

Request for Transmission of Units

(Deletion of name/s of Joint Holders in case of death of the 2nd or 3rd Holder)

Date:	D	D	М	м	Y	Y	Y	Y

To

The Trustees, HSBC 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	5. 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 above mentioned 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	Tel. No.:	S T D -	
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 (\checkmark) whichever is applicable.

Attachments:
Copy of Death Certificate of the deceased unitholder
Fresh Bank Mandate Form along with Cancelled cheque of the new bank account
Nomination Form duly completed
KYC of the surviving unit holder(s), <i>if not already complied earlier</i> .

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

HSBC Mutual Fund	ACKNOWLEDGEMENT SLIP	P (To be filled in by the investor)
Request for transmission of units received from		×
	for Folio No.	· ·
Mobile No.	PAN	

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



Request for	Transmission	of	Units	by	Surviving	Joint	Holder/s
-------------	--------------	----	-------	----	-----------	-------	----------

(Where the 1st holder is Deceased)

Date:	D	D	М	Μ	Y	Y	Y	Y

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.,

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.		Resident NRI PIO
2	Mr./Ms.		Resident NRI 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 (Please note that your address will be updated as	per your address on KYC form/KYC Registration Agency records)
Address Line 1	
Address Line 2	
City St	ate Pin
Overseas address mandatory for NRI /PIO	
Address Line 1	
Address Line 2	
City St	ate Pin Pin
Bank Account Details of Holder No. 1	
Bank Name	Account number
A/c Type (Pls ✓) : Savings Current NRE NRO FCNR	Others IFSC Code (11 Digit)
Name of Bank Branch	MICR Code (9 Digit)
City	Pin Code
Cuy Please attach & tick ✓ any one of the following to validate your bank	
	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
-*	
HSBC Mutual Fund	ACKNOWLEDGEMENT SLIP (To be filled in by the investor)
Request for transmission of units received from Surviving Joint Holder	×
	for Folio No.
Aobile No. I	PAN ISC Stamp, Signature & Date

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

Additional KYC details Holder No. 1					
Occupation Details (Please tick ✓)					
Private Sector Service Public Sector Service			Professional	Student	Agriculturist
Retired Home Make Forex Deale					
The claimant is Politically Exposed Person Related to a Politically Exposed Person Neither (not applicable)					
Gross Annual Income (₹) Below 1 Lac 1-5 Lac	s 5-10 Lacs 10-25 I	acs 25 Lacs-1crore	e >1 crore		
FATCA and CRS details					
Address type: Residential Business Regis	tered Office				
Country of Birth:	Place of Birth:		Nationa	ality	
Are you a tax resident of any country other than India?	Yes No.				
If Yes, please mention all the countries in which you are column below:	resident for tax purposes	and the associated Taxy	bayer Identification N	umber and its i	dentification type in the
Country	Tax-Payer Identif	ication Number		Identification	Туре
Nomination [@] (Please ✓ one of the options below)					
I/We DO NOT wish to make a nomination. (<i>Please</i>	tick ✔ if you do not wish to	nominate anyone)			
I wish to make a nomination and hereby nominate the in the event of my/our death.	e person/s more particularly	described in the attach	ed Nomination Forn	n to receive the	Units held my/our folio
[@] Guardian of a minor is not allowed to make a nominatio	n on behalf of the minor.				
Declaration and Signature of Claimant/s					
• I/We confirm that the information provided above is t	rue and correct to the best o	f my knowledge and be	lief.		
 I/we undertake to keep the Mutual Fund/its AMC/RT other additional information as may be required by the 		ges/modification to the	above information in f	future and also u	indertake to provide any
 I/We hereby authorize HSBC Mutual Fund & its AM to the Mutual Fund's Bankers or my Distributor/Inves 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 Holde	r No. 1)	Sign	ature of Claimant 2	(new Holder N	0. 2)
·					

Attachments:

- 1. Copy of Death Certificate of the deceased unitholder
- 2. 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
- 5. 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

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 \leftarrow in case the claimant is a minor \rightarrow Date of Birth of the minor*	D D M M Y Y Y Y			
Mr./Ms.				
Relationship with Minor: Father Mother Court Appointed Guardian*				
PAN (Claimant/Guardian):	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.

Scheme(s) & Folio(s) in respect of which Transmission of Units is being requested					
Scheme Name Folio No. No. of Units					
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	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
Overseas address mandatory for NRI /PIO		
Address Line 1		
Address Line 2		
City	State	Pin
		continued on next page
-⊁		
HSBC Mutual Fund	ACKNOWLEDGEMENT S	SLIP (To be filled in by the investor)
Request for transmission of units received from Nominee or Le	egal Heir	×
1	•	
	for Folio No.	
Mobile No.	PAN	ISC Stamp, Signature & Date

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

Bank Account Details of the Claimant		
Bank Name	Account number	
A/c Type (Pls ✓) : Savings Current NRE NRO FCNR Others	IFSC Code (11 Digit)	
Name of bank branch	MICR Code (9 Digit)	
	Pin Code	
City Please attach & tick ✓: □ Cancelled cheque with claimant's name printed 0		ement/Passbook
I also request you to pay the UNCLAIMED amounts, if any, in respect of the		
Additional KYC information (Please tick / whichever is applicable)		•
Occupation Details (Please tick 🗸)		
Private Sector Service Public Sector Service Government S Home Make Student Forex Dealer Others (Please		Professional Agriculturist Retired
The claimant is Politically Exposed Person Related to a Politically Exposed	ed Person 🗌 Neither (not aj	pplicable)
Gross Annual Income (₹) Below 1 Lac 1-5 Lacs 5-10 Lacs 10-2	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 purpos column below:	es and the associated Taxpa	yer Identification Number and its identification type in the
Country Tax-Payer Ide	ntification Number	Identification Type
Nomination [@] (Please ✓ one of the options below)		
I/We DO NOT wish to make a nomination. (<i>Please tick</i> \checkmark <i>if you do not wish</i>	to nominate anyone)	
I wish to make a nomination and hereby nominate the person/s more particula in the event of my/our death.	arly described in the attached	Nomination Form to receive the Units held my/our folio
[®] 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 second	ne attached Ready Reckoner.	
• I confirm that the information provided above is true and correct to the best of	-	
	5 0	
• I hereby authorize HSBC Mutual Fund and its AMC/RTA to share/disclose	any of the information provi	
the Mutual Fund's Bankers or my Distributor/Investment Advisor and to suc	any of the information provi h other service providers as	may be necessary for any operational reason, including to
	any of the information provi h other service providers as al Fund & its AMC/RTA to	may be necessary for any operational reason, including to provide/share any of the information provided by me/us
the Mutual Fund's Bankers or my Distributor/Investment Advisor and to suc 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 me/us of the same.	any of the information provi h other service providers as al Fund & its AMC/RTA to or judicial authorities/agenci	may be necessary for any operational reason, including to provide/share any of the information provided by me/us
the Mutual Fund's Bankers or my Distributor/Investment Advisor and to suc 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 me/us of the same.	any of the information provi h other service providers as al Fund & its AMC/RTA to	may be necessary for any operational reason, including to provide/share any of the information provided by me/us
the Mutual Fund's Bankers or my Distributor/Investment Advisor and to suc 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 me/us of the same.	any of the information provi h other service providers as al Fund & its AMC/RTA to or judicial authorities/agenci	may be necessary for any operational reason, including to provide/share any of the information provided by me/us
the Mutual Fund's Bankers or my Distributor/Investment Advisor and to suc 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 me/us of the same.	any of the information provi h other service providers as al Fund & its AMC/RTA to or judicial authorities/agenci	may be necessary for any operational reason, including to provide/share any of the information provided by me/us
the Mutual Fund's Bankers or my Distributor/Investment Advisor and to suc 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 me/us of the same.	any of the information provi h other service providers as al Fund & its AMC/RTA to or judicial authorities/agenci Signature of Claimant	may be necessary for any operational reason, including to provide/share any of the information provided by me/us es as required by law without any obligation of informing
the Mutual Fund's Bankers or my Distributor/Investment Advisor and to suc 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 me/us of the same.	any of the information provi h other service providers as al Fund & its AMC/RTA to or judicial authorities/agenci Signature of Claimant	may be necessary for any operational reason, including to provide/share any of the information provided by me/us es as required by law without any obligation of informing
the Mutual Fund's Bankers or my Distributor/Investment Advisor and to suc 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 me/us of the same. Place Date At : On :	any of the information provi h other service providers as al Fund & its AMC/RTA to or judicial authorities/agenci Signature of Claimant X Signed before me	 may be necessary for any operational reason, including to provide/share any of the information provided by me/us es as required by law without any obligation of informing Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/Notary & Regn. No.
the Mutual Fund's Bankers or my Distributor/Investment Advisor and to suc 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 me/us of the same. Place Date At :	any of the information provi h other service providers as al Fund & its AMC/RTA to or judicial authorities/agenci Signature of Claimant X Signed before me	 may be necessary for any operational reason, including to provide/share any of the information provided by me/us es as required by law without any obligation of informing Signature of Notary / JMFC Official stamp & seal of the Notary Magistrate/Notary & Regn. No.

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.



-≫-----

ISC Stamp, Signature & Date

Request for Change of Karta	upon demise of the	registered Karta	
		Date: D I	D M M Y Y Y Y
To:			
The Trustees,			
HSBC Mutual Fund			
Name of the HUF:			
Name of the new Karta: Mr./Ms.			
PAN of the new Karta :	KYC Acknowledgment at	tached KYC form attache	:d
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			ffairs of the above HUF as its
new Karta, being the senior most coparcener. I therefore, request you to replace the in respect of the investments of the HUF in the following schemes/folios:	he name of the deceased Karta	with my name as the new Kar	ta of the HUF in your records
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 a	s per address on KYC form /	KYC Registration Agency r	ecords)
Address Line 1			
Address Line 2			
City State		Pin	
Bank Account Details of the HUF			
Bank Name	Account number		
A/c Type (Pls \checkmark): Savings Current NRE NRO FCNR Other	-		
	MICR Code (9 Digit)		
Name of Bank Branch			
City Please attach a cancelled cheque (with name of the HUF pre-printed) OR Bank	Pin Code		e Produció Contiforation of
the bank account details and signature of the new Karta as per Annexure 1.	Statement/Passbook of the HU.	r 10 vallaale your bank aelall	s & Banker's Certification of
I also request you to pay the UNCLAIMED amounts, if any, in respect of the HU	F by direct credit to the bank ad	ccount mentioned above.	
I hereby state that whatever is stated herein above are true to the best of my/our k	nowledge & belief.		
Name & Signature of the New Karta Name			Signature
Name			Signature
		×	
Documents Attached			
	e with HUF name pre-printed C		ment/Passbook of the HUF
KYC Acknowledgment OR KYC Form of the Banker's Certification of the bank account details and signature of the new Ka	HUF (if the HUF is not KYC	compliant)	
Bond of Indemnity signed by all surviving coparceners (including the new Ka	-		
Document evidencing relationship of the new Karta and the other coparceners			
- X			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
HSBC Mutual Fund	ACKNOWLEDG	EMENT SLIP (To be file	led in by the investor)
Received Request for Change of Karta upon demise of the registered Karta		×	

for Folio No. PAN

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

-----

Mobile No.



## 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
òo:			
The Trustees,			
SBC Mutual Fund			
Claimant details			
Name of the Claimant : Mr./Ms.			
Name of the Guardian $\leftarrow$ in case the claimant is a minor $\rightarrow$ Date of Birth of the minor ⁴	<b>D D M M Y Y</b>	YY	
Mr./Ms			
Relationship with Minor: Father Mother Court Appointed Guardian*			
PAN (Claimant/Guardian):	KYC Acknowledgment	t attached KYC for	m attached
Fax Status:       Resident Individual       Resident Minor (through Guardian)	NRI PIO Oth	ers (please specify)	
HUF details			
Name of the HUF: Mr./Ms			
, the abovenamed claimant & a surviving member of abovenamed HUF, hereby inform you that	t the Karta of the above HUF,	Mr	
	expired on		
As there are no other surviving coparcener except myself, the above HUF stands dissolved C The surviving members of the HUF have decided to dissolve / partition the HUF as per attac		n Deed / Court Decree	
Please tick $\checkmark$ whichever is applicable)	ned Settlement Deed / 1 artitio	in Deeu / Court Deeree.	
therefore request you to transmit the Units held by the HUF in the following schemes/folios &	proportion in my favour:		
Sr. Scheme Name	Folio No.	No. of Units	% of Claim [@]
1			
2			
3			
4			
- As per Deed of Settlement / Partition of HUF /Decree of the competent court			
Contact details of the Claimant	N		
Mobile No.: + 9 1 Land Line	No.: S T D -		
Email Address:			
Address (Please note that the address of the claimant will be updated as per address on KYC form / KY	C Registration Agency records)		
Address Line 1			
Address Line 2			
City State		Pin	
Overseas address mandatory for NRI/PIO			
Address Line 1			
Address Line 2			
		Pin	
		Pin	
City State			ontinued on next page
City State			
City State			
Address Line 2			
City State		C	
City State		P (To be filled in t	

-----

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

Bank Account Details of the Claimant	
Bank Name	Account number
A/c Type (Pls ✓) : Savings Current NRE NRO FCNR Others	IFSC Code (11 Digit)
Name of bank branch	MICR Code (9 Digit)
City	Pin Code

#### 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 1

### 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>						
Private Sector Service	Public Sector Service	Government Service	Business	Professional	Agriculturist	Retired
Home Make Student	Forex Dealer	Others (Please specify) _				
The claimant is Olitically E	Exposed Person	Related to a Politically I	Exposed Person	Neither (	not applicable)	
Gross Annual Income (₹) Be	elow 1 Lac 1-5 Lacs	5-10 Lacs 10-2	25 Lacs 25	Lacs - 1 crore	>1 crore	

#### FATCA and CRS information

Address type:	Residential	Business	Registered Office
---------------	-------------	----------	-------------------

Country of Birth:	Place of Birth:

Are you a tax resident of any country other than India? See 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:

Nationality

Country	Tax-Payer Identification Number	Identification Type

#### **Nomination**[@] (Please $\checkmark$ 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 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	Signature of Claimant 💥
Date	
At :	Signed before me
On :	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 Karta	Copy of Birth Certificate (in case the Cla	imant 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)						
Bond of Indemnity signed by surviving coparceners as per A	nnexure VI.					
Notarised copy of : Deed of Settlement	Deed of Partition of HUF	Decree of the competent court				
L						



# 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

																			Date	: I		M	Μ	Y	Y	Y	Y
Request submitted for:	Fresh N	ominatior	1		Chan	ge of	Exis	ting 1	Nom	inatio	on		Cance	ellatio	on of	Nor	nina		Duit								
Name of 1st Unit Holder																											
Name of 2nd Holder																											
Name of 3rd Holder																											
I/We, the above named Ur	itholders of	HSBC M	lutual H	⁷ und,	do he	reby																					
Nominate the person(s	) more partie	cularly de	scribed	l here	eunder	to r	eceiv	e the	Unit	s hel	d my/	our I	Folio/	s liste	ed be	low	in th	e eve	ent o	f my	/ ou	deat	n and	/or			
Cancel the nomination	•	*	revious	sly in	respe	ct of	the ι	inits ł	neld	by m	e/ us	n the	e Foli	o/s lis	sted	belov	W										
(Please tick ✓ whichever	is applicabl	e)																									
Sr.					Scl	neme	e Nar	ne														F	olio I	No.			_
1 2																											_
3																			_								
4																			-								_
Name of the 1st Nomin	ee :																										
Relationship of nominee	:																		%	6 of	Allo	cation	:				_
PAN of the Nominee/Gu	ardian* :												Da	te of	Birt	h of ]	Nom	inee	*:	D ]	D	I M	Y	Y	Y	Y	
Name of the Guardian*	:																										
Guardian's Relationship	with Nomin	ee : 🗌 🛚	Mother				Fath	ier			Le	gal G	uardi	an													
Proof of relationship :			Birth C	ertific	cate		Sch	ool L	eavir	ng Ce	ertific	ite		Pass	sport			Oth	ers _								-
Address :																											-
City :							_ Sta	te :												P	IN						
Name of the 2nd Nomi	nee :																										
Relationship of nominee																				_				_			_
r i i i i i i i i i i i i i i i i i i i	·																		9	6 of	Allo	cation	:				
PAN of the Nominee/Gu	Г												Da	ite of	Birt	h of ]	Nom	inee			Allo D N	1	Y	Y	Y	Y	
	ardian* :												Da	ite of	Birt	h of ]	Nom	inee				1		Y	Y .	Y	
PAN of the Nominee/Gu	ardian* : [	e: N	Mother				Fath	l l			Le	gal G			Birt	h of	Nom	inee				1		Y	Y	Y	
PAN of the Nominee/Gu Name of the Guardian* Guardian's Relationship Proof of relationship :	ardian* : [		Mother Birth C		cate				eavir	has been	Le		uardi					inee Oth	*:			1		Y	Y	Y	
PAN of the Nominee/Gu Name of the Guardian* Guardian's Relationship	ardian* : [				cate		Sch	ool Le	eavir	has been			uardi	an					*:	D 1		1		Y	Y .	ľ	
PAN of the Nominee/Gu Name of the Guardian* Guardian's Relationship Proof of relationship :	ardian* : [				cate		Sch		eavir	has been			uardi	an					*:	D 1		1		Y	<b>Y</b>	Y	_
PAN of the Nominee/Gu Name of the Guardian* Guardian's Relationship Proof of relationship : Address :	ardian* : [				cate		Sch	ool Le	eavir	has been			uardi	an					*:	D 1		1		Y	Y	¥	
PAN of the Nominee/Gu Name of the Guardian* Guardian's Relationship Proof of relationship : Address : City :	ardian* : [				cate		Sch	ool Le	eavir	has been			uardi	an					* : [] ers _	D 1		1	Y	Y	Y		_
PAN of the Nominee/Gu Name of the Guardian* Guardian's Relationship Proof of relationship : Address : City : Name of the 3rd Nomin	ardian* : [ :						Sch	ool Le	eavin	has been			duardi	an	sport			Oth	ers	D 1	IN Alloo		Y	Y			_
PAN of the Nominee/Gu Name of the Guardian* Guardian's Relationship Proof of relationship : Address :	ardian* : [						Sch	ool Le	eavir	has been			duardi	an ] Pass	sport			Oth	ers	D 1	IN Alloo			Y			
PAN of the Nominee/Gu Name of the Guardian* Guardian's Relationship Proof of relationship : Address :	ardian* : [ : : : nee : : ardian* : [ : : : : : : : : : : : : : : : : : :						] Sch	te :				gal G	Da	an ] Pass	sport Birt	h of 1	Nom	inee	ers	D 1	IN Alloo			Y			

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

City : ____

...continued on next page

PIN

HSBC Mutual Fund	T SLIP (To be filled in by the Applicant)
Received from : Name     Folio No/Application No:       PAN	×
Mobile No.       +       9       1       -	Acknowledgement ination Stamp & Date

_ State : ___

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

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.

×	x	×
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.
- 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