

Transaction Form for Existing Investors

This Form is for use by existing Unitholders of all funds of HSBC Mutual Fund only
Please use a separate Form for each Transaction

Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub code	EUIN

No. CT

^ 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/1st applicant / Authorised Signatory	2nd applicant / Authorised Signatory	3rd applicant / Authorised Signatory

1 UNITHOLDER INFORMATION (Refer above note on 'Transaction Charges'. For details refer page 94 of the Common Scheme Information Document)

Folio No.	Sole / First Unitholder's Name	Mr./Ms./M/s.		
PAN (Mandatory)	Sole / First Unitholder	Guardian	Second Unitholder	Third Unitholder
Enclosed (✓)	<input type="checkbox"/> KYC Compliance Proof*	<input type="checkbox"/> KYC Compliance Proof*	<input type="checkbox"/> KYC Compliance Proof*	<input type="checkbox"/> KYC Compliance Proof*
Date of Birth~ (Mandatory)	Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No <input type="checkbox"/> **			
** Default if not ticked.				

~ Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID/SAI for instructions related to folios held in the name of Minor.
* 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. W.e.f December 1, 2012, Individual applicants who had obtained erstwhile MF KYC compliance from CVL are required to update the missing information and Non-individuals are required to obtain fresh KYC compliance. (Please see point 10 under General Instructions).

2 ADDITIONAL PURCHASE (Please ✓ your choice of Scheme / Plan / Option / Sub-option) (See instruction 1-4)

Scheme	<input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HIEF <input type="checkbox"/> HDF <input type="checkbox"/> HTSF <input type="checkbox"/> HEMF <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HIF <input type="checkbox"/> HUSBF <input type="checkbox"/> HGCOF <input type="checkbox"/> HFDF <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M		
Plan	Sub-Option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment ^{§§} <input type="checkbox"/> Dividend Payout		
Dividend Frequency	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly# <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly^		
Investment Amount (Rs.)	DD Charges (Rs.)	Net Amount (Cheque / DD amount) (Rs.)	
Mode of Payment	Cheque / DD / Fund Transfer /	Cheque / DD No.	Dated
A/c. No.	A/c. Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others	(* For NRI Investors)	
Drawn on Bank	Branch		
City			
Documents attached to avoid Third Party Payment Rejection where applicable : <input type="checkbox"/> Third Party Declarations <input type="checkbox"/> Bank Certificate for Pre-funded Instruments			
MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account in my /our name <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, my relationship with the bank account holder (✓) <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Employee <input type="checkbox"/> Custodian <input type="checkbox"/> Others (Please specify); and the Third Party declaration form is attached (Refer the section on Third Party Payments in the SAI).			

3 REDEMPTION (Please ✓ your choice of Scheme / Plan / Option / Sub-option) (See instruction 1, 2, 3 & 5)

Scheme	<input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HIEF <input type="checkbox"/> HDF <input type="checkbox"/> HTSF <input type="checkbox"/> HEMF <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HIF <input type="checkbox"/> HUSBF <input type="checkbox"/> HGCOF <input type="checkbox"/> HFDF <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M	
Plan	Sub-Option <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus	
Sub-Option	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	
Dividend Frequency	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly# <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly^	
<input type="checkbox"/> Amount (Rs. in figures)	OR <input type="checkbox"/> No. of Units	<input type="checkbox"/> All Units

4 BANK DETAILS FOR THE ABOVE REDEMPTION

FOR INVESTORS WHO HAVE REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY
The redemption should be processed into the following registered bank account as per the payout mechanism indicated by me/us:
Bank A/C No A/c. Type (✓) ☐ Current ☐ Cash Credit ☐ Others ☐
Bank Name
Branch Address
City
MICR Code IFSC Code
Important Note: The Bank account details mentioned above should be pre-registered as a valid bank mandate. If the account details are not filled above OR incorrect, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.
FOR INVESTORS WHO HAVE NOT REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY : Please use the Multiple Bank Account Registration / Deletion Form.
Important Note : If unitholder(s) provides a new and unregistered bank mandate with a specific redemption request (with or without necessary documents) such bank account will not be considered for payment of redemption proceeds. The redemption proceed shall be paid to the existing bank account registered at the time of redemption payout.
HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to credit of redemption proceeds into any of the bank accounts registered with is the aforesaid folio.
Please refer to SID / SAI for process of change of bank details along with / before redemption.

5 CHANGE OF ADDRESS / E-MAIL / CONTACT DETAILS (Address should be same as in KRA records)

FOR INVESTORS WHO HAVE NOT COMPLIED KYC (For Proof of Identity & Proof of Address : Self attested with originals produced to AMC ISC for verification (or) Self-attested along with attestation by KYD compliant distributor or a competent authority as outlined in Uniform KYC guidelines)

New Address for correspondence : Address is (Please ✓) : ☐ Home ☐ Office

City State Country ‡ Pin Code ‡

Contact Details : ‡ Please refer to point 10 & 11 under General Instructions.

Phone	O R	Extn.	Fax
			Mobile
E-mail			

Proof of address to be provided by Applicant: Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ Passport ☐ Ration Card ☐ Registered Lease / Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank Statement/Passbook
☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify) _____ *Not more than 3 months old

Proof of Identity **Proof of Identity submitted for PAN exempt cases (✓)** (For other acceptance proof of identity, please refer point 12)
PAN ☐ UDI (Aadhar Card) ☐ Passport ☐ Voter Identity Card ☐ Driving License
Please enclosed a duly attested copy of your PAN Card. ☐ Others (Please specify) _____

FOR INVESTORS WHO HAVE COMPLIED KYC Please submit Change of address request in the prescribed format alongwith supporting documents as outlined under uniform KYC guidelines

ACKNOWLEDGEMENT SLIP (To be filled by the investor) This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.

Folio No.	Name
Received from the above mentioned investor the following:	
<input type="checkbox"/> Additional Purchase Scheme	Total Amount (Rs.)
Cheque No(s)	Drawn on
<input type="checkbox"/> Redemption or <input type="checkbox"/> Switch Amount (Rs.)	OR Units
<input type="checkbox"/> STP <input type="checkbox"/> SEP <input type="checkbox"/> Change of Address <input type="checkbox"/> Nomination	

Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.

No. CT

ISC Stamp, Signature & Date

6	SYSTEMATIC ENCASHMENT PLAN (SEP) (For investors in scheme(s) where applicable)										<input type="checkbox"/> Registration	<input type="checkbox"/> Cancellation				
Scheme Plan	<input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HIEF <input type="checkbox"/> HDF <input type="checkbox"/> HTSF <input type="checkbox"/> HEMF <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HIF <input type="checkbox"/> HUSBF <input type="checkbox"/> HGCOF <input type="checkbox"/> HFDF <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M															
Option	<input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus															
Withdrawal Options	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation															
Period of enrolment	M	M	/	Y	Y	Y	Y	To	M	M	/	Y	Y	Y	Y	
Note : SEP will be processed on the 1st Business Day of the month.																
										Dividend Frequency		<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly† <input type="checkbox"/> Monthly‡ <input type="checkbox"/> Quarterly§ <input type="checkbox"/> Fortnightly^ <input type="checkbox"/> Half Yearly††				
										Sub-Option		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment ^{ss} <input type="checkbox"/> Dividend Payout ^{##}				
										Frequency (✓)		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly				
										Withdrawal Amount (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter)		Rs. _____ Redemption amount will equal appreciation				

SWITCH (Please your choice of Scheme / Plan / Option / Sub-option) KYC MANDATORY w.e.f. January 1, 2011. Please enclose KYC acknowledgement.	
Switch From Scheme Name <input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HIEF <input type="checkbox"/> HDF <input type="checkbox"/> HTSF <input type="checkbox"/> HEMF <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HIF <input type="checkbox"/> HUSBF <input type="checkbox"/> HGCOF <input type="checkbox"/> HFDF <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M Plan <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus Option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout Sub-option <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly† <input type="checkbox"/> Fortnightly^ <input type="checkbox"/> Monthly‡ <input type="checkbox"/> Quarterly§ <input type="checkbox"/> HalfYearly¶ Dividend Frequency	Switch To Scheme Name <input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HIEF <input type="checkbox"/> HDF <input type="checkbox"/> HTSF <input type="checkbox"/> HEMF <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HIF <input type="checkbox"/> HUSBF <input type="checkbox"/> HGCOF <input type="checkbox"/> HFDF <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M Plan <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus Option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout Sub-option <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly† <input type="checkbox"/> Fortnightly^ <input type="checkbox"/> Monthly‡ <input type="checkbox"/> Quarterly§ <input type="checkbox"/> HalfYearly¶ Dividend Frequency
<input type="checkbox"/> Amount (Rs. in figures) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="checkbox"/> No. of Units <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> All Units	
** Applicable for HCF & HUSBF only. † Applicable for HCF, HIF-ST, HFRF-LT & HUSBF. Dividend Payout in case of HFRF-LT is done only for dividend amount equal to or greater than 1 lac. ‡ Applicable for HCF, HIF-ST, HMIP-R, HMIP-S, HUSBF, HFRF-LT and HFDF. § Applicable for HIF-IP, HMIP-R, HMIP-S and HFDF. ^ Applicable for HFRF LT & HFDF. ¶ Applicable for HFDF only. Please note that dividend payout is available only in the Monthly, Quarterly & Half Yearly Sub-Options. \$\$ Not applicable in case of HTSF. # Payout will be dependent on the Scheme.	

<div style="display: flex; align-items: center; justify-content: space-between;"> 8 SYSTEMATIC TRANSFER PLAN (STP) (For investors in scheme(s) where applicable) </div>		<div style="display: flex; justify-content: space-around;"> Registration Cancellation </div>
Transfer From <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 48%;"> Scheme <input type="checkbox"/> HIF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HUSBF Name <input type="checkbox"/> HFDF <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF </div> <div style="width: 48%; padding-left: 10px;"> Transfer To Scheme Scheme <input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HTSF <input type="checkbox"/> HIEF <input type="checkbox"/> HDF <input type="checkbox"/> HEMF Name <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M <input type="checkbox"/> HGCOF </div> </div>		
Plan <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus Sub-option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout Dividend <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly† <input type="checkbox"/> Fortnightly^ Frequency <input type="checkbox"/> Monthly# <input type="checkbox"/> Quarterly\$ <input type="checkbox"/> Half Yearly††		
Plan <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Reinvestment ^{ss} <input type="checkbox"/> Dividend Payout Option Amount Per _____ (Minimum transfer amount Rs. 1000/- instalment Rs. _____ except HTSF. For HTSF Rs. 500/-) STP Date (✓) <input type="checkbox"/> Monthly# <input type="checkbox"/> 3rd <input type="checkbox"/> 10th <input type="checkbox"/> 17th <input type="checkbox"/> 26th <input type="checkbox"/> 30th## <input type="checkbox"/> All Dates ## Last Business Day of the month for February. Minimum period for STP is 3 months.		
Installment commencing from M M / Y Y Y Y To M M / Y Y Y Y To be submitted 10 days prior to the STP date in case of Registration & 14 days in case of Cancellation.		

9	NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)			
Please <input checked="" type="checkbox"/> <input type="checkbox"/> I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.				
Signature(s)	Sole/First Applicant	Second Applicant	Third Applicant	
OR				
NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single)				(ref. Instructions for Nomination)
I/We _____ (Unit holder 1), _____ (Unit holder 2)				
and _____ (Unit holder 3) *do hereby nominate the person(s) more particularly described hereunder/and*/cancel				
the nomination made by me/us on the _____ day _____ of in respect of the Units under Folio No. _____ (*strike out which is not applicable)				
Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee‡
Nominee 1				
Nominee 2				
Nominee 3				

10	DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)	Signature should be in Black or Blue ink only.					
	<p>The Trustees, HSBC Mutual Fund</p> <p>Having read and understood the contents of the Combined Scheme Information Document, SAI and Addenda of the Scheme(s) issued till date, I / We hereby apply under Direct / AMFI Certified empanelled distributors to the Trustees of HSBC Mutual Fund for units of the Scheme / Plan / Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I / We have understood the details of the Scheme and I / We have not received nor induced by any rebate or gifts, directly or indirectly, in making this investment. I / We hereby authorise HSBC Mutual Fund, its Investment Manager and its Agents to disclose details of my / our investment to me/our bank(s) / HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Investment Advisor and to verify my / our bank details provided by me / us. I/We hereby declare that the particulars given above are correct and express my / our willingness to make payments referred above through participation in ECS / Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/ We would not hold HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), their appointed service providers or representa-tives responsible. I/We will also inform HSBC Asset Management (India) Pvt. Ltd., about any changes in my / our bank account. I/We have read and agreed to the terms and conditions for ECS / Direct Debit. *I/We confirm that I am/are are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I / We confirm that the details provided by me / us are true and correct. I / We hereby declare that the amount being invested by me/us in the Scheme(s) of HSBC Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time.</p> <p style="text-align: center;">*Applicable to NRI</p> <p>I / We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.</p> <p>We confirm that we have not issued any bearer shares or share warrants. We also confirm that we will inform the AMC if bearer shares or share warrants are issued subsequently.</p> <p>I/We confirm that I am/ we are not United States person(s) under the laws of United States or resident(s) of India. Incase of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).Signature should be in Black or Blue ink only.SIGNATURE(S)/SoleFirstUnitholder/Guardian/POASecondUnitholder/POAThirdUnitholder/POADefault options will be applied in cases where the information provided is either ambiguous or has any discrepancy.</p>	<table border="1"> <tr> <td data-bbox="1145 1572 1216 1893" rowspan="4">SIGNATURE(S)</td><td data-bbox="1216 1572 1286 1653">Sole/First Unitholder/ Guardian/POA</td></tr> <tr> <td data-bbox="1216 1653 1286 1732">Second Unitholder/ POA</td></tr> <tr> <td data-bbox="1216 1732 1286 1814">Third Unitholder/ POA</td></tr> <tr> <td data-bbox="1216 1814 1286 1893">Date</td></tr> </table>	SIGNATURE(S)	Sole/First Unitholder/ Guardian/POA	Second Unitholder/ POA	Third Unitholder/ POA	Date
SIGNATURE(S)	Sole/First Unitholder/ Guardian/POA						
	Second Unitholder/ POA						
	Third Unitholder/ POA						
	Date						
	Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.						

INSTRUCTIONS

GENERAL INSTRUCTIONS : 1. This Form is for use by existing unitholders of all funds of HSBC Mutual Fund only. Please use a separate Form for each transaction. 2. If any alteration is made, then a countersign is mandatory. 3. Investors should refer to the Combined Scheme Information Document, Statement of Additional Information, Addenda and KIM of the respective Schemes carefully before filing the Application Form. 4. Please refer to the Combined Scheme Information Document, Statement of Additional Information for cut-off times, available product features, add-ons and dividend frequency, minimum additional purchase amounts etc. The amount in words and figures on the cheque should not be in local languages. 5. In case of multiple holders, the dividend (if applicable) and redemption amount will be paid to the first holder. 6. Additional Purchases - Cheque/DD must be drawn in the name of the Scheme or its abbreviation as applicable and recorded "Account payee only". Outstation cheques will not be accepted. 7. Bank charges for demand drafts will be borne by the AMC and will be limited to the bank charges as for amount up to Rs. 10,000/- . DD Charges are as actuals, subject to a maximum of Rs. 50/- and for amount above Rs.10,000/- as Rs.350/- per PAN. 1000/- Minimum Rs. 50/- and Maximum Rs. 12,500/- . The AMC will not entertain any request for refund of demand draft charges. Outstation cheques / outstation demands draft will not be accepted. 8. Redemption amounts should not be less than minimum purchase amounts. 9. As per Securities and Exchange Board of India (SEBI) Circular dated 27 April 2007 and letter dated 25 June 2007, Permanent Account Number (PAN) has been made the sole identification number for all participants investing in the securities market, irrespective of the amount of investment. With effect from 1 January 2008, for all applicable transactions, investors will need to submit their PAN Number. The PAN requirements will be applicable to all joint applicants as well as the Guardian, in case of applications by a Minor. Accordingly, submission of Form 49A and / or declaration in Form 60161 will not be accepted. 10. KYC is mandatory under the Prevention of Money Laundering Act, 2002 for all investors irrespective of the amount of investment (including Switch, SIP/SIP received and registered on or after January 1, 2011). This will be applicable for investments from individual investors including joint holding / institutional investors / other non-institutional investors / investments through power of attorney holders / investments of a minor through a guardian. SEBI vide circular number MIRS/SE-ICT-21/2011 dated 10/05/2011 issued guidelines for uniform KYC requirements for investors while opening accounts with any intermediary in the securities market w.e.f January 01, 2012. In order to bring this into effect, SEBI has appointed KYC Registration Agency (KRA) who will act as a central authority to maintain records of KYC compliant investors in the securities market. This is in order to avoid duplication of KYC process with every intermediary. An investor can fulfil all the KYC requirements by filing up the prescribed form and submitting the same along with the other requisite details / proof (attested true copies of supporting documents relating to proof of identity and address or verification with the original) and submit along with the investment application, if not already KYC compliant. Stand alone KYC requests shall not be accepted by the AMC/RTA of AMC. Fresh KYC requests received in the old KYC form will be subject to rejection. Any subsequent change to Address, Pin Code, Country, Nationality, Occupation, Income details, Date of Birth, Proof of identity recorded with the intermediary and further registered with KRA will override the records maintained with the AMC. The AMC/RTA of AMC reserves the right to refund the amount invested or register transaction requests in case of any discrepancy noted in the information provided in the application. Introduction of an Person Verification (IPV) : SEBI has vide the circular number MIRS/ID-CT-26/2011 dated December 23, 2011 has mandated IPV for all new clients. The IPV carried out by one SEBI registered intermediary can be relied upon by another intermediary. It is also stated that, in case of Mutual Funds, the Asset Management Companies (AMCs) and the distributors who comply with the certification process of National Institute of Securities Market (NISM) or Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)' can perform the IPV. However, in case of applications received by the mutual funds directly from the clients (i.e. not through any distributor), the AMCs may also rely upon the IPV performed by the scheduled commercial banks. 11. Please note that information sought will be obtained from KRA also. In case of any differences, the KRA input will apply. 12. Guidance for other proffs : Identity card/document using applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges/affiliated to Universities, Professional Bodies such as ICAI, ICWAI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.

[illegible]