

# **Common Application Form**

(To be Filled in BLOCK LETTERS only)

Broker Name & ARN code / RIA code^ S ARN-146822	ub-broker ARN code Sub cod	le Branch Code	EUIN	App. No.:
I/We hereby confirm that by mentioning RIA code tails of my/our transactions in the schemes(s) of I We hereby confirm that the EUIN box has been in advice by the employee/relationship manager/se propriateness, if any, provided by the employee/re	HSBC Mutual Fund. tentionally left blank by me/us as this tra- les person of the above distributor/sub	insaction is executed with broker or notwithstanding	nout any interaction	For Office Use Only
ole/First Applicant/Authorised Signatory Seco	nd Applicant/Authorised Signatory	Third Applicant/Author	orised Signatory	
TRANSACTION CHARGES (Ple	ase tick any one of the below. Ref	er point 7 regarding	transaction charge	s applicability under Instructions)
I AM A FIRST TIME MUTUAL FU (₹ 150 will be deducted as transaction cha				OR IN MUTUAL FUND on charge for per purchase of ₹ 10,000 and mor
· · · ·		·		ow (if not provided earlier) and proceed to Section 3
Folio No.		•		lding will be as per existing Folio Number.
SOLE/FIRST APPLICANT'S PERSO		**	of USA/Canada? (✓)	
Name as per PAN (Mandatory)*** Mr Ms	M/s		er PAN CARD	
Date Birth/Incorporation §‡ (Mandatory*			✓) ☐ Birth Certific ed by HSC State Boa	cate School Leaving Certificate Passpoi ard Others (please specif
Gender	e Third Gender KYC	Identification No. (KI	N) ‡‡	
PAN (Mandatory*)		Proof to be enclose	ed (✓) ☐ PAN card	 I Сору
Nationality‡		Country of Resid	ence	
GUARDIAN NAME AS PER PAN			(in case of Non-in	dividual Investors only)
Mr Ms M/s	Name as per P.			
Date of Birth of Guardian <sup>‡</sup> (Mandatory*)	D D M M Y Y Y Y KY	C Identification Numb	oer (KIN) ‡‡	
PAN** (Mandatory*)		Proof to be enclose	ed (✓) ☐ PAN card	1 Сору
Father Mother  * Document evidencing relationship with Guardia	Legal Guardian ++ (cour		of the court appointme	ent letter, affidavit etc. to support.
BOI Society LLP PIO Non I  KYC DETAILS [Mandatory* (Deta  Investors are requested to complete the K	ils of Guardian in case the unitho YC section for Joint holders & POA	lder is a minor)] also, as applicable		
	_			☐ Housewife ☐ Student ☐ Doctor ☐ Forex Dea er ☐ Pawn Broker ☐ Others [Pl. specify]
	Below ₹ 1 Lac			
OR Net-worth in Rupees (Mandatory for N	on-Individuals)  ₹ Net-worth s	hould not be older tha	n 1 year as on (d	late) D D M M Y Y Y Y
For Individuals [Tick (✓) if applicable]:	For Non-Individual Investors (Co	mpanies, Trust, Partne	ership etc.) :	
Politically Exposed Person (PEP)	I. Is the company a Listed Compa		ed Company or Cont	trolled by a Listed Company Yes N
Related to a Politically Exposed Person (PEP)	(If No, please attach mandatory  II. Foreign Exchange/Money Char			☐ Yes ☐ N
Not Applicable	III. Gaming/Gambling/Lottery/Ca	-		Yes N
- 1	IV. Money Lending/Pawning	1 60 1	. 1 . 44 1 1	Yes N
For Non Individual Investors - Identification of Beneficial Ownership	Mandatory UBO Declaration for (Not Required for a Listed Compar			trolled by a Listed Company)
Instructions for filling up the Application Form W.e.f. January 1, 2011, all the applicants need t are required to complete the uniform KYC prounder KRA (KYC Registration Agency) regime Please note that information sought here will but Transactions subject to rejection if minor has turn	o be KYC Compliant irrespective of the cess (for details refer point 8 under Importand whose KYC is not registered or verie obtained from KRA also. In case of an and major and relevant documents for charted major and relevant documents for charted major and relevant documents.	amount invested (including ortant Instructions). W.e.fified in the KRA system by differences, the KRA in the instatus not submitted	ng switch). W.e.f. Janu f. February 1, 2017, N will be required to fill aput will apply. l. Refer SID/SAI for in	r and NRIs). For Micro SIP Investment please re uary 1, 2012, applicants who are not KYC complew individual investors who have never done K the new CKYC form while investing with the Funstructions related to folios held in the name of MirAN, else the transaction is liable to get rejected.
		ACKNOWI EDGE	MENT SLIP (To	continued overleaf
HSBC Mutual Fund	This Acknowle			ormation provided on the form is considered fir
paired from Mr Mr M4- M4/-				
cerved from [wir.  ws.  w/s.	1			
lio No.	application for Units of Scheme	with Charma/DDN		App.
lio No. Option/Sub-opt	ionalong	with Cheque/DD No		App No.:
ated Drawn on (Bank	ionalong	Amount (₹)	Cancellation of N	No.:

Address for Correspondence <sup>‡</sup> [P.O. Box Address is NOT sufficient]	(Should be some as in VDA records)
Address for Correspondence: [F.O. Box Address is NOT sufficient]	(Silouid de Saine às in KRA fecolus)
	City
State	Country Pin Code
	-
Overseas Address/Registered Address in case of Non-Individual investor	rs (Mandatory in case of NRI/FPI applicant in addition to mailing address) (Should be same as in KRA records
	Cit.
State	y (Mandatory) Zip Code
State	y (Mandatory) Zip Code Zip Code
Mobile No.	Tel. (Res./Office)
	Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS
+E-mail - 1	Email ID to be filled in CAPITAL LETTERS
	Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS
Yes $\square$ No $+$ I / We, wish to receive scheme wise annual report or If unticked, by default the above will be sent on email. I/We confirm that	an abridged summary thereof / account statements / statutory & other documents by email trprimary email ID provided belongs to self or a family member.
JOINT APPLICANTS, IF ANY AND THEIR DETAILS (P	lease tick (✓) wherever applicable)
MODE OF HOLDING (✓) ☐ Single ☐ Joint (D	efault if not mentioned) Anyone or Survivor
NAME OF SECOND APPLICANT AS PER PAN*** (Not applic	able if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor)
Are you a resident of USA/Canada? (✓) Yes ☐ No <sup>‡‡</sup> ☐ ( <sup>‡‡</sup> Default if	not ticked.)
	PAN ÇARD
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
	Service Government Service Professional Agriculturist Retired Housewife Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Others [Please specify]
<b>b.</b> Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lac	acs
<b>C.</b> Others (please ✓): ☐ Politically Exposed Person (PEP) ☐ Rel	ated to a Politically Exposed Person (PEP)   Not Applicable
NAME OF THIRD APPLICANT AS PER PAN*** (Not applicable	e if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor)
Are you a resident of USA/Canada? (✓) Yes ☐ No <sup>**</sup> ☐ (**Default if	not ticked.)
	PAN CARD
Date of Birth §‡ (Mandatory*) D D M M Y Y Y Y	Gender Male Female Third Gender
PAN** (Mandatory*)  Proof to be enclosed (\(\sigma\) PAN card Copy	KYC Identification Number (KIN) ‡‡
Nationality	Country of Residence
a. Occupation (please ✓): Private Sector Service Public Sector	Service Government Service Professional Agriculturist Retired Housewife Doctor Forex Dealer Money lender Casino Owner Arms manufactures
	acs
C. Others (please ✓): ☐ Politically Exposed Person (PEP) ☐ Rel	
POA HOLDER NAME AS PER PAN*** (If the investment is being	
	PAN CARRE as per PAN CARD
Date of Birth (Mandatory*) D D M M Y Y Y Y  PAN** (Mandatory*)	KYC Identification Number (KIN) ‡‡ Proof to be enclosed (✓) □ PAN card Copy
Nationality Private Sector Service _ Dublic Sector	Country of Residence
a. Occupation (please *): Private Sector Service Public Sector  Student Business [Nature of Business]  Gambling services offerer Money lender Pawn Broker	Service Government Service Professional Agriculturist Retired Housewife Doctor Forex Dealer Money lender Casino Owner Arms manufacturer
b. Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac ☐ ₹	1-5 Lacs Net-worth in Rupees (Mandatory for Non-Individuals)
□ ₹ 5-10 Lacs □ ₹ 10-25 Lacs □ ₹ 25 Lacs - ₹ 1 Crore □ > ₹	1 Crore
<b>C.</b> Others (please ✓): □ Politically Exposed Person (PEP) □ Rel	lated to a Politically Exposed Person (PEP) L Not Applicable

CONTACT DETAILS AND CORRESPONDENCE ADDRESS

...continued on next page 🗘

#### CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit 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

BANK ACCOUN	T DETAILS	(For Minor invest	ments - Redemption p	roceeds	will be paid or	nly to the B	ank A/c held	d in the nar	me of Minor)	
Core Banking A/c N	o.			A	'c. Type (✔) 🗆	Current	Savings	NRO*	NRE* * F	or NRI Investo
Bank Name					В	Branch				
City								Pin C	ode	
State						Country				
MICR code			RTG	S/NEF	T/ IFSC code					
Please provide a can	celled cheque	leaf with your name	and IFSC code pre-print	ed if the	bank details in	Section 7 ar	e different or	Fund trans	fer is submitted	
INVESTMENT	& SOURC	E OF FUNDS	DETAILS (Please w	rite Sch	eme Name / P	Plan / Optio	on / Sub-opt	tion below)	)	
For more than 1 S	cheme pleas	e issue cheque fav	ouring "HSBC Multi			ccount"				
			Scheme/Plan/O						Amo	unt (₹)
1.	HSBC	Scheme Name	PI			tion / Sub-Op				
2.	HSBC	Scheme Name	PI.			tion/Sub-Op				
3. Total Amount (₹)	HSBC	Scheme Name	PI:			tion / Sub-Op	tion			
Total Amount (₹)  Payment Mode	Cheque		Amount RTGS NI			na Mandata	(OTM)	□ Electro	onic Transfer	
Cheque/DD/						ne Mandate	(OTM)	Electro	onic transfer	
RTGS/NEFT	Cheque/DD	D/RTGS/UMRN/N						1 1 1	1 1 1	1 1
Details	Instrument I	Date D D /	M M / Y Y	YY	DD Cl	harges, if an	ıy (₹)			
Payment from Bank A/c. No.										
A/c. Type (✓)	Current	Savings [	□ NRO* □ NRE*	F	CNR*	Others			_ (* For NRI I	nvestors)
Drawn On	Bank									
	Branch & Ci	-								
The scheme name mame mentioned on			nd the cheque has to be	the same	In case of any	discrepancy	between the	two, units v	will be allotted:	as per the sche
	* *		ent Rejection : T	hird Part	v Declarations		Bank Cert	ificate for P	re-funded Instri	uments
			Guardian, enclose Rela		*	_				
		_	ne bank account provide	_					-	No.
			tach the Third Party dec					Custodia		Corporate
SYSTEMATIC	TRANSFE	R PLAN (STP)	\$ (Please write Scher	ne Nam	e / Plan / Opt	ion / Sub-o	ption below	/ <b>)</b>		Registration
Transfer From : S			eme Name		Transfer To:		нѕвс	,	Scheme Nam	ie
	<del></del>									
Plan/Option/Sub-op STP Frequency:		aily^	Weekly^ For	nightly	Plan/Option/ STP Day:	Sub-option "	Monday	Tuesd	lov Wedn	esday (Default
311 Frequency.		onthly (Default¶)	Quarterly (10th)	ingiliy	SII Day.		Thursday	=	-	esuay (Default
Transfer Options:	Fiz		Capital Appreciation (		Transfer Am	ount: Amo	ount per instal	lment Rs.		
			usiness Day of the mont	<u> </u>	(Minimum Tra	ansfer Amou	nt for Liquid	& Overnight	ht Schemes - R	s. 1,000. All of
Installment comm			Y To M M Y Y	YY	Schemes - Rs.					
<b>STP Date</b> ☐ 1st ☐ 17t	2nd h		th 6th 7th [ 1st 22nd 23rd [	8th [ 24th [	9th 10t 25th 26t	th (Default)		12th   131 28th   291		15th
			case of Registration &							
12 installments for a	ll other Schen	nes for registration.	The minimum amount recrepancy. ¶ If no debit	equired t	nder the source	e scheme for	Minimum registering S	o installmen STP is ₹ 6,0	its for Liquid a 100. * Default	nd Overnight a Option Date n
be applied in case of and Weekly STP fac	f no information	on, ambiguity or dis vailable only under I	crepancy. ¶ If no debit Fixed Amount Systemati	date is n c Transfe	nentioned defau r Plan. If the da	ılt date would av for Weekl	d be consider v STP is not	red as 10th selected. W	of every month ednesday will b	/quarter. ^ Da be the default o
			N ACCOUNT TA							
			stors including Unit h			•				
FATCA/CRS SE	LF CERTIFIC	CATION FOR INI	DIVIDUAL INVESTO	RS (IN	DIVIDUAL/N	NRI/ON BE	HALF OF	MINOR/F	PROPRIETOR	SHIP FIRM
		Sole/First A	pplicant Guardian		Second	Applicant		Thir	d Applicant/I	POA holder
Place and Country	of Birth	Place		Place				Place _		
A 11 T		Country		Cour				Country _		1 n .
Address Type [for KYC address]		Residential Registered Of	Business		Residential Registered Offic	Busi	iness	Reside	ential ered Office	Business
Tax Resident (i.e. are	you assessed for									] No
Tax) in any country of	her than India?	res	☐ No		'es	∐ No		Yes		No
		er than India) in which	you are a Resident for tax p	urpose i.e	. where you are (	Citizen/Reside	ent/Green Car	d Holder/Ta	x Resident in the	respective count
Country of Tax Res Tax Identification N										
or Functional Equiv	ralent^ `									
Identification Type Other, please speci										
If TIN is not ava	ilable, please			-	¬ • -	] D [	1.0			
tick ✓ the reason [a			В С				C	A	B	C
			s liable to pay tax does for the authorities of the				ce do not re	nuired the T	CIN to be called	cted]
Reason C – Others			101 the authorities of th	ic respec	ave country of	i iaa restuell	.cc ao not 160	quired the l	in to be collec	cicuj
			green card holder of US						•	-
			R NON-INDIVIDU	AL IN	ESTORS A	ND THE	R ULTIM	ATE BEN	IEFICIAL O	WNER (UB
(CONPANY / IR	JOI / SUCIE	TY/PARTNERSI	TIP FINIVI ETC.)							
Please complete	Annevure	A & R								

10 DEMAT ACCOUNT DET	TAILS (Please provi	de Demat proof	to verify demat deta	ils)						
Please provide details of your D	-	_	•		NSDL		CDSL			
Depository Participant Name				DP	D I N					
Beneficiary Account No.										
11 NOMINATION DETAILS	(Mandatowy for now	r folios of Indivi	dual Unitholdars or	ly whathan h	olding Un	ita Singly	on Iointly	with of	hov ho	ldore)
A) I/We wish to Nomi										
my/our death and by cancelling the	ne nomination(s) made b	y me/us previously	in respect of the units	held by me/us in	the Folio.	e me omis i	icid ili iliy /	oui i ono	III the	event of
Nomination can be made upto	Details of 1s	st Nominee		of 2nd Nomine		]	Details of	3rd Non	ninee	
three nominees in the account.			Mano	latory Details	s					
Name of the Nominee (Mr./Ms.)  Date of Birth of Nominee  \$ 1										
Name of the Guardian\$										
Share of each Nominee		%		%				%		
	Equally [If not equally, p	lease specify percen	tage] Any odd lot after	division shall be t	ransferred t	o the first no	minee menti	oned in th	e Form	1.
Nominee,s Relationship with Applicant (If any)										
\$ Applicable in case the Nomine	ee is a Minor									
			Non-ma	andatory Det	ails					
Guardian's Relationship with Nominee										
Proof of Relationship	Birth Certificate School Leaving C	Pass Certificate Othe		cate ing Certificate	Passpor Others		Certificate l Leaving			Passpor Others
Mobile/Telephone No. of Nominee(s)/Guardian Email ID of Nominee(s)/Guardian										
PAN of the Nominee										
THE OF the Frommee										
Address of Nominee(s)/Guardian	City		City			_ City				
Nonniec(s)/ Guardian	State		State Country			State Country_				
	PIN		PIN			PIN				
Nominee/Guardian Identification details [Please ✓ any one and provide details of same]	Photograph & Sig Aadhaar Savin Proof of Identity [	g Bank Account	No. Aadhaar 🗌	& Signature  Saving Bank Active  Saving Demat	count No.	Aadha	graph & Si ar  Savi	ng Bank	Accou	ınt No.
Signature of Nominee/Guardian				<u> </u>						
B) I/We do not wish nominee(s) in respect of the mutua nominee(s) and am/are further aw issued by the Court or such other heir(s), based on the value of the table.	al fund application(s)/ur vare that in case of my do competent authority, as	nits held in my/our emise/ death of all may be required by	mutual fund folio(s). I the unit holders in the	/We understand t folio, my/our leg	he implicat al heir(s) v	tions/issues i	involved in submit all	non-appo the requi	site do	nt of any cuments
Note: Where Nominee details and		·					ase will be u	pdated wi	thout N	Vominee
2 DECLARATION AND SIGN	` `	f joint holding,	signatures of all un	it holders are	mandatoi	ry)				
FATCA/CRS DECLARATION		D. D. D. D.	ana:			11 1: 0 7				11 /
I acknowledge and confirm that the am authorised to sign for the Accoumisrepresenting, I am aware that I vother SEBI Registered Intermediarie submission/updation. I also underta other additional information as may to me for non-submission of docume	nt Holder) of all the accountil be responsible for it. I see. Further, I authorize the ke to keep the Fund informate the required at the Fund's e	ant(s) to which this f authorize the Fund Fund to share the gi med in writing about	orm relates. In case any to update its records fro yen information provide any changes/modificati	of the above speciment the FATCA/CR of the function of the function of the function to the function function to the function functio	fied informati S informati d with other above information	ation is found on provided l SEBI Regist rmation in fut	to be false or by me and re ered Interme ture and also	or untrue of eceived by ediaries to undertake	or misle the Fu facilitate to pro	ading or and from te single vide any
OTHER DECLARATIONS										
Having read and understood the contained in the I/We hereby apply to the Trustees of I documents of HSBC Mutual Fund. I/Fund's Bank(s) and/or Distributor/Br of business. If the transaction is delay responsible. I/We will also inform the from abroad through approved banking I/We confirm that the details provided or designed for the purpose of contrained in the I/We confirm that the details provided or designed for the purpose of contrained in the I/We confirm that the details provided or designed for the purpose of contrained in the I/We confirm that the details provided or designed for the purpose of contrained in I/We confirm that the details provided or designed for the purpose of contrained in I/We confirm that the details provided or designed for the purpose of contrained in I/We confirm that the details provided or designed for the purpose of contrained in I/We confirm that the details provided in I/We confirm that the	HSBC Mutual Fund for uni We hereby authorise HSBC oker/Investment Advisor a ed or not effected at all for AMC, about any changes i ag channels or from my/ou d by me/us are true and co vention and/or evasion of	ts of the relevant Sch C Mutual Fund, the A and to verify my/our r reasons of incomple n my/our bank accou ir NRE/NRO/FCNF rrect. I/We hereby d any Act, Rules, Regu	eme and agree to abide by MC and its Agents to dis bank details provided by the or incorrect information. If We confirm that I and Account (Applicable to be clare that the amount be called to apply that the called the second of the provided that the amount be clations or any other apply the second of the provided that the amount be clations or any other apply the second of the provided that the amount be clations or any other apply the provided that the second of the provided that the second of the provided that the second of the provided that the provided that the second of the provided that the	the terms, conditions my/our detail me/us, or to disclose my/our detail me/us, or to disclose m, I/We would not m/we are Non-Resing invested by medicable laws or Noti	ons, rules and is including to such other hold the Fudents of Indivision in the Scription i	d regulations of investment de- ner service pro- nd, the AMC, ian Nationality theme(s) is thr- ued by any go	of the Schemetails to my/oviders as decits service py/Origin and rough legitim	ne and the a cour bank(s camed neces croviders of d that the function that source or statutor	above m )/HSB0 ssary for r represends are es and is y author	entioned C Mutua r conduct entatives remitted not held rity from
time to time. I/We acknowledge that participation in the Scheme. I/We hav I/We confirm that the ARN holder ha: Mutual Funds from amongst which th I/We confirm that I am/We are no which event the AMC reserves the I	we understood the details of s disclosed to me/us all the te Scheme is being recomm to United States person(s) right to redeem my/our in	f the Scheme and I/Ve commissions (in the nended to me/us.) under the laws of investments in the Scheme	We have not received nor form of trail commissio United States or residencheme(s).	been induced by an n or any other mode at(s) of Canada. In	y rebate or get, payable to	gifts, directly on him for the co	or indirectly, different com	in making peting Sch	this involvements of	vestment of variou
We confirm that we have not issued	any bearer shares or sha	re warrants. We als	o confirm that we will i	nform the AMC if	bearer sha	res or share	warrants ar	e issued si	ıbseque	ently.
×		×			x					
Sole/First Applicant/C	Guardian/PoA	s	econd Applicant/ P	ρA		Thir	rd Applica	int/PoA		
Date			ite Application Form N							ions will



# 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.

oker Name & AR						EUIN	Diai	nch Cod	-					
ARN-14	16822										Ti	me S	tamp	
ransaction Charge our distributor has o unds for the first tir you are not investi this is the first tin	opted to receive traine. If you are making through a Distr	nsaction charges ing a SIP Invest ibutor or your in	for investme ment, the trainvestment am	nts sourced nsaction ch sount is les	l by him. The narges would s than Rs. 10	transaction transa	on charges	deductib	le are I	Rs. 150	∕− if you	are inv	esting	in Mu
ivestor's Declaration ithout any interaction any, provided by the	on or advice by the	e employee/rela	tionship mana	ager/sales	person of the	above dis	stributor ar	nd/or no	twithsta	anding	the adv	ice of in	napprop	
ole/1st Applicant authorised Signator	/ 🗸		2nd App Authorised	licant /					nnlica	at /				
New SIP Registrati OTM Debit Manda	te is already registe	ered in the folio.	pdate new O' Please fill, U						M Deb	it Man	date to	be regis	tered ii	the f
	INFORMATIO	)N	First Name			Middle	Namo			Last Na	am o			
Name of Sole/	1st Unit Holder	1 1 1	FIRST Name					1 1	1 1	Last IV	ame	1 1		
Folio No.		rst Unit Holde			Mobile 1	10.	9 1				la tarak 1 ka	.:4 11 -1-	1	
		rst Unit Holde	<u>r</u>		Secona	Unit Hol	aer	1 1 1	1		nira Ui	nit Holo	ier	
PAN/PEKRN*	*													
KIN^						<u> </u>								
Date of Birth^	D D M	MYY	/ Y Y	D	D M M	Y	YY	Y	D [	M	M	Υ	YY	Υ
Email ID^														
HSBC Mutual										Date		DM	M	_>
HSBC Mutual		OR NACH/E	ECS/AUTO	D DEBIT	S E	0 N	LY		Crea	Date		D M	M Y	Y Y (Cance)
HSBC Mutual RN	Fund						L Y	orize	Cres	ate			C	Y Y
HSBC Mutual RN Insor Bank Code	Fund	0 F F	I C E	U		I/We he		orize	Crea	ate		lodify	C	Y Y
HSBC Mutual RN Insor Bank Code ity Code debit (V)	F O R	O F F	I C E	Others I	S E	I/We he	reby autho	orize CC/MICR	Crea	ate		lodify	C	Y Y Canc
HSBC Mutual RN  Insor Bank Code ity Code debit (✓)  Bank	Fund  F O R  CA CC	O F F	I C E  B-NRO C	Others I	S E	I/We he	reby autho		) Crea	ate		lodify	und	Y   Y   O   Canco
HSBC Mutual RN  Insor Bank Code ity Code debit (✓) SB h Bank amount of Rupees	Fund  F O R  CA CC	O F F	B-NRO C	U U U U U U U U U U U U U U U U U U U	S E Bank Accoun	I/We he	reby autho		₹	ate	BC Mu	lodify	Fund	
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	A/c. Type	NRO <sup>♣</sup> NRE <sup>♣</sup> Others	UMRN for One Time Mandate
	<b>Reason for your SIP</b> (✓) ☐ Children's Education	Children's Marriage House	Car Retirement Others
1	Scheme 1 Name	Plan	Option/Sub option
		SIP Date	
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			bit date is mentioned default date would be considered as 10th of every f discrepancy in the SIP Period, the one mentioned in the Debit Mandate
	will be considered. Please ensure the amount mentioned in the	ne NACH form is a total of per SIP installment req	uested above. ^^ SIP Top Up will cease once the mentioned amount is
	reached. # It is the date from which SIP Top-Up amount w for utilisation irrespective of any scheme category/investm		e allotted only upon receipt of subscription amount by the Fund House
4	DECLARATION AND SIGNATURE(S) (to		of Holding is 'Joint')
•	OTHER DECLARATIONS (Signature(s) should be	<u> </u>	
	I/We have read and understood the respective Scheme Informa	ation Document, Statement of Additional Information	on and Key Information Memorandum of HSBC Mutual Fund. I/We hereby
			aggregate investments exceeding Rs. 50,000 in a year. I/We have neither RN holder has disclosed to me/us all the commissions (in trail commission
	or any other), payable to him for the different competing schen	es of Mutual Funds from amongst which the Schen	ne is being recommended to me/us. I/We hereby declare that the particulars
			lectronic Debit arrangement/NACH (National Automated Clearing House). I not hold the user institution or any of their appointed service providers or
	representatives responsible. I/We will also inform HSBC Mutu	al Fund about any changes in my/our bank account	. I/We have read and agreed to the terms and conditions mentioned overleaf.
			tion provided by me/us, including all changes, updates to such information is including marketing or sales promotion or with any statutory or judicial
	authorities, without any prior intimation to me/us, until notifie		
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#### 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 for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit 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