



**4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS**

**Address for Correspondence<sup>†</sup>** [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

										City																			
State										Country										Pin Code									

**Overseas Address/Registered Address in case of Non-Individual investors** (Mandatory in case of NRI/FPI applicant in addition to mailing address) (Should be same as in KRA records)

										City																			
State										Country (Mandatory)										Zip Code									

**Contact Details**

**Mobile No.** \_\_\_\_\_ **Tel, (Res./Office)** \_\_\_\_\_

Mobile belongs to:  Self  Spouse  Guardian (to Minor investment)  Dependant Children  Dependant Parents  Dependant Siblings  Custodian  POA  PMS

**†E-mail - 1** \_\_\_\_\_ **Email ID to be filled in CAPITAL LETTERS**

E-mail belongs to:  Self  Spouse  Guardian (to Minor investment)  Dependant Children  Dependant Parents  Dependant Siblings  Custodian  POA  PMS

Yes  No <sup>†</sup> I / We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents by email. If unticked, by default the above will be sent on email. I/We confirm that primary email ID provided belongs to self or a family member.

**5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS** (Please tick (✓) wherever applicable)

**MODE OF HOLDING** (✓)  Single  Joint (Default if not mentioned)  Anyone or Survivor

**NAME OF SECOND APPLICANT AS PER PAN\*\*\*** (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes  No\*\*  (\*\*Default if not ticked.)

Mr Ms M/s \_\_\_\_\_ Name as per PAN CARD \_\_\_\_\_

**Date of Birth §† (Mandatory\*)** [D D M M Y Y Y Y] \_\_\_\_\_ **Gender**  Male  Female  Third Gender

**PAN\*\* (Mandatory\*)** \_\_\_\_\_ **KYC Identification Number (KIN) ††** \_\_\_\_\_

Proof to be enclosed (✓)  PAN card Copy

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

**a. Occupation** (please ✓):  Private Sector Service  Public Sector Service  Government Service  Professional  Agriculturist  Retired  Housewife  Student  Business [Nature of Business] \_\_\_\_\_  Doctor  Forex Dealer  Money lender  Casino Owner  Arms manufacturer  Gambling services offerer  Money lender  Pawn Broker  Others [Please specify] \_\_\_\_\_

**b. Gross Annual Income** (please ✓):  Below ₹ 1 Lac  ₹ 1-5 Lacs  ₹ 5-10 Lacs  ₹ 10-25 Lacs  ₹ 25 Lacs - ₹ 1 Crore  > ₹ 1 Crore

**c. Others** (please ✓):  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

**NAME OF THIRD APPLICANT AS PER PAN\*\*\*** (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes  No\*\*  (\*\*Default if not ticked.)

Mr Ms M/s \_\_\_\_\_ Name as per PAN CARD \_\_\_\_\_

**Date of Birth §† (Mandatory\*)** [D D M M Y Y Y Y] \_\_\_\_\_ **Gender**  Male  Female  Third Gender

**PAN\*\* (Mandatory\*)** \_\_\_\_\_ **KYC Identification Number (KIN) ††** \_\_\_\_\_

Proof to be enclosed (✓)  PAN card Copy

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

**a. Occupation** (please ✓):  Private Sector Service  Public Sector Service  Government Service  Professional  Agriculturist  Retired  Housewife  Student  Business [Nature of Business] \_\_\_\_\_  Doctor  Forex Dealer  Money lender  Casino Owner  Arms manufacturer  Gambling services offerer  Money lender  Pawn Broker  Others [Please specify] \_\_\_\_\_

**b. Gross Annual Income** (please ✓):  Below ₹ 1 Lac  ₹ 1-5 Lacs  ₹ 5-10 Lacs  ₹ 10-25 Lacs  ₹ 25 Lacs - ₹ 1 Crore  > ₹ 1 Crore

**c. Others** (please ✓):  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

**POA HOLDER NAME AS PER PAN\*\*\*** (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).

Mr Ms M/s \_\_\_\_\_ Name as per PAN CARD \_\_\_\_\_

**Date of Birth (Mandatory\*)** [D D M M Y Y Y Y] \_\_\_\_\_ **KYC Identification Number (KIN) ††** \_\_\_\_\_

**PAN\*\* (Mandatory\*)** \_\_\_\_\_ **Proof to be enclosed (✓)  PAN card Copy**

**Nationality** \_\_\_\_\_ **Country of Residence** \_\_\_\_\_

**a. Occupation** (please ✓):  Private Sector Service  Public Sector Service  Government Service  Professional  Agriculturist  Retired  Housewife  Student  Business [Nature of Business] \_\_\_\_\_  Doctor  Forex Dealer  Money lender  Casino Owner  Arms manufacturer  Gambling services offerer  Money lender  Pawn Broker  Others [Please specify] \_\_\_\_\_

**b. 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

**c. Others** (please ✓):  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

...continued on next page ⇨

**CALL US AT**

Please visit our website [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://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

**6 BANK ACCOUNT DETAILS** (For Minor investments – Redemption proceeds will be paid only to the Bank A/c held in the name of Minor)

Core Banking A/c No.  A/c. Type (✓)  Current  Savings  NRO\*  NRE\* \* For NRI Investors

Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ Pin Code

State \_\_\_\_\_ Country \_\_\_\_\_

MICR code  RTGS/NEFT/IFSC code

Please provide a cancelled cheque leaf with your name and IFSC code pre-printed if the bank details in Section 7 are different or Fund transfer is submitted.

**7 INVESTMENT & SOURCE OF FUNDS DETAILS** (Please write Scheme Name / Plan / Option / Sub-option below)

For more than 1 Scheme please issue cheque favouring "HSBC Multi Scheme Collection Account"

	Scheme/Plan/Option/Sub-option			Amount (₹)	
1.	HSBC	Scheme Name	Plan	Option/Sub-Option	
2.	HSBC	Scheme Name	Plan	Option/Sub-Option	
3.	HSBC	Scheme Name	Plan	Option/Sub-Option	
<b>Total Amount (₹)</b>	Amount in words				
<b>Payment Mode</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> One Time Mandate (OTM) <input type="checkbox"/> Electronic Transfer				
<b>Cheque/DD/RTGS/NEFT Details</b>	Cheque/DD/RTGS/UMRN/NEFT No. <input type="text"/>				
	Instrument Date <input type="text"/>		DD Charges, if any (₹) <input type="text"/>		
<b>Payment from Bank A/c. No.</b>	<input type="text"/>				
<b>A/c. Type (✓)</b>	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others (* For NRI Investors)				
<b>Drawn On</b>	Bank _____				
	Branch & City _____				

The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the application only.

**Documents attached to avoid Third Party Payment Rejection :**  Third Party Declarations  Bank Certificate for Pre-funded Instruments  
 For Minor investment, if Funds are from Parent /Legal Guardian, enclose Relationship Proof  Birth Certificate  Passport  School Leaving Certificate  Court Order

**MANDATORY DECLARATION :** The details of the bank account provided above pertain to my/our own bank account in my/our name  Yes  No.

If no, my relationship with the bank account holder (attach the Third Party declaration Form) (Please ✓)  Employee  Custodian  AMC  Corporate

**8 SYSTEMATIC TRANSFER PLAN (STP)§** (Please write Scheme Name / Plan / Option / Sub-option below)  Registration^^

<b>Transfer From : Scheme</b> HSBC	Scheme Name	<b>Transfer To: Scheme</b> HSBC	Scheme Name
Plan/Option/Sub-option *		Plan/Option/Sub-option *	
<b>STP Frequency:</b> <input type="checkbox"/> Daily^ <input type="checkbox"/> Weekly^ <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default¶) <input type="checkbox"/> Quarterly (10th)		<b>STP Day:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default^) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
<b>Transfer Options:</b> <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation (1st Business Day of the month)		<b>Transfer Amount:</b> Amount per instalment Rs. <input type="text"/>	
<b>Installment commencing:</b> From <input type="text"/> To <input type="text"/>	(Minimum Transfer Amount for Liquid & Overnight Schemes - Rs. 1,000. All other Schemes - Rs. 500)		
<b>STP Date</b> <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st			

§ To be submitted 7 days prior to the STP date incase of Registration & 14 days incase of Cancellation. ^^ Minimum 6 installments for Liquid and Overnight and 12 installments for all other Schemes for registration. The minimum amount required under the source scheme for registering STP is ₹ 6,000. \* Default Option Date may be applied in case of no information, ambiguity or discrepancy. ¶ If no debit date is mentioned default date would be considered as 10th of every month/quarter. ^ Daily and Weekly STP facility shall be available only under Fixed Amount Systematic Transfer Plan. If the day for Weekly STP is not selected, Wednesday will be the default day.

**9 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]

**FATCA / CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL /NRI /ON BEHALF OF MINOR /PROPRIETORSHIP FIRM)**

	Sole/First Applicant/Guardian	Second Applicant	Third Applicant/POA holder
<b>Place and Country of Birth</b>	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
<b>Address Type [for KYC address]</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
<b>Tax Resident (i.e. are you assessed for Tax) in any country other than India?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are Citizen/Resident/Green Card Holder/Tax Resident in the respective countries			
<b>Country of Tax Residency#</b>			
<b>Tax Identification Number (TIN) or Functional Equivalent^</b>			
<b>Identification Type (TIN or Other, please specify)</b>			
<b>If TIN is not available, please tick ✓ the reason [as defined below]</b>	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A – The country where the Account Holder is liable to pay tax does not issue TIN to its residents.  
 Reason B – No TIN required [Select this reason only for the authorities of the respective country of tax residence do not required the TIN to be collected]  
 Reason C – Others - Please specify the reason \_\_\_\_\_

# To also include USA, where the individual is a citizen/green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

**FATCA / CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBO) (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM ETC.)**

Please complete Annexure A & B



## Systematic Investment Plan (SIP) / Micro SIP Form

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Broker Name & ARN Code / RIA Code	Sub-broker ARN Code	Sub Code	EUIN	Branch Code
ARN-146822				

Time Stamp

**Transaction Charges:** SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs. 10,000/-.

If this is the first time, you are investing in any mutual fund, please tick here

Investor's Declaration where EUIN is not furnished: I/We confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction

Sole/1st Applicant / Authorised Signatory <input checked="" type="checkbox"/>	2nd Applicant / Authorised Signatory <input checked="" type="checkbox"/>	3rd Applicant / Authorised Signatory <input checked="" type="checkbox"/>
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New SIP Registration     SIP Renewal     Update new OTM debit mandate for already registered SIP     OTM Debit Mandate to be registered in the folio.  
 OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)

### 1 APPLICANT INFORMATION

Name of Sole/1st Unit Holder	First Name	Middle Name	Last Name
Folio No.	Mobile No. + 9 1		
	<b>First Unit Holder</b>	<b>Second Unit Holder</b>	<b>Third Unit Holder</b>
PAN/PEKRN**			
KIN^			
Date of Birth^	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Email ID^			

*KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. \*\*PEKRN required for Micro investments upto Rs. 50,000 in a year. ^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).*

### 2 OTM DEBIT MANDATE FOR NACH/ECS/AUTO DEBIT

UMRN  Date

Sponsor Bank Code   Create  Modify  Cancel

Utility Code  I/We hereby authorize **HSBC Mutual Fund**

To debit (✓)  SB  CA  CC  SB-NRE  SB-NRO  Others Bank Account No.

with Bank  IFSC/MICR

An amount of Rupees  In Words  ₹  In Figures

Debit Type :  Fixed Amount  Maximum Amount Frequency:  Monthly  Quarterly  Half Yearly  Yearly  As & when presented

Reference 1  Reference 2

Mobile No.  Email ID

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.

PERIOD\* Mandatory \_\_\_\_\_ Maximum period of validity of this mandate is 40 years only.

From  ×  ×

To  Signature of Primary Bank Account Holder \_\_\_\_\_ Signature of Bank Account Holder \_\_\_\_\_ Signature of Bank Account Holder \_\_\_\_\_

Maximum period of validity of this mandate is 40 years only. Name as in bank records \_\_\_\_\_ Name as in bank records \_\_\_\_\_ Name as in bank records \_\_\_\_\_

### ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.

Received from \_\_\_\_\_ Folio No./Application No.

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option/Sub-option \_\_\_\_\_

New SIP Registration     SIP Renewal     Update New OTM Debit Mandate     OTM Debit Mandate to be registered in the folio.  
 OTM Debit Mandate is already registered in the folio.

SIP Amount Rs. \_\_\_\_\_ Frequency  Weekly  Monthly  Quarterly  
 STP Top Up Amount Rs. \_\_\_\_\_ Frequency  Half Yearly  Yearly

Acknowledgement Stamp & Date

**3 SIP & INVESTMENT DETAILS (For more than One Scheme please issue cheque favouring "HSBC Multi SIP Collection Account")**

**First SIP Details**

Instrument No.  Dated / / -- Cheque Amount ₹

Bank Name  A/C No.

Branch  City

A/c. Type  Current  Savings  NRO\*  NRE\*  Others **UMRN for One Time Mandate**

Reason for your SIP (✓)  Children's Education  Children's Marriage  House  Car  Retirement  Others

**1 Scheme 1** Name  Plan  Option/Sub option

IDCW Frequency

SIP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  
 9th  10th (Default\*)  11th  12th  13th  14th  15th  16th  
 17th  18th  19th  20th  21st  22nd  23rd  24th  25th  
 26th  27th  28th  29th  30th  31st

SIP period From / /  To / /   
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]

SIP Frequency  Weekly<sup>Δ</sup>  Monthly<sup>Δ^</sup>  Quarterly (10th) SIP Day  Monday  Tuesday  Wednesday<sup>Δ</sup>  Thursday  Friday

SIP Amount (figures) ₹  (words)

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.

Top Up Amount ₹  Amount in multiples of ₹ 500 only Top Up Frequency  Half Yearly  Annual (Default) ^

Top Up to continue till SIP amount reaches^^ ₹  OR Top Up to continue till # / / --

**2 Scheme 2** Name  Plan  Option/Sub option

IDCW Frequency

SIP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  
 9th  10th (Default\*)  11th  12th  13th  14th  15th  16th  
 17th  18th  19th  20th  21st  22nd  23rd  24th  25th  
 26th  27th  28th  29th  30th  31st

SIP period From / /  To / /   
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]

SIP Frequency  Weekly<sup>Δ</sup>  Monthly<sup>Δ^</sup>  Quarterly (10th) SIP Day  Monday  Tuesday  Wednesday<sup>Δ</sup>  Thursday  Friday

SIP Amount (figures) ₹  (words)

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.

Top Up Amount ₹  Amount in multiples of ₹ 500 only Top Up Frequency  Half Yearly  Annual (Default) ^

Top Up to continue till SIP amount reaches^^ ₹  OR Top Up to continue till # / / --

**3 Scheme 3** Name  Plan  Option/Sub option

IDCW Frequency

SIP Date  1st  2nd  3rd  4th  5th  6th  7th  8th  
 9th  10th (Default\*)  11th  12th  13th  14th  15th  16th  
 17th  18th  19th  20th  21st  22nd  23rd  24th  25th  
 26th  27th  28th  29th  30th  31st

SIP period From / /  To / /   
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]

SIP Frequency  Weekly<sup>Δ</sup>  Monthly<sup>Δ^</sup>  Quarterly (10th) SIP Day  Monday  Tuesday  Wednesday<sup>Δ</sup>  Thursday  Friday

SIP Amount (figures) ₹  (words)

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.

Top Up Amount ₹  Amount in multiples of ₹ 500 only Top Up Frequency  Half Yearly  Annual (Default) ^

Top Up to continue till SIP amount reaches^^ ₹  OR Top Up to continue till # / / --

\* For NRI Investors. Δ If the day for Weekly SIP is not selected, Wednesday will be the default day ^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Minimum gap of 21 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered. Please ensure the amount mentioned in the NACH form is a total of per SIP instalment requested above. ^^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top-Up amount will cease. Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment.

**4 DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')**

**OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order)**

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of HSBC Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through participation in 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 or any of their appointed service providers or representatives responsible. I/We will also inform HSBC Mutual Fund about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We hereby accord my/our consent to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/ us to the group companies of HSBC Mutual Fund for any valid business purposes including marketing or sales promotion or with any statutory or judicial authorities, without any prior intimation to me/us, until notified by me/us otherwise.

<b>X</b>	<b>X</b>	<b>X</b>
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA

**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](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://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