Common Application Form for Debt & Liquid Schemes / Plans (To be Filled in BLOCK LETTERS only)

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units)



EUIN Broker Name & ARN code / RIA code^ Sub-broker ARN code E-150257 Application ARN-109217 No. : **D** 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. Sole / First Applicant / Authorised Signatory Second Applicant / Authorised Signatory Third Applicant / Authorised Signatory TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 23 regarding transaction charges applicability) I AM A FIRST TIME MUTUAL FUND INVESTOR I AM 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. Are you a resident of Canada.? (✓) Yes \(\text{No}^\#\) Default if not ticked. SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON PAN CARD Name Mr Ms M/s Should match with PAN Card Date of Birth ~ (Mandatory) D D M M Y Y 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* Country of Residence Nationality‡ 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) Legal Guardian⁺⁺ (court appointed Guardian) Enclosed (✓) Natural Guardian⁺ (Father or Mother) 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 Others [Specify] Foreign Nationals [Specify Country] 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 Business] ☐ Doctor ☐ Forex Dealer ☐ Casino Owner ☐ Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please specify] Gross Annual Income (Please ✓): Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) DDMMY For Individuals [Tick (✓) if applicable]: For Non-Individual Investors (Companies, Trust, Partnership etc.): ☐ Politically Exposed Person (PEP) I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed ☐ 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 Yes No IV. Money Lending / Pawning Yes For Non Individual Investors -Mandatory UBO Declaration form duly filled and signed attached. 3d. 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 9 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. ...continued overleaf ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final. **Application** Received from Mr. Ms. M/s. No. :D

Folio No. application for Units of Scheme Plan alongwith Cheque/DD No. Option Drawn on (Bank) Dated Amount (₹) SIP Investment ☐ Toal Cheques ☐ ☐ ECS (Debit / Direct Debit Facility) Total Amount (₹) ISC Stamp, Signature & date

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Visit us at

7	INVESTMENT & SOURCE OF FU	JNDS DETAILS (Please (V) Scheme/Plan/	Option/Sub-Option/Dividend Frequency) (refer Important Instruction No. 10 on Third Party Paym								
			HCF HUSBF HFDF								
		1	Dividend Reinvestment Dividend Payout								
	1		Monthly#								
	** Applicable for HCF & HUSBF onl for HMIP, HIF-IP and HFDF only	y. † Applicable for HIF-ST, HCF & HUY. ^ Applicable for HFDF. †† Appli	SBF only. # Applicable for HMIP, HIF-ST, HCF, HUSBF & HFDF only. SApplicable for HFDF only. Please note that dividend payout is available only ount equal or greater to INR 250/ Dividend Payout will be dependent on the sche								
	1		S Debit Clearing) (Please fill up SIP Auto Debit Form and attach with this)								
	First SIP Cheque/DD Details:	Cheque/DD No.	Cheque/DD Date D D / M M / Y Y Y								
	Drawn on Bank A/c. No.		Bank Name & Branch								
	MICRO SIP (Refer Note No. 4C on pa *For the permissible list of applicable docume	·	Y Y Supporting Document type* Reference No. (if available)								
	☐ B) ONE TIME LUMPSUM INV	VESTMENT (Please fill the details hereu	nder. Do not submit SIP Auto Debit Form)								
	Payment Mode	DD RTGS NEFT Fund Transfer	Cheque/RTGS/NEFT/DD/FT Date D D / M M / Y Y Y Y								
	Cheque/DD/RTGS/NEFT No.		Payment from Bank A/c. No.								
	Investment Amount (Rs.) (i)		Bank Name								
	DD charges (Rs.) (ii)		Branch								
	Total Amount (Rs.) (i + ii)		/pe (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE* ☐ FCNR* ☐ Others (* For NRI Investor								
	MANDATORY DECLARATION: The If no, my relationship with the bank according to the control of the	e details of the bank account provided above	: _ Third Party Declarations _ Bank Certificate for Pre-funded Instruments pertain to my/our own bank account in my/our name _ Yes _ No. Employee _ Custodian _ Others (Please specify); an the Third Party Payments).								
	☐ C) SIP : SYSTEMATIC INVES	TMENT PLAN [For SIP through Pos	st Dated Cheques (PDCs)] (All cheques should be of same date of the months/quarte								
	First SIP Cheque Details :		Drawn on Bank A/c. No.								
	Cheque No. Cheque Date D D / M N	1 / Y Y Y Y	Bank Name Branch								
): 3rd 10th (Default^) 17th 26th									
	SIP Period Start Date M M	, _ ,	^ Refer instruction 4b(f)								
	Each SIP Amount (Rs.)		, , , , , , , , , , , , , , , , , , , ,								
		Cheque Nos. Fro									
	Drawn on Bank A/c.	Bank	Branch								
8	-	(STP) (For investors in Scheme(s) wh									
	Transfer from Scheme : HIF HUSB	☐ HMIP ☐ HCF F ☐ HFDF	Transfer to Scheme: HEF HIOF HUOF HPTF HMI HEMF HTSF HSCF HDF HBF								
			Option Growth Dividend Reinvestment Dividend Payor								
	Plan		Amount per instalment (Rs.)								
Option											
		Reinvestment Dividend Payout	## Last Business Day of the month for February								
	Daily Weekly Mont	hly Quarterly Fortnightly Half Yearly	Instalment commencing: From DD / MM / YYYYY To DD / MM / YYYY								
9	DEMAT ACCOUNT DETAILS		110111 [] [] [] [] [] [] [] [] []								
	Please ensure that unit holders are give	en an option to hold the units in demat fo	rm in addition to account statement as per current practice and the sequence of nan								
	as mentioned in the application form n	natches with the Depository Participant. NSDL	CDSL								
	DD Maria	Nont	CDSL								
	DP Name										
	DDID										
	DP ID I N		N A								
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10	Beneficiary Account No. NON-INTENTION TO NOMINAT	· · · · · · · · · · · · · · · · · · ·	viduals where mode of holding is single and who do not wish to nominate)								
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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]

	Sole / First Applic	ant Guardian	Second App	licant	Third A _l	pplicant
Place and Country of Birth	Place	F	Place		Place	
•	Country		Country		Country	
Address Type	-			Business	Residential	Business
[for KYC address]	Registered Office		Registered Office	_ Duomeoo	Registered Office	Business
Tax Resident (i.e. are you assessed for Tax) in any country other than India? If 'Yes' please fill for all countries				No re you are Citizen / I	Yes	□ No Holder / Tax Reside
in the respective countries 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 □ B	□С	□ A □ E	B □ C
Reason A - The country where the Reason B - No TIN required [Self-	lect this reason only for th				ired the TIN to be colle	ected]
Reason C - Others - Please speci # To also include USA, where th ^ In case Tax Identification Num	ne individual is a citizen /					
	CERTIFICATION FOR	R NON-INDIVIDUAL	INVESTORS AND		E BENEFICIAL OWN	NER (UBO)
Diago complete America A		NY / TRUST / SOC	EIETY / PARTNERSH	IP FIRM etc.)		
Please complete Annexure A &						
DECLARATION AND SIGN. FATCA / CRS DECLARATION		oint holding, signatu	res of all unit holder	s are mandatory)		
the Account Holder (or am author	orised to sign for the Acco	ount Holder) of all the	account(s) to which thi	s form relates. In ca	se any of the above spe	ecified information
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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 E-150257 **Application** ARN-109217 No. : **D** 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. Second Applicant / Third Applicant / Sole / First Applicant / Authorised Signatory Authorised Signatory Authorised Signatory **REQUEST FOR** (tick ✓ any one): Registration of SIP Registration of Micro SIP** Renewal of SIP 1 APPLICANT'S PERSONAL DETAILS (MANDATORY) Application Form No. (For New Applicants) OR Folio No. (For Existing Unit holders) Sole / 1st Unitholder N a Guardian's Name (in case of minor) E-mail ID a n Attested PAN card KYC Letter Enclose Attested PAN card KYC Letter Attested PAN card KYC Letter SIP DETAILS Scheme Name Plan SIP Date (✓): Monthly (Default^) 10th (Default^) ☐ 17th ☐ 26th ☐ 30th# ☐ All Dates ☐ Quarterly (10th) ☐ Daily (only for HCF) 3rd **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 Y SIP Amount (figures) ₹ (words) Dated D D M M Y Y Y Y First SIP Cheque No. 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. 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 X Sole / 1st Unit Holder / POA / Guardian 2nd Unit Holder 3rd Unit Holder HSBC 🖎 Debit Mandate Form NACH / ECS / Direct Debit Global Asset Managemen **UMRN** Date Sponsor Bank Code CITI000PIGW **Utility Code** CITI00002000000037 Tick (✓) CREATE SB CA CC SB-NRE SB-NRO Others **HSBC** Mutual Fund to debit (tick √) I/We hereby authorize MODIFY CANCEL Bank a/c number IFSC with Bank or MICR ₹ an amount of Rupees FREQUENCY Monthly ⊠ Quarterly ⊠ Half-Yearly ⊠ Yearly ✓ As & when presented DEBIT TYPE □ Fixed Amount ✓ Maximum Amount Phone No Reference 1 Reference 2 Application Numbe 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. -PFRIOD From Signature Primary Account holder Signature of Account holder Signature of Account holder Or 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 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 $\boxed{M} \boxed{M} \boxed{Y} \boxed{Y}$ to $\boxed{M} \boxed{M} \boxed{Y} \boxed{Y}$	
	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)

- 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".