

**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 &amp; 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, \_\_\_\_\_ Name of the HUF \_\_\_\_\_ HUF

has the below-mentioned the Bank Account with our bank, namely, \_\_\_\_\_ Name of the Bank &amp; Branch \_\_\_\_\_

\_\_\_\_\_ branch.

Bank Account Details																														
Account number <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																					MICR Code (9 Digit) <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>									
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 (Pl. specify) _____	IFSC Code (11 Digit) <table border="1" style="display: inline-table; border-collapse: collapse; width: 100%; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																													

As per our Bank records, Mr./Ms. , \_\_\_\_\_ Name of the Karta \_\_\_\_\_ HUF

is the registered Karta of the abovenamed HUF and the address of the said HUF is as follows:

Address of HUF											
Address Line 1 _____											
Address Line 2 _____											
City _____	State _____ Pin <table border="1" style="display: inline-table; border-collapse: collapse; width: 100px; height: 20px;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>										

Signature Verification by Bankers	
<b>Signature of the abovenamed customer in the box alongside, verified &amp; validated with his/her specimen signature as per Bank's records</b>	<span style="font-size: 2em; color: red;">✘</span>  Signature of the registered Karta
<b>Signature of the bank official with Bank's Seal</b>	<span style="font-size: 2em; color: red;">✘</span>  Signature of the bank official with Bank's Seal

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

\* Mandatory

 Received from : Name \_\_\_\_\_  
 Folio No/Application No: 

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 PAN 

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 Mobile No. + 9 1 - 

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 Request submitted for: \_\_\_\_\_

 Acknowledgement  
Stamp & Date

**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 ₹ 2 lakhs)**Date: 

D	D	M	M	Y	Y	Y	Y
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I/We do hereby solemnly affirm and state on oath as follows:

That Mr./Ms. \_\_\_\_\_ *Name of the deceased unit holder* \_\_\_\_\_ was holding the Units in following schemes/folios :

Sr.	Scheme Name	Folio No.	No. of Units held
1			
2			
3			
4			
5			

That the aforesaid unit holder died *intestate* on \_\_\_\_\_, without registering any nominee/s leaving behind him/her the following persons as the only surviving legal heirs, according to the Law of Intestate Succession applicable to him/her by which he/she was governed at the time of his/her death.

S. No.	Name of the Claimant/s	Address	Age	Relationship with the Deceased
1				
2				
3				
4				

Therefore, I/We, the deponent/s herein has/have, approached HSBC Mutual Fund with a request to transfer the aforesaid Units in the name of the undersigned

Mr./Ms. \_\_\_\_\_ #, on my/our behalf, without insisting on production of a Succession Certificate or the order of a competent court, for which we or any one on our behalf, execute an indemnity as is herein contained and on relying on the information herein given by us, believing the same to be true.

In consideration therefore of my/our request to transfer/transmit the above said Mutual Fund units to the name of the undersigned

Mr./Ms. \_\_\_\_\_ #,

I/We hereby jointly and severely agree and undertake to indemnify and keep indemnified, saved, defended, harmless, the aforesaid Mutual Fund and its successors and assigns for all time hereafter against all losses, costs, claims, actions, demands, risks, charges, expenses, damages, etc., whatsoever which you may suffer and / or incur by reason of your, at my/our request, transferring the said Mutual Fund units as herein above mentioned, to the undersigned Mr./Ms. \_\_\_\_\_

\_\_\_\_\_, #, without insisting on production of a Succession Certificate or an order of the court of competent jurisdiction.

IN WITNESS WHERE OF the said Mr./Ms. \_\_\_\_\_

\_\_\_\_\_, have hereunto set their respective hands and seals this day of \_\_\_\_\_

*...continued on next page*

Received from : Name

Folio No./Application No: 

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Mobile No.

+	9	1	-																
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Request submitted for: \_\_\_\_\_

Acknowledgement  
Stamp & Date*Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed*

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 before me

At _____ On _____	✗  Signature of Notary / JMFC
<b>Note:</b> 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](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://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)
<b>Toll Free Number</b>	1800-4190-200 / 1800-200-2434	1800-419-9800	<b>1800-4190-200 / 1800-200-2434</b>	+91 44 39923900
<b>Email ID</b>	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

**Request for Transmission of Units by Nominee or Legal Heir**

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

 Date: 

D	D	M	M	Y	Y	Y	Y
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 To:  
 The Trustees,  
 HSBC Mutual Fund

**Request for deletion of name(s) of the Sole holder/all Joint Holders**
**Name of the Claimant :** Mr./Ms. \_\_\_\_\_

 Name of the Guardian ← in case the claimant is a minor → Date of Birth of the minor\* 

D	D	M	M	Y	Y	Y	Y
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Mr./Ms. \_\_\_\_\_

 Relationship with Minor:  Father  Mother  Court Appointed Guardian\*

 PAN (Claimant/Guardian): 

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 KYC Acknowledgment attached  KYC form attached

 Tax Status:  Resident Individual  Resident Minor (through Guardian)  NRI  PIO  Others (please specify)

\*Please attach relevant proof

I, the claimant named hereinabove, hereby inform you about the demise of the below mentioned unitholder(s) and request you to transmit the Units held by the deceased unitholder(s) in my favour in my capacity as –

 Nominee  Legal Heir  Successor to the Estate of the deceased  Administrator of the Estate of the deceased

S. No.	Name(s) of the Deceased 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.

@As per Nomination OR as per the Will/Probate/Succession Certificate/ Court order, if applicable.

A certified copy of his/her/their Death Certificate/s is/are attached herewith.

I/we, therefore, request you to delete the name/s of the aforesaid deceased unitholder/s in your records and transmit the Units in the above mentioned folios in my/our name/s.

I also request you to update my email and mobile no. in your records as follows:

**Contact details of the Claimant**

Mobile No.: + 9 1 \_\_\_\_\_ Land Line No.: S T D - \_\_\_\_\_

Email Address: \_\_\_\_\_

**Address (Please note that address will be updated as per Nominee's address on KYC form/KYC Registration Agency records)**

 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Pin 

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**Overseas address mandatory for NRI /PIO**

 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Pin 

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**Bank Account Details of the Claimant**

 Name of bank branch \_\_\_\_\_ MICR Code (9 Digit) 

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 City \_\_\_\_\_ Pin Code 

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Request for transmission of units received from Nominee or Legal Heir \_\_\_\_\_

 for Folio No. 

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Mobile No. + 9 1 - \_\_\_\_\_

 ISC Stamp, Signature & Date
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Subject to further verification and furnishing of mandatory information/documents.

Bank Name _____	Account number _____
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	IFSC Code (11 Digit) _____
Name of bank branch _____	MICR Code (9 Digit) _____
City _____	Pin Code _____

Please attach & tick ✓ :  Cancelled cheque with claimant's name printed OR  Claimant's Bank Statement/Passbook

I also request you to pay the UNCLAIMED amounts, if any, in respect of the deceased unitholder(s) to me by direct credit to the bank account mentioned above.

**Additional KYC information (Please tick ✓ whichever is applicable)**

**Occupation Details (Please tick ✓)**

Private Sector Service  Public Sector Service  Government Service  Business  Professional  Agriculturist  Retired   
Home Make  Student  Forex Dealer  Others (Please specify) \_\_\_\_\_

The claimant is  Politically Exposed Person  Related to a Politically Exposed Person  Neither (not applicable)

Gross Annual Income (₹)  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  25 Lacs-1crore  >1 crore

**FATCA and CRS information**

**Address type:**  Residential  Business  Registered Office

Country of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Nationality \_\_\_\_\_

Are you a tax resident of any country other than India?  Yes  No.

If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below:

Country	Tax-Payer Identification Number	Identification Type

**Nomination<sup>®</sup> (Please ✓ one of the options below)**

I/We **DO NOT** wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)

I wish to make a nomination and hereby nominate the person/s more particularly described in the **attached Nomination Form** to receive the Units held my/our folio in the event of my/our death.

<sup>®</sup> 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 the attached Ready Reckoner.
- I confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I hereby authorize HSBC Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor/Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my/our bank account details. I/We also authorize the Mutual Fund & its AMC/RTA to provide/share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

Place \_\_\_\_\_

Date \_\_\_\_\_

At : \_\_\_\_\_

On : \_\_\_\_\_

Signature of Claimant ✗

Signed before me

Signature of Notary/JMFC Official stamp & seal of the  
Notary Magistrate/Notary & Regn. No.

**Note:** This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹ 2 lakhs

**Documents Attached:**

- Copy of Death Certificate of the deceased unitholder
- Copy of Birth Certificate (in case the Claimant is a minor)
- Copy of PAN Card of Claimant/Guardian
- KYC Acknowledgment OR  KYC form of Claimant
- Cancelled cheque with claimant's name printed OR
- Claimant's Bank Statement/Passbook
- Nomination Form duly completed
- Annexure-I - Bank Attestation of Signature & bank a/c. (if the aggregate value of the Units being transmitted is up to ₹ 2 lakh)
- Annexure-II - Bond of Indemnity furnished by Legal Heirs
- Annexure-III - Individual Affidavits given EACH Legal Heir
- Annexure-IV - NOC from other Legal Heirs

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

**Request for Change of Karta upon demise of the registered Karta**

 Date: 

D	D	M	M	Y	Y	Y	Y
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 To:  
 The Trustees,  
 HSBC Mutual Fund

**Name of the HUF:**
**Name of the new Karta:** Mr./Ms.

 PAN of the new Karta : 

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 KYC Acknowledgment attached  KYC form attached

I, the surviving co-parcener of abovenamed HUF, hereby inform you that, Mr. \_\_\_\_\_, the Karta of the above HUF who was managing the affairs of the HUF, expired on \_\_\_\_\_ and I have taken over the affairs of the above HUF as its new Karta, being the senior most coparcener. I therefore, request you to replace the name of the deceased Karta with my name as the new Karta of the HUF in your records in 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							
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 Land Line No.: 

S	T	D	-						
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 Email Address: 

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**Address of HUF (Please note that the address of the HUF will be updated as per address on KYC form/KYC Registration Agency records)**

 Address Line 1 \_\_\_\_\_  
 Address Line 2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Pin 

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**Bank Account Details of the HUF**

Bank Name _____	Account number <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
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	IFSC Code (11 Digit) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
Name of Bank Branch _____	MICR Code (9 Digit) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											
City _____	Pin Code <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											

*Please attach a cancelled cheque (with name of the HUF pre-printed) OR Bank Statement/Passbook of the HUF to validate your bank details & Banker's Certification of the bank account details and signature of the new Karta as per Annexure 1.*

I also request you to pay the UNCLAIMED amounts, if any, in respect of the HUF by direct credit to the bank account mentioned above.

I hereby state that whatever is stated herein above are true to the best of my/our knowledge &amp; belief.

**Name & Signature of the New Karta**

Name	Signature
	✗

**Documents Attached**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Copy of Death Certificate of the deceased Karta   | <input type="checkbox"/> Cancelled cheque with HUF name pre-printed OR         | <input type="checkbox"/> Bank Statement/Passbook of the HUF |
| <input type="checkbox"/> KYC Acknowledgment OR   | <input type="checkbox"/> KYC Form of the HUF (if the HUF is not KYC compliant) |   |
| <input type="checkbox"/> Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure 1A |  |   |
| <input type="checkbox"/> Bond of Indemnity signed by all surviving coparceners (including the new Karta) as per Annexure V.        |  |   |
| <input type="checkbox"/> Document evidencing relationship of the new Karta and the other coparceners with the deceased Karta       |  |   |

Received Request for Change of Karta upon demise of the registered Karta \_\_\_\_\_

 for Folio No. 

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 PAN 

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 Mobile No. 

+	9	1	-						
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✗
ISC Stamp, 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)

 Date: 

D	D	M	M	Y	Y	Y	Y
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 To:  
 The Trustees,  
 HSBC Mutual Fund

**Claimant details**

**Name of the Claimant :** Mr./Ms. \_\_\_\_\_

Name of the Guardian ← in case the claimant is a minor → Date of Birth of the minor\* 

D	D	M	M	Y	Y	Y	Y
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Mr./Ms. \_\_\_\_\_

Relationship with Minor:  Father  Mother  Court Appointed Guardian\*

PAN (Claimant/Guardian): 

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 KYC Acknowledgment attached  KYC form attached

Tax Status:  Resident Individual  Resident Minor (through Guardian)  NRI  PIO  Others (please specify) \_\_\_\_\_

**HUF details**

**Name of the HUF:** Mr./Ms. \_\_\_\_\_

I, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that the Karta of the above HUF, Mr. \_\_\_\_\_ expired on \_\_\_\_\_.

As there are no other surviving coparcener except myself, the above HUF stands dissolved OR

The surviving members of the HUF have decided to dissolve/partition the HUF as per attached Settlement Deed/Partition Deed/Court Decree.

(Please tick ✓ whichever is applicable)

I therefore request you to transmit the Units held by the HUF in the following schemes/folios &amp; proportion in my favour:

Sr.	Scheme Name	Folio No.	No. of Units	% of Claim <sup>@</sup>
1				
2				
3				
4				

@As per Deed of Settlement/Partition of HUF /Decree of the competent court

**Contact details of the Claimant**

Mobile No.: + 9 1 

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 Land Line No.: 

S	T	D	-						
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Email Address: 

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**Address (Please note that the address of the claimant will be updated as per address on KYC form/KYC Registration Agency records)**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin 

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**Overseas address mandatory for NRI/PIO**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin 

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Received from: \_\_\_\_\_

Folio No./Application No. 

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Mobile No. + 9 1 - 

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Request submitted \_\_\_\_\_

 ISC Stamp, Signature & Date
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Subject to further verification and furnishing of mandatory information/documents.

Bank Account Details of the Claimant	
Bank Name _____	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	IFSC Code (11 Digit) <input type="text"/>
Name of bank branch _____	MICR Code (9 Digit) <input type="text"/>
City _____	Pin Code <input type="text"/>

**Please attach & tick ✓ :**

- Cancelled cheque (with name of the claimant pre-printed) OR  
 Bank Statement/Passbook of the to validate the bank details along with a Banker's Certification of the bank account details and signature of the new Karta as per Form Annexure I

**I also request you to pay the UNCLAIMED amounts of dividend or redemption proceeds in respect of the HUF if any, to me by direct credit to the bank account mentioned above.**

Additional KYC information (Please tick ✓ whichever is applicable)	
<b>Occupation Details</b>	
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> <input type="checkbox"/> Home Make <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____	
The claimant is <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (not applicable)	
Gross Annual Income (₹) <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 crore <input type="checkbox"/> >1 crore	

FATCA and CRS information		
<b>Address type:</b> <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office		
Country of Birth: _____	Place of Birth: _____ Nationality _____	
Are you a tax resident of any country other than India ? <input type="checkbox"/> Yes <input type="checkbox"/> No.		
If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below:		
Country	Tax-Payer Identification Number	Identification Type

Nomination® (Please ✓ one of the options below)	
<input type="checkbox"/> I/We <b>DO NOT</b> wish to make a nomination. (Please tick ✓ if you do not wish to nominate anyone)	
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the <b>attached Nomination Form</b> to receive the Units held my/our 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/s	
<ul style="list-style-type: none"> <li>I have attached herewith all the relevant/required documents as indicated in the attached Ready Reckoner.</li> <li>I confirm that the information provided above is true and correct to the best of my knowledge and belief.</li> <li>I undertake to keep HSBC Mutual Fund and its AMC/RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Bankers or my Distributor/Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my/our bank account details. I/We also authorize the Mutual Fund &amp; its AMC/RTA to provide/share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.</li> </ul>	
Place _____ Date _____ At : _____ On : _____	<b>Signature of Claimant</b> ✕  <b>Signed before me</b>  Signature of Notary/JMFC Official stamp & seal of the Notary Magistrate/Notary & Regn. No.

**Note:** This form is to be signed in the presence of a Judicial Magistrate First Class (JMFC) OR a Public Notary if the aggregate value of the Units being transmitted is more than ₹ 2 lakhs

Documents Attached:	
<input type="checkbox"/> Copy of Death Certificate of the deceased Karta	<input type="checkbox"/> Copy of Birth Certificate (in case the Claimant is a minor)
<input type="checkbox"/> Copy of PAN Card of Claimant/Guardian	<input type="checkbox"/> KYC Acknowledgment OR <input type="checkbox"/> KYC form of Claimant
<input type="checkbox"/> Cancelled cheque with claimant's name printed OR	<input type="checkbox"/> Claimant's Bank Statement/Passbook <input type="checkbox"/> Nomination Form duly completed
<input type="checkbox"/> Annexure-I - Bank Attestation of Signature & bank a/c. (if the aggregate value of the Units being transmitted is up to ₹ 2 lakh)	
<input type="checkbox"/> Bond of Indemnity signed by surviving coparceners as per Annexure VI.	
Notarised copy of :	<input type="checkbox"/> Deed of Settlement <input type="checkbox"/> Deed of Partition of HUF <input type="checkbox"/> Decree of the competent court





I/We **DO NOT** wish to make a nomination. (Please tick  if the unitholder does not wish to nominate anyone)

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.

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#### CALL US AT

Please visit our website [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://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