

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	EUIN

^ 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 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.

Sole / First Applicant / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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REQUEST FOR (tick ✓ any one): ☐ Registration of SIP ☐ Registration of Micro SIP** ☐ Renewal of SIP

**Application
No. : E**

For Office Use Only

1 APPLICANT'S PERSONAL DETAILS (MANDATORY)

Application Form No. (For New Applicants) OR Folio No. (For Existing Unit holders)

Sole / 1st Unitholder F i r s t N a m e M i d d l e N a m e L a s t N a m e

Guardian's Name (in case of minor) E-mail ID

PAN 1st A p p l i c a n t 2nd A p p l i c a n t 3rd A p p l i c a n t

Enclose ☐ Attested PAN card ☐ KYC Letter ☐ Attested PAN card ☐ KYC Letter ☐ Attested PAN card ☐ KYC Letter

2 SIP DETAILS

Scheme Name Plan Option

SIP Date (✓) : ☐ Monthly (Default*) ☐ 3rd ☐ 10th (Default*) ☐ 17th ☐ 26th ☐ 30th# ☐ All Dates ☐ Quarterly (10th) ☐ Daily (only for HCF)

SIP period from M M Y Y to M M Y Y OR ☐ End date 0 3 9 9 If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)

SIP Amount (figures) ₹ (words)

First SIP Cheque No. Dated D D M M Y Y Y Y Cheque Amount

Drawn on bank name 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.

3 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 instalments 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 **X** 2nd Unit Holder **X** 3rd Unit Holder



Debit Mandate Form NACH / ECS / Direct Debit

UMRN F O R O F F I C E U S E O N L Y Date D D M M Y Y Y Y

Sponsor Bank Code CITI000PIGW Utility Code CITI00002000000037

Tick (✓)
☒ CREATE
☐ MODIFY
☐ CANCEL

I/We hereby authorize HSBC Mutual Fund to debit (tick ✓) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees In Words ₹ In Figures

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half-Yearly ☒ Yearly ☒ As & when presented **DEBIT TYPE** ☒ Fixed Amount ☒ Maximum Amount

Reference 1 Folio Number Phone No.

Reference 2 Application Number 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 D D M M Y Y Y Y
 To
 Or ☐ Until Cancelled

Signature Primary Account holder Signature of Account holder Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

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 authorized the debit.

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

Scheme Name SIP period from M M Y Y to M M Y Y

Amount (in figures) ₹ Stamp & Signature

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”.