Acknowledgement

Stamp & Date



Received from: Name

Request submitted for:

Mobile No.

Folio No/Application No:

+ 9 1 -

Bank Attestation of Account Details & signature of the New Karta of the HUF

{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}

This is to certify that,		Name of th	e HUF					_ HUF
nas the below-mentioned the Bank Account	with our bank, namely,		Name of the Bank	& Branch				
							brancl	1.
Bank Account Details								
Account number			MICR Code (9 Digit)					
A/c Type (Pls ✓): Savings Others (Pl. speci	Current NRE NRE	RO FCNR	IFSC Code (11 Digit)					
As per our Bank records, Mr./Ms.,		Nan	ne of the Karta					HUF
s the registered Karta of the abovenamed		HUF is as follow	'S:					
Address of HUF								
Address Line 1								
Address Line 2								
City	State _				Pin			
Signature Verification by Bankers								
		×	Signature	of the regis	tered Ka	rta		
Signature of the bank official with E	3ank's Seal		Signature of the l	oank officia	al with B	ank's Sea	ıl	
Name* of the attesting Bank Official								
Designation*								
Employee Code*								
Employee Code* Telephone Number*								

PAN

Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed

Acknowledgement

Stamp & Date



Mobile No.

Request submitted for:

+ 9 1 -

Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed

Bond of Indemnity to be furnished jointly by all Legal Heirs including the Claimant

(To be submitted on Non-judicial Stamp Paper of appropriate value)

[For Transmission of Units without production of Legal Representation on death of Sole Unit Holder or all Unit Holders in case of Joint Holding, where no Nomination has been registered]

(where aggregate value of investment under all folios is up to $\overline{\ }$ 2 lakhs)

nominee/s leaving behind lishe was governed at the tim	him/her the following persone of his/her death. Relationship with the Deceased
nominee/s leaving behind lishe was governed at the tim	him/her the following perso ne of his/her death. Relationship with the
she was governed at the tim	ne of his/her death. Relationship with the
she was governed at the tim	ne of his/her death. Relationship with the
she was governed at the tim	ne of his/her death. Relationship with the
she was governed at the tim	ne of his/her death. Relationship with the
she was governed at the tim	ne of his/her death. Relationship with the
she was governed at the tim	ne of his/her death. Relationship with the
the undersigned nless, the aforesaid Mutual etc., whatsoever which yo	al Fund and its successors are but may suffer and / or incur by
#, without	insisting on production of
and soals this day of	
nd sears tins day of	
	continued on next pag
IENT SLIP (To be fil	lled in by the Applicant
	etc., whatsoever which your signed Mr./Ms#, without#, without# and seals this day of

Signed	and delivered by the said legal heir/s.	
S. No.	Name the Legal Heirs	Signature of the Legal Heirs
1		×
2		×
3		×

- (*) = Name of the deceased unit holder
- (#) = Name of the claimant/s

SURETY

I/we, the undersigned Surety, certify that the above facts are true to the best of my/our knowledge and bind myself/ourselves as Surety to make good all claims, charges, costs, damages, demands, expenses and losses which the HSBC Mutual Fund, its successors and assigns may sustain, incur or be liable for in consequence of complying with the request contained above of the claimant herein and the said Mutual Fund and its successors, assigns will be entitled to claim and realise all claims, charges, costs, damages, demands, expenses and losses from me or from my properties, as the case may be.

S. No.	Sureties Name & Address (Mandatory)	Signature of the Surety
1.		×
2.		×

Signed be	efore me
At	×
On	Signature of Notary / JMFC
	×
Note: This indemnity is to be executed in the presence of a Judicial Magistrate first class OR a Public Notary	Official stamp & seal of the Notary Magistrate/ Notary & Regn. No.

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent: Computer Age Management System.

TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

Date:



To:

The Trustees,

Request for Transmission of Units by Nominee or Legal Heir

(For Transmission of Units on death of the Sole holder/all Joint Holders)

HSBC N	Nutual Fund		
	Request for deletion of name(s)	of the Sole holder/all Joint Holders	
Name	of the Claimant: Mr./Ms.		
Name o	of the Guardian ← in case the claimant is a minor → Date of Birth	of the minor* DDMMYYYY	Y
Mr./Ms			
Relatio	nship with Minor: Father Mother Court Appointed Guard	lian*	
	Claimant/Guardian):	KYC Acknowledgment attach	ed KYC form attached
Tax Sta	tus: Resident Individual Resident Minor (throug	h Guardian) NRI PIO Others (ple	ase specify)
		in Guardian)	ase specify)
	attach relevant proof		5 d 17 5 1 111 d 1 1 1
	laimant named hereinabove, hereby inform you about the demise of the be der(s) in my favour in my capacity as –	low mentioned unitholder(s) and request you to train	ismit the Units held by the deceased
Noi	minee Legal Heir Successor to the Estate of the deceased Ad	ministrator of the Estate of the deceased	
S. No.	Name(s) of the Deceased U	Unitholder(s)	Date of demise*
1	Mr./Ms.		DD / MM / YYYY
2	Mr./Ms.		DD / MM / YYYY
3	Mr./Ms.		DD / MM / YYYY
Please	attach certified copy of Death Certificate.		
Addres Addres	Address: SS (Please note that address will be updated as per Nominee's address on KYC for S Line 1 S Line 2		
City _	State		Pin
Overso	eas address mandatory for NRI /PIO		
Addres	s Line 1		
	s Line 2		n:
City _	State		Pin
Bank A	Account Details of the Claimant		
Name (of bank branch	MICR Code (9 Digit)	
City		Pin Code	
		·	
			continued on next pag
X	HSBC Mutual Fund	ACKNOWLEDGEMENT SLIP (To	be filled in by the investor)
Leauest	for transmission of units received from Nominee or Legal Heir		AA
10000	The second secon		×
or Folio	o No.	AN	
Mobile	No. + 9 1 -		ISC Stamp, Signature & Date
	Subject to further verification and furnishing of mandatory in	formation/documents.	

Bank Name	Account number												
A/c Type (Pls ✓): Savings Current NRE NRO FCNR Others	IFSC Code (11 Digit)								П	\Box			
Name of bank branch	MICR Code (9 Digit)							T					
	Pin Code					 		_					
City			/D 1	1									
Please attach & tick \(\sigma : \square \) Cancelled cheque with claimant's name printed OF					•4.4	41							
I also request you to pay the UNCLAIMED amounts, if any, in respect of the	deceased unitholder(s) to n	ne by d	lirect	credi	it to	the	bank	acc	coun	t mei	ntion	ied al	bove.
Additional KYC information (Please tick / whichever is applicable)													
Occupation Details (Please tick ✓) □ Private Sector Service □ Public Sector Service □ Government S	ervice Business	Pro	fessio	nal	[A	gricu	ıltur	ist		Retir	red [
Home Make Student Forex Dealer Others (Please			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Į.		Silve	itui			rccin	lou _	
The claimant is Politically Exposed Person Related to a Politically Expose	ed Person Neither (not a	pplicab	le)										
Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-2	5 Lacs 25 Lacs-1 crore	>1	crore										
FATCA and CRS information													
Address type: Residential Business Registered Office													
Country of Birth: Place of Birth:				Natio	onalı	ity _							_
Are you a tax resident of any country other than India? Yes No.	1.4	Y 1	.:0), T			., .		· c · ·	. ,		a
If Yes, please mention all the countries in which you are resident for tax purpos column below:	es and the associated Taxpa	iyer Ide	entifica	ation	Nur	nber	and	1ts 10	denti	ficati	on ty	pe in	1 the
	ntification Number				I	dent	ificat	ion '	Турє	e			
·													
Nomination [®] (Please ✓ one of the options below)													
☐ I/We DO NOT wish to make a nomination. (<i>Please tick</i> ✓ if you do not wish	to nominate anyone)												
I wish to make a nomination and hereby nominate the person/s more particula	rly described in the attached	d Nomi	inatio	n Fo	rm t	o rec	eive	the	Units	s held	l my/	our f	folio
in the event of my/our death.													
[®] Guardian of a minor is not allowed to make a nomination on behalf of the minor													
Declaration and Signature of Claimant													
I have attached herewith all the relevant/required documents as indicated in th I confirm that the information provided above is true and correct to the best of													
I hereby authorize HSBC Mutual Fund and its AMC/RTA to share/disclose a		ided by	me/ı	us. in	clud	ling a	anv c	hans	ges i	n resi	nect t	there	of to
the Mutual Fund's Bankers or my Distributor/Investment Advisor and to suc	h other service providers as	may b	e nece	essary	y foi	any	oper	ratio	nal r	reasor	n, inc	ludin	ng to
verify/validate my/our bank account details. I/We also authorize the Mutua including my holdings in the Mutual Fund to any governmental or statutory of													
me/us of the same.	or judicial authorities/agenc	108 48 1	equire	eu by	iaw	WIL	iout	any	OUII§	zatioi	1 01 11	111011	iiiig
Place	Signature of Claimant 💢												
Date													
At:	Signed before me												
On :													
Oil.		Signa	ature (_						& sea & Re		
					1100		14810					811. 1	
Note: This form is to be signed in the presence of a Judicial Magistrate First Class	(JMFC) OR a Public Notary	if the a	aggreg	gate v	alue	of t	ne Ur	nits l	oeing	g tran	smitte	ed is	more
than ₹ 2 lakhs													
Documents Attached:													
Copy of Death Certificate of the deceased unitholder	Copy of Birth												
Copy of PAN Card of Claimant/Guardian	KYC Acknow	_					form	of C	laim	ıant			
Cancelled cheque with claimant's name printed OR	Claimant's Bank Statement/Passbook												
Nomination Form duly completed	Cd TT 's T				`								
Annexure II - Bank Attestation of Signature & bank a/c. (if the aggregate value of	of the Units being transmitte	d is up	to₹2	lakh))								
Annexure-III - Bond of Indemnity furnished by Legal Heirs Annexure-III - Individual Affidavits given EACH Legal Heir													
Annexure-IV - NOC from other Legal Heirs													



Request for Change of Karta upon demise of the registered Karta

		Date: D D	M M Y Y Y
o: Trustage			
e Trustees, SBC Mutual Fund			
Name of the HUF:			
iame of the new Karta: Mr./Ms.			
AN of the new Karta:	KYC Acknowledgment attached	KYC form attached	
the surviving co-parcener of abovenamed HUF, hereby inform you that, Mr			
arta of the above HUF who was managing the affairs of the HUF, expired on www. Karta, being the senior most coparcener. I therefore, request you to replace the respect of the investments of the HUF in the following schemes/folios:			
Sr. Scheme Name		Folio No.	No. of units
1			
2			
3			
4			
Contact Details of the new Karta			
Mobile No.: + 9 1	Land Line No.: S T D -		
Email Address:			
Address of HUF (Please note that the address of the HUF will be updated as	per address on KYC form/KYC Reg	gistration Agency reco	rds)
Address Line 1			
Address Line 2 State		Pin	
Sank Account Details of the HUF		T III	
Bank Name	Account number		
\(\text{C Type (Pls \(\sigma \) : Savings \(\text{Current \(\text{NRE \(\text{NRO \(\text{FCNR \(\text{Others}}\)}\)}\)	IFSC Code (11 Digit)		
	MICR Code (9 Digit)]
Name of Bank Branch			
Sity Please attach a cancelled cheque (with name of the HUF pre-printed) OR Bank St	Pin Code tatement/Passbook of the HUF to valid	late vour hank details &	Banker's Certification of
he bank account details and signature of the new Karta as per Annexure 1.			
also request you to pay the UNCLAIMED amounts, if any, in respect of the HUF	•	entioned above.	
nereby state that whatever is stated herein above are true to the best of my/our known and the state of the best of my/our known are true to the best of my/our known are true true to the best of m	owledge & belief.		
Name & Signature of the New Karta Name		Sign	nature
		×	
		•	
ocuments Attached			
	with HUF name pre-printed OR HUF (if the HUF is not KYC complian		nt/Passbook of the HUF
Banker's Certification of the bank account details and signature of the new Kart	-		
Bond of Indemnity signed by all surviving coparceners (including the new Karta			
Document evidencing relationship of the new Karta and the other coparceners w	vith the deceased Karta		
. — — — — — — — — — — — — — — — — — — —		- — — — —	
HSBC Mutual Fund	ACKNOWLEDGEMENT	SLIP (To be filled	in by the investor)
eceived Request for Change of Karta upon demise of the registered Karta		×	
or Folio No.	AN		
Mobile No. + 9 1 -		ISC St	amp, Signature & Date

Subject to further verification and furnishing of mandatory information/documents.



Request for settlement of Claim by Surviving Members of a HUF which is dissolved upon demise of the registered Karta

(Where there are no surviving co-parceners)

Claimant details																	
Name of the Clain Name of the Guardi			claimant	ia a mi	nor —	Date of B	irth of	ho minor	· D	D M	MY	YY	v				
	an \ m	case the	Ciaimain	15 a 1111	iiiOi ,	Date of D	on un or	ine minior		10 111	111 1						
Mr./MsRelationship with M	finor:	Father	Moth	er 🗆	Court A	ppointed G	uardian	*									
PAN (Claimant/Gu										KYC Ack	nowledg	ment atta	iched	KYC	form	attach	ed
Tax Status:		Residen	t Individu	al	Residen	t Minor (thr	ough G	uardian)					please spe				
HUF details						•											
Name of the HUF:	Mr/Ms																
I, the abovenamed c		surviving	member	of abo	venamed	l HUF, herel	by infor	m you tha	t the Ka	ırta of the	above H	UF, Mr.					
										expired							
As there are no o	ther survivin	g coparc	ener exce	pt mys	elf, the a	bove HUF s	stands d	issolved C)R	•							
The surviving m			ve decide	d to di	ssolve/p	artition the	HUF as	per attacl	ned Sett	lement D	eed/Part	tion Dee	d/Court	Decree	e.		
(Please tick ✓ whice	hever is app	icable)															
I therefore request yo	ou to transmi	the Unit				following s	schemes	/folios &	proport								
Sr.			Sche	me Na	me					Foli	o No.		No. of	Units		% o	f Cla
1																	
2																	
3																	
4																	
[®] As per Deed of Sett	lement/Parti	tion of H	UF /Deci	ee of t	he compe	etent court											
As per Deed of Settle Contact details of t		-	UF /Deci	ee of t	he compe	etent court											
-	the Claiman	-	UF /Deci	ree of t	he compe	etent court	I	and Line	No.:	STI) -						
Contact details of t	the Claiman	-	UF /Deci	ree of t	he compe	etent court	I	and Line	No.:	S T I) -						
Contact details of t Mobile No.: +	the Claiman	t										ds)					
Mobile No.: + Email Address:	the Claiman 9 1 te that the add	t ress of the	claimant	will be	updated a	as per address	s on KYO	C form/KY	C Regisi			ds)					
Contact details of to Mobile No.: + Email Address: Address (Please not)	the Claiman 9 1 te that the add	t ress of the	claimant	will be	updated a	s per addres:	s on KYO	C form/KY	C Regisi			ls)					
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Subject to further verification and furnishing of mandatory information/documents.

Bank Name		Account number			T						\Box	
A/c Type (Pls ✓): Savings Current NRE NRO	FCNR Others	IFSC Code (11 Digit)										
Name of bank branch		MICR Code (9 Digit)										
		Pin Code		Ť			1					
CityPlease attach & tick ✓:		Till Code										
Cancelled cheque (with name of the claimant pre-printed)	OP											
Bank Statement/Passbook of the to validate the bank deta Annexure 1		er's Certification of the bar	ık accou	nt deta	ils a	nd s	ignat	ture o	of the	new]	Karta a	s per For
I also request you to pay the UNCLAIMED amounts of dimentioned above.	ividend or redempti	on proceeds in respect of t	the HUI	if an	y, to	me	by di	irect	cred	it to t	he ban	k accou
Additional KYC information (Please tick \checkmark whichever	is applicable)											
Occupation Details		·	n	c ·	,			. ,	ı. · .		⊐ n:	1.
Private Sector Service Public Sector Service Home Make Student Forex Dealer	Government S	Service Business specify)	Pro	fessioi	ıaı	L	Ag	gricu	lturist	[Reti	red
The claimant is Politically Exposed Person		blitically Exposed Person		Ne	ther	(not	annl	licabl	(e)			
Gross Annual Income (₹) Below 1 Lac 1-5 Lacs			Lacs - 1				crore	icaoi				
FATCA and CRS information	ad Office											
Address type: Residential Business Registered												
Country of Birth:				1	Vatio	nali	ty					
Are you a tax resident of any country other than India?												
If Yes, please mention all the countries in which you are re column below:	sident for tax purpos	es and the associated Taxpa	ayer Ide	ntifica	ion	Nun	nber	and i	ts ide	entific	ation ty	/pe in th
Country	Tax-Payer Ide	ntification Number				Id	lenti	ficati	on Ty	ype		
Nomination [®] (Please ✓ one of the options below) ☐ I/We DO NOT wish to make a nomination. (<i>Please tick</i> ☐ I wish to make a nomination and hereby nominate the period in the event of my/our death.			ed Nomi	natior	For	m t	o rec	eive 1	the U	nits h	eld my	our foli
[®] Guardian of a minor is not allowed to make a nomination o	n behalf of the minor											
,	n behalf of the minor											
© Guardian of a minor is not allowed to make a nomination o			·.									
© Guardian of a minor is not allowed to make a nomination o Declaration and Signature of Claimant/s	ents as indicated in the correct to the best of RTA to share/disclose nent Advisor and to so so authorize the Muti	ne attached Ready Reckoner my knowledge and belief. e any of the information pr such other service providers ual Fund & its AMC/RTA	ovided to as may	be ne	cessa re ar	ary :	for and for the	ny op infor	eration matic	onal r	eason, ovided	including
 Guardian of a minor is not allowed to make a nomination of Declaration and Signature of Claimant/s I have attached herewith all the relevant/required documer. I confirm that the information provided above is true and I undertake to keep HSBC Mutual Fund and its AMC/Funder to the Mutual Fund's Bankers or my Distributor/Investration verify/validate my/our bank account details. I/We all including my holdings in the Mutual Fund to any govern 	ents as indicated in the correct to the best of RTA to share / disclossment Advisor and to so authorize the Mutanmental or statutory of	ne attached Ready Reckoner my knowledge and belief. e any of the information pr such other service providers ual Fund & its AMC/RTA	ovided to as may to provide as re	be ne	cessa re ar	ary :	for and for the	ny op infor	eration matic	onal r	eason, ovided	including
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Form for Fresh Nomination/Change of Existing Nomination/Cancellation of Nomination

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders. Please read the instructions carefully before filling up this form

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☐ Change of Nomination ☐ Cancellation of Nomination

Request submitted for: Registration of Nomination

I/We DO NOT wish to make a nomination. (<i>Please tick</i> •	f the unitholder does not wish to nominate anyone)
	J

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

×	×	×
Signature of the 1st unitholder	Signature of the 2nd unitholder	Signature of the 3rd unitholder

INSTRUCTIONS

- 1. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
- 2. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder *cannot* nominate.
- 3. Nomination is not allowed in a folio of a Minor unitholder.
- 4. If the units are held jointly (i.e., in case of multiple unitholders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/operation is on "Anyone or Survivor" basis).
- 5. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
- 6. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- 7. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
- 8. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- 9. **Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add up to 100%, the nomination request shall be treated as invalid and rejected. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation/claim settlement shall be made equally amongst all the nominees.
- 10. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
- 11. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio/account.
- 12. Nomination shall stand rescinded upon the transfer of units.
- 13. **Death of Nominee/s:** In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
- 14. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund/Trustees against the legal heir(s).
- 15. Cancellation of Nomination: Request for cancellation of Nomination made can be made only by the unitholders. The nomination shall stand rescinded on cancellation of the nomination and the AMC shall not be under any obligation to transfer/transmit the units in favour of the Nominee.
- 16. Unitholders who do not wish to nominate are required to confirm the same by indicating their choice in the space provided in the nomination form.
- 17. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- 18. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission/claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent: Computer Age Management System.

TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in