

Request for Transmission of Units by Surviving Joint Holder/s

(Where the 1st holder is Deceased)

 Date:

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

Sirs,

I/We, the joint holder/s in the below mentioned Schemes/ folios hereby inform you that the 1st Holder in the said folios, viz.,

 Mr./Ms. _____ expired on

D	D	M	M	Y	Y	Y	Y
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A certified copy of his/her Death Certificate is attached herewith.

Sr. #	Scheme Name	Folio No.	No. of units
1			
2			
3			
4			
5			

I/we, the surviving Unitholder/s therefore request you to transmit the Units in the above mentioned folios in my/our name/s in the following order:

UH.	Name of the Unitholder	PAN	Tax Status
1	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO
2	Mr./Ms.		<input type="checkbox"/> Resident <input type="checkbox"/> NRI <input type="checkbox"/> PIO

 I/we also request you to pay the UNCLAIMED amounts, *if any*, in respect of the deceased unitholder to the aforesaid new Holder No. 1, named at Sr. No. 1 above, by direct credit to the bank account mentioned hereinbelow.

Contact Details of Holder No. 1	
Mobile No.: + 9 1 _____	Land Line No.: S T D - _____
Email Address: _____	

Address of Holder No. 1 <small>(Please note that your address will be updated as per your address on KYC form/KYC Registration Agency records)</small>						
Address Line 1 _____						
Address Line 2 _____						
City _____	State _____ Pin <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> </tr> </table>					

Overseas address mandatory for NRI /PIO						
Address Line 1 _____						
Address Line 2 _____						
City _____	State _____ Pin <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> </tr> </table>					

Bank Account Details of Holder No. 1																					
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> <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> <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> <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 & tick ✓ any one of the following to validate your bank details :

- Cancelled cheque with claimant's name & account pre-printed
 Bank Statement/Passbook having claimant's name
 Certification of the bank account details - on bank's letterhead or in Form Annexure 1.

...continued on next page

Request for transmission of units received from Surviving Joint Holder _____

_____ for Folio No. _____

 Mobile No.

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 PAN

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

 ISC Stamp, Signature & Date
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Additional KYC details Holder No. 1**Occupation Details (Please tick ✓)**

Private Sector Service Public Sector Service Government Service Business Professional Student Agriculturist
 Retired Home Make 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 details

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® (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.

® Guardian of a minor is not allowed to make a nomination on behalf of the minor.

Declaration and Signature of Claimant/s

- I/We confirm that the information provided above is true and correct to the best of my knowledge and belief.
- I/we undertake to keep the Mutual Fund/its AMC/RTA informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC/RTAs.
- I/We hereby authorize HSBC Mutual Fund & 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 any of the information provided by me/us including my unit holdings to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

✘	✘
Signature of Claimant 1 (new Holder No. 1)	Signature of Claimant 2 (new Holder No. 2)

Attachments:

- Copy of Death Certificate of the deceased unitholder
- Copy of PAN Card of Claimant
- Cancelled cheque of the new first unit holder with name pre-printed OR
 Statement/Passbook of the new first unit holder OR
- KYC of the surviving unit holder(s), if not already complied earlier.
- Nomination Form duly completed.

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

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 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.

Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested

S. No.	Scheme Name	Folio No.	No. of Units	% of Claim®
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

®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

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 Land Line No.: S T D -

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Email Address:

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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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Request for transmission of units received from Nominee or Legal Heir _____

_____ for Folio No. _____

 Mobile No.

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 PAN

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

 ISC Stamp, Signature & Date
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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 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 ✓)	
<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-1crore <input type="checkbox"/> >1 crore	

FATCA and CRS information		
Address type: <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 DO NOT 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 attached Nomination Form 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	
<ul style="list-style-type: none"> 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:

- | | |
|---|--|
| <input type="checkbox"/> Copy of Death Certificate of the deceased unitholder | <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"/> Annexure-II - Bond of Indemnity furnished by Legal Heirs | |
| <input type="checkbox"/> Annexure-III - Individual Affidavits given EACH Legal Heir | |
| <input type="checkbox"/> Annexure-IV - NOC from other Legal Heirs | |

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

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)	
Occupation Details	
<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		
Address type: <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 DO NOT 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 attached Nomination Form 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"> 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 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 & 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:	
<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.

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