

Request Form for Change in Guardian of Minor Unitholder

To,
HSBC Mutual Fund

Dear Sirs,

I/We request you to note the change in the guardian of the below-named minor unitholder in your records for the reason indicated hereinbelow:

Name of the Minor Unitholder			
Folio No.			
Name of the new Guardian			
PAN of the new Guardian			
Contact details	Mobile: +91 <input style="width: 20px;" type="text"/>	Tel. No.:	<input style="width: 20px;" type="text"/>
	Email Id : <input style="width: 20px;" type="text"/>		
Relationship with the Minor	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <i>Please tick [✓] whichever is applicable</i>		
Reason for request for change in Guardian	<input type="checkbox"/> With mutual consent with the existing guardian (<i>who has signed below</i>). <input type="checkbox"/> Consequent on demise of the existing guardian. <input type="checkbox"/> Pursuant to appointment of a Legal guardian by a competent court.		
Signature of the new Guardian <i>(as per the bank account of the Minor, where the new guardian is registered as the Guardian)</i>	✗		
Attestation of signature of new Guardian by existing Guardian (<i>if change in the guardian is with mutual consent</i>)			
Name of the existing Guardian <i>(as registered in the Minor's folio)</i>			
Signature of existing Guardian	✗		
Attestation of signature of the new Guardian by the bankers			
Bank Name :			
Branch :		Bank City :	
A/c No. <input style="width: 20px;" type="text"/>	A/c Type: <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____		
Name* of the Authorised Bank Official :		✗	
Designation* :		Signature of bank official with Bank's Seal	
Employee Code* :			
Tel. Number* :			

**mandatory*

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Documents Attached

- Copy of PAN Card of the new Guardian
- KYC Acknowledgment OR KYC form of the new Guardian
- Attested* copy of Death Certificate of the Guardian (*if applicable*)
- Attested* copy of the court order if the change guardian is due to appointment of Legal Guardian by the court.
- Documentary evidence showing relationship of the new Guardian with the Minor (*such as the minor's Passport/ birth certificate/ PAN Card / School Leaving Certificate etc. of wherein name of the new guardian is mentioned*)
- A cancelled cheque evidencing the change of guardian in respect of the minor's registered bank account with the new Guardian's name.
- FATCA, CRS & Supplementary Information
- Annexure 1

**To be duly attested by a Notary Public or a Judicial Magistrate First Class (JMFC) or a Gazetted Officer.*

ACKNOWLEDGEMENT SLIP

Request for **Change in Guardian of Minor Unitholder** from _____
_____ for _____
Folio No. (subject to verification of documents).

✗
 ISC Stamp & Signature

Contact Us at : Toll Free Number – 1800 200 2434 / 1800 258 2434 (within India) or +91 44 39923900 (outside India)
Email id – hsbcmf@camsonline.com

FATCA-CRS DECLARATION & SUPPLEMENTARY KYC INFORMATION DECLARATION FORM FOR INDIVIDUALS

(Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance)



PAN / PEKRN*		<input type="text"/>	
		* PAN Exempted KYC Reference Number	
Name			
<input type="text"/>			
Address Type <i>[for KYC address]</i>		Nationality	
<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business		<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (please specify) _____	
Place of Birth		Country of Birth	
Gross Annual Income Details in INR		Occupation Details <i>[Please tick any one (✓)]</i>	
<input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Cr <input type="checkbox"/> > 1 Crore		<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (please specify) _____	
Net Worth in INR. In Lacs & Date <i>[Optional]</i>			
₹ <input type="text"/>			
D D M M Y Y Y Y			
Politically Exposed Person [PEP]		Any other information <i>[if applicable]</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable		(please specify)	

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes 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 a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

Sr.No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type <i>[TIN or other, please specify]</i>	If TIN is not available, please tick (✓) the reason A, B or C <i>[as defined below]</i>
1.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2.				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- 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 if the authorities of the respective country of tax residence do not required the TIN to be collected]*
- Reason C → Others – Please specify the reasons _____

DECLARATION

The Trustees, HSBC Mutual Fund

Having read and understood the contents of the Scheme Information Document, Key Information Document, Statement of Additional Information and Addenda of the Scheme(s) issued till date, I / We hereby agree to abide by the terms, conditions, rules and regulations of the Scheme and the above mentioned documents of HSBC Mutual Fund. I hereby authorize you to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to / any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs (the Authorized Parties) or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me of the same. Further, I authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days and also undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities. I/We authorize Fund/AMC/RTA to provide relevant information to upstream payors to enable withholding to occur and pay out any sums from my account or close or suspend my account(s) without any obligation of advising me of the same.

I / We confirm that the details provided by me / us are true and correct. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions given below and hereby accept the same.

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). I / We confirm that primary email ID provided belongs to self or a family member.

SIGNATURE(S) Signature should be in Black or Blue ink only.	✗	x	x
	Sole / First Unitholder / Guardian / PoA	Second Unitholder / PoA	Third Unitholder / PoA

ACKNOWLEDGEMENT SLIP

We [HSBC, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from Mr. / Ms. / M/s.

PAN on

Date :

Name & Emp. ID:

✗

Signature with Seal

FATCA & CRS TERMS & CONDITIONS

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which require Indian financial institutions such as the Banks/other financial entities 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.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green-card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

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.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA / CRS indicia
U.S. place of birth	<ol style="list-style-type: none">1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND3. Any one of the following documents:<ul style="list-style-type: none">• Certified Copy of "Certificate of Loss of Nationality• or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship;• or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none">1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p>If no Indian telephone number is provided</p> <ol style="list-style-type: none">1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and2. Documentary evidence (refer list below) <p>If Indian telephone number is provided along with a foreign country telephone number</p> <ol style="list-style-type: none">1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR



List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:



1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* **Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.**

HSBC Asset Management (India) Private Limited

Regd. Office : 16, Veer Nariman Road, Fort, Mumbai 400 001

 : 1800-200-2434 / 1800-258-2434 OR +91 44 39923900 to connect to our customer care centre.  : 022-49146254

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

BANK ATTESTATION OF ACCOUNT DETAILS & ACCOUNT-HOLDER'S SIGNATURE

{To be issued on the Bank's Letter Head OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

Date:

D	D	M	M	Y	Y	Y	Y
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TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____

is a customer of our bank, namely, _____ Name of the Bank _____,

_____ branch having the following Bank Account:

Account number :	<input type="text"/>
A/c Type (Pls ✓) :	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (Please specify) _____
MICR Code (9 Digit) :	<input type="text"/>
IFSC Code (11 Digit) :	<input type="text"/>

His/her address, as per our Bank records, is as follows:


City	Pin	State

Signature Verification by Bankers:

Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records

	Signature of the client
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Signature of the bank official with Bank's Seal

	
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Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

* Mandatory