of investor pre printed Passbook ☐ Cancelled Cheque Leaf **Account Type** (✓): ☐ Current ☐ Savings ☐ NRO# ☐ NRE# ☐ FCNR# ☐ Core Bank Account No. Branch **Bank Name** PIN Code City IFSC Code^^ MICR Code^ Any one Document with name of investor pre printed ☐ Cancelled Cheque Leaf Passbook ^ 9 digit code on your cheque next to the cheque number. ^^ 11 digit code printed on your cheque. # For NRI Investors. **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 Bank Account Deletion:** Name of Sole / First Unit Holder Please delete the following Bank accounts as registered accounts for my/our above folio: Bank Account No. Bank Name Bank Account No. **Bank Name** Bank Account No. Bank Name Bank Account No. **Bank Name**

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



My identity details for IPV ^^ : (copy enclosed & original shown for verification)*						
	Description	First Holder/Guardian	Joint Holder 1	Joint Holder 2		
	PAN/(Please Specify) #					
	Holder's Name					
	Contact Number					
	Signature [§]	×	x	x		

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 AUTHORISED 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=""></location>	
Date	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/altered, please intimate the AMC in writing of such change with an instruction to delete/alter it from our records
- 9. The Bank Account chosen as the primary/default bank account will be used for all Redemption payouts/Dividend payouts. At anytime, investor can instruct the AMC to change the default bank account by choosing one of the additional accounts already registered with the AMC.
- 10. If request for redemption is received prior to/together with a change of bank account or before verification and validation of the new bank account, the redemption request would be processed to the currently registered default (old) bank account.
- 11. If in a folio, purchase investments are vide SB or NRO bank account, the bank account types for redemption can be SB or NRO only. If the purchase investments are made vide NRE account(s), the bank account types for redemption can be SB/NRO/NRE.
- 12. The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their bank accounts in advance using this facility and ensure that payments for ongoing purchase transactions are from any of the registered bank accounts only, to avoid fraudulent transactions and potential rejections due to mismatch of pay-in bank details with the accounts registered in the folio.
- 13. HSBC Mutual Fund, the AMC and its registrar shall not be held liable for any loss arising to the Unitholder(s) on account of inadequate or incomplete documentation resulting in delay or rejection of the request.

HSBC Asset Management (India) Private Limited

Email: hsbcmf@camsonline.com Website: www.assetmanagement.hsbc.co.in