## Common Application Form for Equity and Fund of Funds Schemes (To be Filled in BLOCK LETTERS only) Global Asset Managemen **DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units) Broker Name & ARN code / RIA code^ Sub-broker ARN code Sub code EUIN 9992 **Application** No. : E ^ By mentioning RIA code, I / we authorise you to share with the SEBI Registered Investment Adviser ( RIA) the details of my / our transactions in the schemes(s) of HSBC Mutual Fund I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any For Office Use Only interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker. Second Applicant / Authorised Signatory Sole / First Applicant / Authorised Signatory Third Applicant / Authorised Signatory TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 26 regarding transaction charges applicability) I AM A FIRST TIME MUTUAL FUND INVESTOR LAM AN EXISTING INVESTOR IN MUTUAL FUND (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) APPLICANT'S INFORMATION [Please fill in your Folio No. below. In case of existing folio, furnish only KYC and PAN details below (if not provided earlier) and proceed to Section 3] Please note that applicant details and mode of holding will be as per existing Folio Number. SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON PAN CARD Are you a resident of Canada.? (✓) Yes No<sup>#</sup> Default if not ticked. Name Mr Ms M/s Should match with PAN Card Date of Birth ~‡ (Mandatory) D D M M Y Y ~ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Passport ☐ Marksheet issued by HSC State Board ☐ Others (please specify) PAN\*\* (Mandatory) KYC Identification Number (KIN) ## Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof\*. Nationality‡ Country of Residence Guardian Name (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Mr Ms M/s KYC Identification Number (KIN) ‡‡ PAN\*\* (Mandatory) Natural Guardian+ (Father or Mother) Legal Guardian<sup>++</sup> (court appointed Guardian) Enclosed (✓) PAN Card Copy KYC Compliance Proof\*. \* Document evidencing relationship with Guardian \*\* In case of Legal Guardian, please submit PAN/KYC not required for contact person but required for Guardian of Minor attested copy of the court appointment letter, affidavit etc. to support. Status of Sole / 1st Applicant (Please 🗸): Resident Individual Resident Minor (through Guardian) Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) Non-Resident - Minor (Non-Repatriable) Bank FPIs QFI/EFI AOP HUF FPI Sole-Proprietor Private Limited Company Public Limited Company Body Corporate Partnership Firm Trust NPS Trust Fund of Fund Gratuity Fund Pension and Retirement Fund Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Foreign Nationals [Specify Country] \_ Others [Specify] KYC DETAILS [Mandatory (Details of Guardian in case the unitholder is a minor)] Investors are requested to complete the KYC section for Joint holders & POA also, as applicable Occupation Details (Please ): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business Nature of Busines ☐ Doctor ☐ Forex Dealer ☐ Casino Owner ☐ Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please specify] 3b. Gross Annual Income (Please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) DDMMYYYYY For Individuals [Tick (✓) if applicable]: For Non-Individual Investors (Companies, Trust, Partnership etc.): 3c. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Politically Exposed Person (PEP) Yes No Company (If No, please attach mandatory UBO Declaration) Related to a Politically Exposed Person (PEP) II. Foreign Exchange / Money Changer Services Yes No ■ Not Applicable III. Gaming / Gambling / Lottery/ Casino Services Ves Nο IV. Money Lending / Pawning Yes No Mandatory UBO Declaration form duly filled and signed attached. For Non Individual Investors -Yes No **Identification of Beneficial Ownership** (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 10 under Important Instructions). \*\* W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs). Please see point 8 under Important Instructions. However, for Micro SIP Investment Please see Instruction 4C. Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

\*\* W.e.f February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

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ACKNOWLEDGEMENT SLIP (To be fi	lled in by the Investor)	
Note: This Acknowledgement Slip is for your refe	rence only. Information provided on the form is considered final.	cation
Received from Mr Ms M/s	No.:	
Folio No.	application for Units of Scheme	
Option / Sub-option	Lumpsum investment alongwith Cheque / DD No	
Dated Drawn on (Bank)	Amount (Rs.)	7000
☐ SIP Investment ☐ Total Cheques ☐ ☐	ECS (Debit Clearing)/Direct Debit Facility Total Amount (Rs.)	ISC Stamp, Signature & date
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# **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. • Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. • Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 50082. • Kolkata : Jasmine Tower, 1St Floor, 31, Shakespeare Sarani, Kolkata - 700 017. • Mumbai : 16, V.N. Road, Fort, Mumbai - 400 001 • New Delhi : 3Rd Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. • Pune : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411011.

TOLL FREE NUMBER: 1800 200 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.

	BANK ACCOUNT DETAILS (MA	p			
	Core Banking A/c No.		A/c. Type (v	✓) □ Current □ Savings □ NRO*	☐ NRE*  * For NRI Investors
	Bank Name				
	Branch Address				
	MICR Code 9 digit number next to your Cheq	ue No. RTGS IFSC Code	For Rupees Two lakhs a	nd above NEFT IFSC Code For 16	ess than Rupees Two lakhs
	Please also provide a cancelled cheque leaf of	f the same bank account as r			
	the amount to your bank account quicker, ele	ectronically.			
4	INVESTMENT & SOURCE OF FU Scheme (✓) ☐ HEF ☐ HIOF	,		, , ,	on No. 11 on Third Party Payments)  HAPDF HGCOF
	HMS-Conservative		HISF HDF H	EMF — HDYEF — HBF Plan ——————	□ HAPDF □ HGCOF
	Option / Sub-option (✓) ☐ Growth (do		einvestment** Dividend Payo		case of HTSF
	The scheme name mentioned on the application for	,	e same. In case of any discrepancy between	11	
	☐ A) SIP : SYSTEMATIC INVEST	TMENT PLAN (For S	SIP through ECS Debit Cleari	ng) (Please fill up SIP Auto Debit F	orm and attach with this)
	First SIP Cheque/DD Details:	Cheque/DD No.		Cheque/DD Date D	D / M M / Y Y Y Y
	Drawn on Bank A/c. No.		Bank Name &	Branch	
	MICRO SIP (Refer Note No. 4C on page	ge 26) Date of Birth	D D M M Y Y Y Y Supporting Document	R (i	eference No. f available)
-	*For the permissible list of applicable document	is please refer to Page 26.	Document	type	i available)
	□ B) ONE TIME LUMPSUM INV	,			
	•	DD RTGS NEFT			M M / Y Y Y Y
	Cheque/DD/RTGS/NEFT No.			Bank A/c. No.	
	Investment Amount (Rs.) (i)		Bank Name		
	DD charges (Rs.) (ii)  Total Amount (Rs.) (i + ii)		Branch		2* 01
				Savings NRO* NRE* FCNI	
	Documents attached to avoid Third Pa MANDATORY DECLARATION: The				
	If no, my relationship with the bank acco	unt holder (🗸) 🗌 Parent	Grandparent Employee C	ustodian Others	
	the Third Party declaration form is attach	ied (Refer important instru	uction No. 11 on the Third Party Party	ayments).	
	☐ C) SIP : SYSTEMATIC INVEST	TMENT PLAN [For 8	SIP through Post Dated Chequ	ies (PDCs)] (All cheques should be	of same date of the months/quarters)
	First SIP Cheque Details :		Drawn on Bar	nk A/c. No.	
	Cheque No.	1 / Y Y Y Y	Bank Name		
	Cheque Date		Branch ) □ 17th □ 26th □ 30th ## □ All 1	Dates Overtonly (10th) ## Last	Business Day of the month for February
			·	^ Refer	instruction 4b(f)
	SIP Period Start Date M M			,	er instruction 4b(g)
	Each SIP Amount (Rs.)		Cheque Nos. From	To	
	Drawn on Bank A/c.		Bank	Branch	
			Dank		
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			units in demat form in addition to	account statement as per current p	practice and the sequence of names
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	<b>DEMAT ACCOUNT DETAILS</b> Please ensure that unit holders are given	atches with the Deposito	units in demat form in addition to		•
	<b>DEMAT ACCOUNT DETAILS</b> Please ensure that unit holders are given as mentioned in the application form m	atches with the Deposito	units in demat form in addition to		•
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# CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) [Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]

	Soic / First Appr	icant Guardian	Second	Applicant	Third Applicant	t
Place and Country of Birth	Place		Place		Place	
•	Country		Country		_ Country	
Address Type	Residential	Business	Residential	Business	Residential Bus	inecc
[for KYC address]	Registered Office	Business	Registered Offic		Registered Office	5111055
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	Yes	□ No	Yes	□ No	☐ Yes ☐ No	
If 'Yes' please fill for all countries in the respective countries	s (other than India) in w	hich you are a Reside	ent for tax purpose i.e.	where you are Citize	n / Resident / Green Card Holder /	Tax Resi
Country of Tax Residency#						
Tax Identification Number (TIN) or Functional Equivalent						
Identification Type (TIN or Other, please specify)						
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	□ A □ B	С	□ A □	В С	□ A □ B	С
Reason A - The country where th Reason B - No TIN required [Sel					equired the TIN to be collected]	
Reason C - Others - Please specia	fy the reason					
# To also include USA, where th ^ In case Tax Identification Num						
FATCA / CRS SELF			AL INVESTORS A		ATE BENEFICIAL OWNER (U	BO)
Please complete Annexure A &				<u> </u>		
DECLARATION AND SIGNA	ATURES (In case of	ioint holding sign	atures of all unit ho	lders are mandato	rv)	
FATCA / CRS DECLARATION		joine notaing, sign	01 411 41110 110		- 3)	
I acknowledge and confirm that the Account Holder (or am author	the information provide orised to sign for the Ac	count Holder) of all	the account(s) to which	h this form relates. In	of my knowledge and belief. I cert in case any of the above specified in	ıformati
I acknowledge and confirm that the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation	the information provide orised to sign for the Ac sleading or misrepresent received by the Fund fr BI Registered Intermedia to the above information	count Holder) of all ing, I am aware that I om other SEBI Regis iaries to facilitate sing on in future and also	the account(s) to which will be responsible for tered Intermediaries. It gle submission / updat undertake to provide a	h this form relates. It r it. I authorize the Fu Further, I authorize th ion. I also undertake ny other additional ir	n case any of the above specified in and to update its records from the F. the Fund to share the given informat to keep the Fund informed in writing formation as may be required at the	nformati ATCA / ion proving about e Fund's
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### AUTO DEBIT FORM - For SIP Investments (To be Filled in BLOCK LETTERS only) **DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units) Broker Name & ARN code / RIA code^ Sub-broker ARN code Sub code **Application** No. : E^ By mentioning RIA code, I / we authorise you to share with the SEBI Registered Investment Adviser ( RIA) the details of my / our transactions in the schemes(s) of HSBC Mutual Fund. For Office Use Only I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker. Third Applicant / Second Applicant Sole / First Applicant / Authorised Signatory Authorised Signatory Authorised Signatory Registration of SIP **REQUEST FOR** (tick ✓ any one): Renewal of SIP Registration of Micro SIP\*\* APPLICANT'S PERSONAL DETAILS (MANDATORY) Application Form No. (For New Applicants) OR Folio No. (For Existing Unit holders) Sole / 1st Unitholder Guardian's Name (in case of minor) E-mail ID 1st A p p 1 n n n Attested PAN card Enclose Attested PAN card KYC Letter KYC Letter KYC Letter Attested PAN card SIP DETAILS Scheme Name Plan Option SIP Date ( ): Monthly (Default') 3rd 10th (Default') 17th 26th 30th All Dates Quarterly (10th) Daily (only for HCF) **OR** $\square$ End date $\boxed{0 \mid 3 \mid 9 \mid 9}$ If end date is not mentioned then the SIP will be considered for perpetuity (March 2099) SIP period to M M Y SIP Amount (figures) ₹ (words) First SIP Cheque No. Dated D D M M Y Y Y Y Cheque Amount branch ^ If no debit date is mentioned default date would be considered as 10th of every month / quarter. \*\*Refer Section 4C for SIP under Micro Financial Product category. # Last Business Day of the month for February. Minimum 12 installments under Monthly SIP and 4 quarters for Quarterly SIP. DECLARATION AND SIGNATURE (to be signed by all Unit Holders if Mode of Holding is 'Joint') I / We declare that the particulars furnished here are correct. I / We authorise HSBC Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP installments through an Electronic Debit arrangement / NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we would not hold the user institution responsible. I / We will also inform HSBC Mutual Fund about any changes in my bank account. I / We have registered for making payment towards my investments in HSBC Mutual Fund by debit to my / our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). I / We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my / our account. I also hereby agree to read the respective SID and SAI of the Mutual Fund before investing in any scheme of HSBC Mutual Fund using this facility. X Sole / 1st Unit Holder / POA / Guardian 2nd Unit Holder 3rd Unit Holder HSBC (X) Debit Mandate Form NACH / ECS / Direct Debit Global Asset Management UMRN Date Sponsor Bank Code CITI000PIGW Utility Code CITI00002000000037 Tick (✓) CREATE SB CA CC SB-NRE SB-NRO Others I/We hereby authorize HSBC Mutual Fund to debit (tick √) MODIFY CANCEL Bank a/c number **IFSC** or MICR with Bank ₹ an amount of Rupees FREQUENCY Monthly Quarterly Half-Yearly Yearly As & when presented DEBIT TYPE □ Fixed Amount ✓ Maximum Amount Reference 1 Phone No Application Number Reference 2 Email ID I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank. PERIOD From Signature Primary Account holder Signature of Account holder То Name as in bank records Name as in bank records Until Cancelled Or 2. 3. This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have MANDATORY FIELDS: • Account type • Bank A/c number (core banking a/c no. only) • Bank name • IFSC code or MICR code (as per the cheque / pass book) • Amount in words (maximum amount) • Period start date and end date or until cancelled • Account holder signature • Account holder name as per bank record ACKNOWLEDGMENT SLIP (To be filled by the investor) Folio No. Investor Name SIP period from MMYYY to MMYYY Scheme Name Amount (in figures)

## INSTRUCTION

- 1. Investors are advised to comply with applicable Know Your Customer (KYC) requirements from time to time and failure to comply with this requirement may result in the purchase application being rejected.
- 2. Please read the Scheme Information Document(s), Key Information Memorandum(s) of the scheme(s) and Statement(s) of Additional Information of the respective schemes and addenda issued for these documents carefully before investing.
- 3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
- 4. Applications incomplete in any respect are liable to be rejected. AMC / RTA shall have absolute discretion to reject any such Application Forms.
- 5. Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC)/ CAMS.
- 6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
- 7. If both Folio & Name of the Sole/Primary Holder are not mentioned, the transaction shall be liable for rejection.
- 8. A minimum gap of 25 days needs to be maintained between the first and second SIP installments.
- 9. All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date.
- 10. In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
- 11. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
- 12. Mandatory fields for filling NACH mandate. In case any of these fields are not filled mandate will be rejected.
  - Account Type
  - Bank A/c. number
  - · Bank Name
  - IFSC code or MICR code (As per the Cheque / Pass book)
  - Amount in Words (Maximum amount)
  - Amount in Figures (Maximum amount)
  - Period Start Date and End date or until cancelled
  - Account Holder Signature
  - · Account Holder Name as per Bank Record
- 14. The SIP will be discontinued automatically if payment is not received for two successive installments.
- 15. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar CAMS. Notice of such discontinuance should be received at least 25 days prior to the due date of the next installment / debit.
- 17. Please submit this form along with a copy of a cancelled cheque.

## INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)

- 1. Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
- 2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- 3. Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third party validation.
- 4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
- 5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
- 6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
- 7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".
- 8. There is no maximum duration for enrolment. Investor(s) has an option to fill 'End Date' or select the option "Until Cancelled".