

## TRANSMISSION TO SURVIVING HOLDERS - 2<sup>ND</sup> & 3<sup>RD</sup> HOLDER DECEASED

TRANSMISSION DOCUMENTS MATRIX - READY RECKONER							
S. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination registered	Sole Holder / All Joint holders deceased & Nomination NOT registered	Karta of HUF deceased	
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
1.	Prescribed Transmission Request Form	✓ Form T1	✓ Form T2	✓ Form T3	✓ Form T3	✓ Form T4	✓ Form T5
2.	Death Certificate of deceased Unit Holder/s / Karta in original or Photocopy duly attested by a Notary Public or a Gazetted Officer.	✓	✓	✓	✓	✓	✓
3.	Copy of Birth Certificate (in case the Claimant is a minor)	NA	✓	✓	✓	NA	✓
4.	KYC of the Claimant / New Karta / Guardian (in case of nominee /claimant being a minor / of unsound mind).	✓*	✓*	✓	✓	✓	✓
5.	Cancelled cheque leaf with name and bank account number pre-printed OR copy of bank statement / Photocopy of Bank Passbook with current entries (not older than 3 months) attested by a Notary Public or a Gazetted Officer or Bank Manager.	✓	✓	✓	✓	✓	✓
6.	Bank Attestation of Signature of the Claimant/ Guardian (in case the Claimant is a minor) by the Bank Manager as per Annexure-I where Transmission value upto ₹ 200,000:	NA	NA	✓	✓	NA	✓
7.	Bank's letter certifying / attesting the signature and details of new Karta in the bank account of the HUF as per Annexure-1a	NA	NA	NA	NA	✓	NA
8.	Attestation of Signature of the Claimant by a Notary Public or a Judicial Magistrate First Class, if the Transmission value in more than ₹ 200,000: (in the space provided in TRF)	NA	NA	✓	✓	NA	✓

\*If not KYC compliant

SUPPORTING LEGAL DOCUMENTS							
S. No.	Documents required for Transmission	Transmission to Surviving Holders		Sole Holder / All Joint holders deceased & Nomination registered	Sole Holder / All Joint holders deceased & Nomination NOT registered	Karta of HUF deceased	
		2nd or 3rd Holder deceased	1st Holder deceased			New Karta Appointed	HUF Dissolved
(i)#	Indemnity Bond duly signed and executed by all legal heir/s confirming the claimants (Annexure II) - duly notarised	NA	NA	NA	✓	NA	NA
(ii)	Individual Affidavit by all legal heir/s (Annexure III) - duly Notarised	NA	NA	NA	✓	NA	NA
(iii)	Transmission value upto ₹ 200,000:						
	Document evidencing relationship of the claimant/s with the deceased unitholder/s	NA	NA	NA	✓	NA	NA
	NOC from other Legal Heirs ( Annexure – IV)	NA	NA	NA	✓	NA	NA
	Any appropriate document evidencing relationship of the new Karta and the other coparceners with the deceased Karta.	NA	NA	NA	NA	✓	NA
(iv)	Transmission value is more than ₹ 200,000:						
	(i) Notarised copy of the Probated Will OR						
	(ii) Notarised copy Legal Heir certificate or Succession certificate issued by a competent court OR	NA	NA	NA	✓	NA	NA
	(iii) Notarised copy Letter of Administration, in case of an intestate Succession						
	Notarized copy of –						
	Deed of Settlement or Deed of Partition or Decree of the relevant competent Court	NA	NA	NA	NA	NA	✓
	In case of no surviving co-parceners and the transmission value is more than ₹ 200,000 OR where there is an objection from any surviving members of the HUF	NA	NA	NA	NA	✓	NA
(v)	Indemnity bond signed by all co-parceners including the new Karta (Annexure V)	NA	NA	NA	NA	✓	NA
(vi)	Indemnity bond signed by the Claimant, where there is no surviving co-parcener or the HUF has been dissolved/ partitioned after demise of the Karta (Annexure VI)	NA	NA	NA	NA	NA	✓

# In case the claimant produces any one of the documents mentioned at (iv) above, where transmission value is more than ₹ 2 Lakhs, then indemnity bond as mentioned at point no (i) would not be required

Note - All the supporting documents should be either notarized or a notarised copy duly attested by a Gazetted Officer with the Name, seal, signature and designation of the attesting official. For HUF, HUF seal to be affixed on all the documents.

**REQUEST FOR TRANSMISSION OF UNITS**  
 (Deletion of name/s of Joint Holders in case of death of the 2nd or 3rd Holder)

 Date: 

 To:  
 The Trustees,  
 \_\_\_\_\_ Mutual Fund

Sirs,

**Request for deletion of name(s) of the 2nd/ 3rd Holder**

Sr. #	Scheme Name	Folio No.	No. of units
1			
2			
3			
4			

I/We, the surviving Unit holder/s in the above schemes/folios regret to inform you the demise of the following joint holder(s) on the dates mentioned below –

S.No.	Name(s) of the Deceased Unitholder(s)	Date of demise*
1	Mr./Ms.	DD/MM/YYYY
2	Mr./Ms.	DD/MM/YYYY

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 abovementioned folios in my/ our name/s.

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

Mobile No.: + 9 1 <input style="width: 20px;" type="text"/>	Tel.No.: S T D - <input style="width: 20px;" type="text"/>
Email Address:	

 The existing bank account details registered in the above folios may be  **Continued\***/  **Replaced\*** as per attached fresh Bank Mandate Form.

**Nomination** (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/We wish to continue the existing nomination made by me/us in the above folios previously.

I/We wish to make a fresh 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.

**Name & Signature of the surviving Unit holder/s**

S.No.	Name	PAN	Signature
1			✘
2			✘

 \* Please tick () whichever is applicable.

**Attachments:**

- Copy of Death Certificate of the deceased unitholder
- Fresh Bank Mandate Form (Form enclosed)
- Nomination Form duly completed (Form enclosed)
- KYC of the surviving unit holder(s), *if not already complied earlier.*

**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

Name of 1st Holder \_\_\_\_\_

Name of 2nd Holder \_\_\_\_\_

Name of 3rd Holder \_\_\_\_\_

I/We, the above named Unitholders of \_\_\_\_\_

Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my /

Cancel the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below

(tick whichever is applicable).

S.No.	Scheme Name	Folio No.
1		
2		
3		
4		

**Name of the 1st Nominee :** \_\_\_\_\_ **% of Allocation :** \_\_\_\_\_

PAN of the Nominee/Guardian\* : \_\_\_\_\_ Date of Birth of Nominee\* :

Name of the Guardian\* : \_\_\_\_\_

Guardian's Relationship with Nominee :  Mother  Father  Legal Guardian

Proof of relationship :  Birth Certificate  School Leaving Certificate  Passport  Others

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

City : \_\_\_\_\_ State : \_\_\_\_\_ PIN

**Name of the 2nd Nominee :** \_\_\_\_\_ **% of Allocation :** \_\_\_\_\_

PAN of the Nominee/Guardian\* : \_\_\_\_\_ Date of Birth of Nominee\* :

Name of the Guardian\* : \_\_\_\_\_

Guardian's Relationship with Nominee :  Mother  Father  Legal Guardian

Proof of relationship :  Birth Certificate  School Leaving Certificate  Passport  Others

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

City : \_\_\_\_\_ State : \_\_\_\_\_ PIN

**Name of the 3rd Nominee :** \_\_\_\_\_ **% of Allocation :** \_\_\_\_\_

PAN of the Nominee/Guardian\* : \_\_\_\_\_ Date of Birth of Nominee\* :

Name of the Guardian\* : \_\_\_\_\_

Guardian's Relationship with Nominee :  Mother  Father  Legal Guardian

Proof of relationship :  Birth Certificate  School Leaving Certificate  Passport  Others


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

City : \_\_\_\_\_ State : \_\_\_\_\_ PIN

*\*applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)*

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
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## Request for Change / Addition of Bank Mandate / Updation of Tax Status

<b>Folio No(s).</b>	1. <table style="border: 1px solid black; width: 100%; height: 20px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>					2. <table style="border: 1px solid black; width: 100%; height: 20px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>				
	3. <table style="border: 1px solid black; width: 100%; height: 20px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>					4. <table style="border: 1px solid black; width: 100%; height: 20px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>				
<b>PAN/PEKRN</b>	<table style="border: 1px solid black; width: 100%; height: 20px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>									
<b>Investor's Name</b>	<table style="border: 1px solid black; width: 100%; height: 20px;"><tr><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td></tr></table>									

Change of Bank Mandate     Addition of Bank Mandate (For Adding more than one Bank – Multiple Bank Mandate form to be used)     Updation of Tax Status

To,  
HSBC Mutual Fund

This has the reference to my/our investments in the captioned folio(s) in your Fund.

I/We would like to Change/addition of my/our Bank Mandate/Updation of Tax Status registered in the referred Folio(s) as per the details provided below:

### 1. 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)**

State	Country (Mandatory)	City	Zip Code		

### 2. Old / Existing Bank Account Details \*\* :

Bank Account No. 

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

Bank Name:

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

### 3. New Bank Account Details \*\*: (The new bank account mentioned in this form will be registered as the default account and shall be updated for all future transactions under the given folios. For Adding more than one Bank – Multiple Bank Mandate form to be used)

Bank Account No. 

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

Bank Name :

Bank Branch Name :

City :

IFSC Code 

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### 4. Contact Details:

**Phone**    O    

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    Extn.    

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    Fax    

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R    

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    Mobile    

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**E-mail+**

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

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

You are requested to update my new contact details in your records.

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

Description	First Holder / Guardian	Joint Holder1	Joint Holder2
PAN/ (Please Specify) #			
Holder's Name			
Contact Number			
<b>Signature <sup>§</sup></b>	<b>×</b>	<b>X</b>	<b>X</b>

#### DECLARATION :

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

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

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

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

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

**6. 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		X							
Employee No.									
Location Name	CAMS/AMC - <Location Name>								
Date	<table border="1" style="display: inline-table;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Signature with Branch Seal

**7. 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.**

**Terms & Conditions**

1. Unitholder(s) are strongly advised to register their various bank accounts and continuously update the bank account details with the mutual fund, using this facility well in advance and specify any one of registered bank account for payment of redemption proceeds with each redemption request. If any of the registered bank accounts are closed / altered, please intimate such change with an instruction to delete / alter it from of our records using this form.
2. The first / sole unit holder in the folio should be amongst any one of the bank account holders. Unit holder(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.
3. Bank Account Details with Redemption Request: Please note the following important points related to payment of redemption proceeds:
  - a) Proceeds of any redemption request will be sent only to a bank account that is already registered and validated in the folio at the time of redemption transaction processing.
  - b) Investor may choose to mention any of the existing registered bank account with redemption request for receiving redemption proceeds. If no registered bank account is mentioned, default bank account will be used.
  - c) If unitholder(s) provide a new and unregistered bank mandate with a specific redemption request (with or without necessary supporting documents) such bank account will not be considered for payment of redemption proceeds. The redemption proceeds shall be paid to the existing bank account registered at the time of redemption payout.
4. The registered bank accounts will also be used to identify the pay-in proceeds. Hence, unit holder(s) are advised to register their various 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.
5. If in an NRI 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 accounts types for redemption can be SB / NRO / NRE.

**CALL US AT**

**HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:**

● Ahmedabad : Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● Bengaluru : No. 7, HSBC Center, M.G. Road, Bengaluru - 560 001. ● Chandigarh: SCO 1, Sector 9 D, Chandigarh - 160 017. ● Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082. ● Kolkata :31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● Mumbai : 16, V.N. Road, Fort, Mumbai - 400 001 ● New Delhi : Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. ● Pune : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411 001.

**TOLL FREE NUMBER : 1800 200 2434 / 1800 258 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our customer care centre.**

▶ Contact us at [hsbcmf@camsonline.com](mailto:hsbcmf@camsonline.com)

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

## 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)

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

<b>SIGNATURE(S)</b> Signature should be in Black or Blue ink only.	✘	X	X
	Sole / First Unitholder / Guardian / PoA	Second Unitholder / PoA	Third Unitholder / PoA

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

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

- Certificate of residence issued by an authorized government body\*
- 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](mailto:hsbcmf@camsonline.com) 🌐 [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in)