#### **HSBC Transaction Form for Existing Investors** Asset Management This Form is for use by existing Unitholders of all funds of HSBC Mutual Fund only Please use this form in case of: Additional Purchase Switch Change of Contact Details Redemption Systematic Withdrawal Plan (SWP) Systematic Transfer Plan (STP) Share Demat Account Details No. CT Broker Name & ARN code / RIA code^ Sub-broker ARN code Sub code EUIN For Office Use Only ARN-64917 E434563 ^ I/We hereby confirm that 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. 2nd applicant / Authorised Signatory 3rd applicant / Authorised Signatory Sole/1st applicant / Authorised Signatory UNITHOLDER INFORMATION Sole / First Mr./. Ms./ M/s Unitholder's Name **Existing Folio No.** No 🗌 # Are you a resident of USA/Canada? (✓) Yes 🗌 (## Default) Date of Birth~‡ D D M M Y Y Sole / First Unitholder Guardian / POA Second Unitholder Third Unitholder **KYC Identification** No. (KIN) ## PAN \*\* (Mandatory) PAN Card Copy PAN Card Copy PAN Card Copy Proof enclosed (✓) PAN Card Copy ADDITIONAL PURCHASE (Please & your choice of Scheme / Plan / Option / Sub-option) (See instruction 1-4) Scheme Scheme 1 Scheme 2 Scheme 3 Scheme Name **HSBC HSBC HSBC** Other than Direct Direct Other than Direct<sup>+</sup> Direct Other than Direct<sup>+</sup> Direct Plan \*Continuing Plans only +Continuing Plans only \*Continuing Plans only Option / Sub-Option Growth (default) Reinvestment of IDCW Growth (default) Reinvestment of IDCW Growth (default) Reinvestment of IDCW Payout of IDCW Payout of IDCW Payout of IDCW **Dividend Frequency** Daily Weekly Monthly Quarterly Daily Weekly Monthly Quarterly Daily Weekly Monthly Quarterly Fortnightly Half Yearly Fortnightly Half Yearly Fortnightly Half Yearly Investment Amount (₹) (i) DD Charges (₹) (ii) Total Amount (₹) Cheque RTGS/NEFT RTGS/NEFT RTGS/NEFT Mode of Payment DD DD Cheque Cheque RTGS/NEFT No. Cheque/DD No. Cheque/DD Dated A/c. No. Current Savings NRO\* NRE\* Current Savings NRO\* NRE\* Current Savings NRO\* NRE\* A/c. Type (✓) Others (\* For NRI Investors) Others (\* For NRI Investors) Others (\* For NRI Investors) Drawn on Bank Branch City Documents attached to avoid Third Party Payment Rejection where applicable : Third Party Declarations 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 🗌 Yes 🦳 No. If no, my relationship with the bank account holder (\*) Parent Grandparent Employee Custodian Others \_ \_ (Please specify); and the Third Party declaration form is attached (Refer the section on Third Party Payments in the SAI).

| ACKNOWLEDGEMENT SLIP (To be filled by the inv             | estor) This Acknowledge | ement Slip is for your reference only. Information p | provided on the form is considered final. |
|---|-------------------------|--|---|
| Folio No. Name  |                         |  |   |
| Scheme Name: HSBC   |                         |  | No. CT                                    |
| Received from the above mentioned investor the following: |                         |  |   |
| Total Amount (Rs.)/ Units:                                |                         |  |   |
| Cheque No.(s)   | Drawn on                |  |   |
| Redemption or Switch Amount (Rs.)                         |                         | OR Units   |   |
| Additional Purchase Amount (Rs.)                          |                         | OR Units   |   |
| STP SWP Change of Address                                 |                         |  | ISC Stamp, Signature & Date               |

| 3   | REDENIFION (Please v your choice of Scheme / Plan / Option / Sub-option) (See instruction 1, 2, 3 & 5)   |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|
|     | Scheme HSBC  |  |  |  |  |  |  |  |
|     | Plan   |  |  |  |  |  |  |  |
|     | Option Regular Institutional Institutional Plus  |  |  |  |  |  |  |  |
|     | Option / Sub-option       ☐ Growth (default)       ☐ Reinvestment of IDCW       ☐ Payout of IDCW   |  |  |  |  |  |  |  |
|     | Dividend Frequency Daily Weekly Monthly Quarterly Fortnightly Half Yearly  |  |  |  |  |  |  |  |
|     | Amount (₹ in figures) OR No. of Units All Units  |  |  |  |  |  |  |  |
|     | Legal Entity Identifier (LEI)  |  |  |  |  |  |  |  |
| 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 Savings NRO NRE Others   |  |  |  |  |  |  |  |
|     | Bank Name  |  |  |  |  |  |  |  |
|     | MICR Code NEFT IFSC Code   |  |  |  |  |  |  |  |
| 5   | CHANGE OF ADDRESS/E-MAIL/CONTACT DETAILS (Address should be same as in KRA records)  |  |  |  |  |  |  |  |
|     | FOR INVESTORS WHO ARE NOT KYC COMPLAINT: (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   Pin Code  |  |  |  |  |  |  |  |
|     | State Country  |  |  |  |  |  |  |  |
|     | 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)  |  |  |  |  |  |  |  |
| 111 | Proof of Identity (Please enclose a duly attested copy of your PAN Card.) Proof of Identity submitted for PAN exempt cases ( ) (Refer point 9 under Instructions)  |  |  |  |  |  |  |  |
|     | PAN UDI (Aadhar Card) Passport Voter Identity Card Driving License   |  |  |  |  |  |  |  |
|     | Others (Please specify)  |  |  |  |  |  |  |  |
|     | Contact Details: (Where email ID and Mobile number is not provided the same will be updated from KRA records)  |  |  |  |  |  |  |  |
|     | Phone O Extn. R  |  |  |  |  |  |  |  |
|     | Mobile Fax   |  |  |  |  |  |  |  |
|     | E-mail <sup>+</sup>  |  |  |  |  |  |  |  |
|     | ☐ Yes ☐ No + 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.  |  |  |  |  |  |  |  |
|     | FOR INVESTORS WHO HAVE COMPLIED KYC  Please submit Change of address request in the prescribed format along with supporting documents as   |  |  |  |  |  |  |  |
|     | outlined under uniform KYC guidelines  |  |  |  |  |  |  |  |
| 6   | SYSTEMATIC WITHDRAWAL PLAN (SWP) (Please ✓ your choice of Scheme/Plan/Option/Sub-option) Registration Cancellation   |  |  |  |  |  |  |  |
|     | Scheme: HSBC Plan Other than Direct* (*Continuing Plans only) Direct   |  |  |  |  |  |  |  |
|     | Option / Sub-option: Growth Reinvestment of IDCW Payout of IDCW  |  |  |  |  |  |  |  |
|     | Dividend Frequency: Daily Weekly Monthly Quarterly Fortnightly Half Yearly   |  |  |  |  |  |  |  |
|     | SWP Frequency: Monthly (Default¶) Quarterly (10th) Period of enrolment   |  |  |  |  |  |  |  |
|     | Withdrawal Options: Fixed Amount Capital Appreciation (1st Business Day of the month)  |  |  |  |  |  |  |  |
|     | Withdrawal Amount: (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter) Rs.  Redemption amount will equal appreciation.   |  |  |  |  |  |  |  |
|     | SWP Date: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th  |  |  |  |  |  |  |  |
|     | 16th   |  |  |  |  |  |  |  |
|     | To be submitted 10 days prior to the SWP date in case of Registration & 14 days incase of Cancellation.  **Redemption amount will equal appreciation.  |  |  |  |  |  |  |  |
| 7   | 7 SWITCH (Please ✓ fill in your choice of Scheme / Plan / Option / Sub-option) KYC MANDATORY w.e.f. January 1, 2011. Please enclose KYC acknowledgement.   |  |  |  |  |  |  |  |
|     | Switch From: Scheme Name   HSBC   Switch To: Scheme Name   HSBC  |  |  |  |  |  |  |  |
|     | Plan Other than Direct* (*Continuing Plans only) Direct Plan Other than Direct* (*Continuing Plans only) Direct  |  |  |  |  |  |  |  |
|     | Option / Sub-option: Growth Reinvestment of IDCW Option / Sub-option: Growth Reinvestment of IDCW  |  |  |  |  |  |  |  |
|     | Payout of IDCW Payout of IDCW  Dividend Frequency Daily Weekly Fortnightly Dividend Frequency Daily Weekly Fortnightly   |  |  |  |  |  |  |  |
|     | Monthly Quarterly Half Yearly  |  |  |  |  |  |  |  |
|     | Amount (Rs. in figures)  OR No. of Units  All Units  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |
| CA  | LL US AT   |  |  |  |  |  |  |  |
|     | C MUTUAL FUND INVESTOR SERVICE CENTRES:  |  |  |  |  |  |  |  |
|     | medabad: Mardia Plaza, CG. Road, Ahmedabad - 380 006. • Bengaluru: No. 7, HSBC Center, M.G. Road, Bengaluru - 560 001. • Chandigarh: SCO 1, Sector 9 D,  |  |  |  |  |  |  |  |
|     | ndigarh - 160 017. ● Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082.<br>• olkata : 31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● Mumbai : 16, V.N. Road, Fort, Mumbai - 400 001. ● New Delhi : Ground Floor, East Tower, Birla |  |  |  |  |  |  |  |
| Tow | er, 25, Barakhamba Road, New Delhi - 110 001. ● Pune: Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411 001.  |  |  |  |  |  |  |  |
|     | L FREE NUMBER: 1800 200 2434 / 1800 258 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on -   |  |  |  |  |  |  |  |
| +9  | 1 44 39923900 to connect to our customer care centre.  |  |  |  |  |  |  |  |
|     | Contact us at hsbcmf@camsonline.com   Visit us at www.assetmanagement.hsbc.co.in   |  |  |  |  |  |  |  |

| SYSTEMATIC TRAI  | NSFER PLAN (STP)   | (Please ✓ your choice  | e of Scheme/Plan/Opti   | on/Sub-option) Registratio   | n Cancellation  |  |  |
|--|--|--|---|--|---|--|--|
|  |  |  |   |  |   |  |  |
| Plan:  | Other than Direct <sup>+</sup> (*Continu   | uing Plans only) Direct  |   | Other than Direct <sup>+</sup> ( <sup>+</sup> Continuing Plan  | s only) Direct  |  |  |
| Option / Sub-option:   | <u> </u>   | estment of IDCW  | Option / Sub-option:  | Growth (default) Reinvestme  |   |  |  |
| Dividend Frequency:  | Daily Weekly Quarterly Fortni  | ,  | Dividend Frequency:   | Daily Weekly Fo  | rtnightly<br>llf Yearly   |  |  |
| STP Frequency:   | Weekly (Default*)  | Monthly (Default¶)   | Quarterly (10th)  |  |   |  |  |
| Transfer Options:  | Fixed Amount   | Capital Appreciation (1st  |   | ·  |   |  |  |
| Transfer Amount: Amoun   | nt per instalment Rs.  |  | (Minimum transfer amoun   | at Rs. 1000/- except HTSF. For HTSF Rs. 500/-)   |   |  |  |
| Installment commencing:  | From MMYYY   | Y Y To   | M M Y Y Y Y   |  |   |  |  |
| STP Day Monday   | Tuesday We   | dnesday (Default•)   | nursday Friday  |  |   |  |  |
|  | STP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th   |  |   |  |   |  |  |
|  | ior to the STP date incase of  |  |   |  |   |  |  |
| Please read the Key Information Memorandum for details on STP applicable Plan, Sub option and Dividend Frequency of the respective schemes.  ¶ If no debit date is mentioned default date would be considered as 10th of every month/quarter.  • 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.  |  |  |   |  |   |  |  |
| DEMAT ACCOUNT  | DETAILS  |  |   |  |   |  |  |
| Please provide details of your   | r Depository Participant if you  | wish to hold units in Demat  | Form.   |  |   |  |  |
|  | NSDL   |  |   | CDSL   |   |  |  |
| DP Name  |  |  |   |  |   |  |  |
| DP ID  | N  |  |   |  |   |  |  |
| Beneficiary Account No.  |  |  |   |  |   |  |  |
| DECLARATION AN   | D SIGNATURES (In c   | case of joint holding, signa   | tures of all unit holders a   | re mandatory)  |   |  |  |
| Scheme(s) issued till date,  I/We hereby apply to the Tru the above mentioned docume details to my/our bank(s)/H to such other service providi ECS/Direct Debit Facility. I service providers or represer conditions for ECS/Direct I banking channels or from m I/We confirm that the detail sources and is not held or de or statutory authority from t specific tax implications aris by any rebate or gifts, direct commission or any other mod I/We confirm that I am/V notify the AMC, in which e to self or a family member. We confirm that we have a issued subsequently. | d the contents of the Schem- ustees of HSBC Mutual Fund. I ISBC War as provided by me/us are true IsIsgned for the purpose of con Ime to time. I/We acknowled Ising out of my/our participat IsBC IsBC War are not United States per Is | for units of the relevant Sch<br>/We hereby authorise HSB<br>and/or Distributor/Broker.<br>conduct of business. I/We<br>r not effected at all for reas-<br>ill also inform the AMC, al<br>/we are Non-Residents of<br>count (Applicable to NRI)<br>and correct. I/We hereby<br>travention of any Act, Rule<br>lege that the AMC has not coion in the Scheme. I/We confir<br>event competing Schemes o<br>reson(s) under the laws of<br>right to redeem my/our in<br>es or share warrants. We | neme and agree to abide by C Mutual Fund, the AMC a //Investment Advisor and to express my/our willingnoons of incomplete or incorpout any changes in my/o Indian Nationality/Origin .  declare that the amount be seen that the amount be onsidered my/our tax positive understood the details me that the ARN holder har fovarious Mutual Funds fro United States or resident to the state of the Scheme of the state | the terms, conditions, rules and regulation and its Agents to disclose my/our details ir overify my/our bank details provided by ness to make payments referred above throrect information, I/We would not hold the ur bank account. I/We have read and agreand that the funds are remitted from abroating invested by me/us in the Scheme(s) is rapplicable laws or Notifications issued by ition in particular and that I/we should see of the Scheme and I/We have not receive so disclosed to me/us all the commissions mamongst which the Scheme is being records of Canada. Incase of change to this c(s). I/We confirm that primary email II all inform the AMC if bearer shares or seem to see the scheme is the same of the shares or seem to seem the same of the same shares or seem to seem the same shares or seem to see | s of the Scheme and cluding investment ned us, or to disclose ugh participation in Fund, the AMC, its ed to the terms and d through approved as through legitimate y any governmental ek tax advice on the d nor been induced (in the form of trail mmended to me/us. status, I/We shall D provided belongs |  |  |
| x  |  | ×  |   | X  |   |  |  |
| Sole / First Unithold  | ler / Guardian / PoA   | Second Un  | itholder / PoA  | Third Unitholder /   | PoA   |  |  |
|  | SIGN   | ATURE(S) Signature sh  | ould be in Black or Blue  | ink only.  |   |  |  |

Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.

### INSTRUCTIONS

### **GENERAL:**

- If any alteration is made, then a countersign is mandatory.
- Investors should refer to the Scheme Information Document, Statement of Additional Information, Addenda and KIM of the respective Scheme(s) carefully before filling the Application Form. Please refer to the Scheme Information Document, Statement of Additional Information for cut-off timings, available product features, add-ons and dividend frequency, minimum additional purchase amounts etc., bank charges for Demand draft. The amount in words and figures on the cheque should not be in local languages.
- In case of multiple holders, the dividend (if applicable) and redemption amount will be paid to the first holder.
- Additional Purchases Cheque/DD must be drawn in the name of the Scheme as applicable and crossed "Account payee only". Outstation cheques will not be accepted.
- The AMC will not entertain any request for refund of demand draft charges. Outstation cheques/outstation demands draft will not be accepted.
- Redemption amounts should not be less then minimum repurchase amounts.
- Guidance for other proofs: Identity card/document with 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, ICSI, Bar Council etc., to their Members: and Credit cards/Debit cards issued by Banks.

Section 1 \*\* W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). **‡‡** 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 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. ~ 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. ‡ Please note that information sought here will be obtained from KRA also. In case of any differences,

Section 4 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 Notes: 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 us in the aforesaid folio. Please refer to SID/SAI for process of change of bank details along with / before redemption.

Pursuant to SEBI Circular No. SEBI/HO/IMD/DF3/CIR/P/2020/194 dated October 5, 2020, the nomenclature of 'Dividend Option' under all the schemes of HSBC Mutual Fund has been revised to 'Income Distribution cum Capital Withdrawal Option' (IDCW), w.e.f. April 1, 2021.

# COMMON FORM FOR NON-FINANCIAL TRANSACTIONS

## Please fill in the information below legibly in English and in CAPITALS

For Existing Unitholder(s) holding units in physical mode, please read documentation required and Terms and Conditions overleaf.

Please fill in the information below legibly in English and in CAPITALS.

Folio Number/s

Consolidation of Folios Nomination Details

HSBC Global Asset Management

ARN-64917 EUIN - E434563

ISC Stamp, Signature & Date

| )RTANT: Pleas    | se strike off the section(s) the   | at is (are) not used  | by you to prevent any ur              | nauthorized use.                        | Date: D D M M                      | A Y Y Y          |  |  |
|------------------|--|-----------------------|---------------------------------------|---|------------------------------------|------------------|--|--|
| UNIT HOLDE       | R INFORMATION  |                       |                                       |   |                                    |                  |  |  |
| Folio No. 1.     |  | 2                     | 2.                                    | 3                                       | 3.                                 |                  |  |  |
| Name Mr          | Ms M/s   |                       |                                       |   |                                    |                  |  |  |
| PAN AND KY       | C UPDATION (Proof of I   | KRA / KYC to be       | enclosed)                             |   |                                    |                  |  |  |
| PAN of Sole / I  | First Applicant / Guardian   |                       |                                       | PAN of Second Applic                    | cant                               |                  |  |  |
| PAN of Third A   | Applicant  |                       |                                       | PAN of POA Holder                       |                                    |                  |  |  |
|                  | d copy to be self attested and   | d verified by AMC     | / distributor/ banker with            | seal of the branch, name                | e, designation, employee co        | ode and sign o   |  |  |
| •                | son attesting.  IANGE OF ADDRESS [Applicable for Investors who are not KYC compliant, refer instruction (3)] |                       |                                       |   |                                    |                  |  |  |
| New Address      |  | investors who are r   | not KTC compilant, refer              | mstruction (3)                          |                                    |                  |  |  |
| New Address      | •  |                       |                                       |   |                                    |                  |  |  |
|                  |  |                       | City                                  |   | Pin Code                           |                  |  |  |
| State            |  |                       | Count                                 | ry                                      |                                    |                  |  |  |
| Proof of Id      | entity attached (mandatory)  | Proof of Add          | dress attached (mandatory)            |   |                                    |                  |  |  |
| CHANGE OF        | CONTACT DETAILS  |                       |                                       |   |                                    |                  |  |  |
| Tel. No. (O)     |  |                       | (R)                                   |   | Fax                                |                  |  |  |
| Mobile No.       |  | Email ID^             |                                       |   |                                    |                  |  |  |
| Yes No           |  |                       |                                       | nary thereof / account state            | ements / statutory & other de      | ocuments by e    |  |  |
| OLIANOF IN       | If unticked, by default the  |                       |                                       |   |                                    |                  |  |  |
|                  | MODE OF HOLDING [All colding (please tick ✓)   | Anyone or Survivo     | _                                     | Any one or Survivor"]                   |                                    |                  |  |  |
|                  | TION OF FOLIOS   | 7 kilyone or burvivor | Joint Holding                         |   |                                    |                  |  |  |
|                  | onsolidate all my / our inves  | tments under specif   | fied folios into one folio.           | Folios to be consolidated               | l i.e. source folios are given     | below:           |  |  |
|                  |  |                       |                                       |   |                                    |                  |  |  |
|                  |  |                       |                                       |   |                                    |                  |  |  |
| TARGET FOI       | IO [MANDATORY] :   |                       |                                       |   |                                    |                  |  |  |
| 1. This folio ha | s to be one of the source folios<br>ders should sign to suffice the  |                       |                                       | e. To change mode of holding            | ing in Target folio, please fill s | section F.       |  |  |
| REGISTRATI       | ON / CHANGE / CANCEL   | LATION OF NON         | MINATION   Strike out                 | what is not applicable, ref             | fer instruction (2)                |                  |  |  |
|                  | NOT WISH TO NOMINAT  |                       |                                       | • | ` ' -                              | minate)          |  |  |
| I/We hereby co   | onfirm that I/We do not wish   | to exercise the right | t of nomination in respect            | of units subscribed/purch               | nased by me/us.                    |                  |  |  |
| Signature(s)     | ×  |                       | ×                                     | :                                       | ×                                  |                  |  |  |
| 2. <b>g</b> (3)  | Sole/First App   | licant                | Second A                              | pplicant                                | Third Applica                      | ant              |  |  |
|                  | eby nominate the person(s)   |                       |                                       |   |                                    | e day of in re   |  |  |
|                  | der Folio No. (*strike out v<br>e details and Non intention  | * *                   | · · · · · · · · · · · · · · · · · · · | 0 /                                     | •                                  |                  |  |  |
|                  | TO NOMINATE AS UND   |                       | ,                                     |   |                                    | nation)          |  |  |
| Name &           | Address of Nominee(s)  | Date of Birth         | Name & Address of Guardi              |   | Signature of Nominee / Guardia     | an Proportion    |  |  |
|                  |  | (To be furnished i    | in case the Nominee is a Mi           | nor) with Nominee                       | of Nominee (Optional)              |                  |  |  |
|                  | Nominee 1  |                       |                                       |   |                                    |                  |  |  |
|                  | Nominee 2  |                       |                                       |   |                                    |                  |  |  |
|                  | Nominee 3  |                       | 4.70                                  |   |                                    |                  |  |  |
|                  |  |                       | ‡ Proportion (%) in whi               | ch the units will be shared by          | y each Nominee, the aggregate to   | otal should be 1 |  |  |
| (NOW) EDG        |  |                       |                                       |   |                                    |                  |  |  |
| KINOVVLEDG       | EMENT SLIP (To be filled   | d by the investor)    |                                       |   | No.                                |                  |  |  |

Change of Address PoA Registration Contact Details PAN and KYC Updation Change in Mode of Holding

| Scheme Name / Plan / Opt  |   |  |   |
|---|---|--|---|
|   | _   |  |   |
| New Dividend Sub option   | Dividend Payout   | Dividend Reinvestment  |   |
| DETAILS OF POA (PC  | WER OF ATTORNEY) [  | Refer instruction (4)]   | Registration Cancellation   |
| Name of the PoA holder  | Mr Ms M/s   |  |   |
| PAN of the PoA holder   |   | Attached KYC   | Letter (Mandatory)   Notarized copy of PoA (mandatory)  |
| DECLARATION & SIG   | NATURES (To be signed   | as per the Existing Mode of Holding)   |   |
| Scheme(s) issued till date, regulations of the Scheme my / our details including  | I / We hereby apply to the True<br>and the above mentioned doc<br>investment details to my / our  | stees of HSBC Mutual Fund for units of the releva<br>numents of HSBC Mutual Fund. I / We hereby aut  | ument, Statement of Additional Information and Addenda of the ant Scheme and agree to abide by the terms, conditions, rules an athorise HSBC Mutual Fund, the AMC and its Agents to disclost Distributor / Broker / Investment Advisor and to verify my / our onduct of business.   |
| legitimate sources and is n<br>governmental or statutory<br>tax advice on the specific to<br>nor been induced by any ro | ot held or designed for the pu<br>authority from time to time. I<br>ax implications arising out of rebate or gifts, directly or indir-<br>ission or any other mode), pa | rpose of contravention of any Act, Rules, Regulat / We acknowledge that the AMC has not consider my / our participation in the Scheme. I / We have u rectly, in making this investment. I / We confirm the | e amount being invested by me/us in the Scheme(s) is throug<br>tions or any other applicable laws or Notifications issued by an<br>red my / our tax position in particular and that I / we should see<br>understood the details of the Scheme and I / We have not receive<br>nat the ARN holder has disclosed to me / us all the commission<br>es of various Mutual Funds from amongst which the Scheme i |
|   |   | on(s) under the laws of United States or resident(redeem my / our investments in the Scheme(s).  | (s) of Canada. Incase of change to this status, I / We shall notif  |
| · ·   | · ·   | *  | inform the AMC if bearer shares or share warrants are issue   |
| ×   |   | ×  | ×   |
|   |   |  |   |

INSTRUCTIONS: 1. This Transaction Form can be used for all Non-Financial transactions that an existing account holder may want to make with HSBC Mutual Funds. 2. Nomination: The nomination details should be filled up only by investors who opt for allotment in physical (non demat) form. In case of units held in electronic (demat) form, the nomination details as recorded for the depository account shall be applicable. (a) The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Nonindividuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. (b) Where a folio has joint holders, all joint holders should sign the request for nomination / cancellation of nomination, even if the mode of holding is not "joint". Nomination form cannot be signed by Power of attorney (PoA) holders. (c) There can be no nomination in a folio held in the name of minor. (d) The investors / Unitholders are requested to note that a maximum of three nominees can be registered for a Folio. In case of multiple nominees, the 'Share / Ratio' of nomination has to be clearly specified in the nomination form / request letter. If the 'Share / Ratio' of nomination is not explicitly stated, then the nomination shall be treated at 'Equal Share / Ratio'. (e) A minor can be nominated and in that event, the name and address of the Guardian of the minor nominee shall be provided by the Unitholder. (f) The Nominee shall not be a trust, (other than a religious or charitable trust) society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time. Nomination can also be made in favour of the Central Government, State Government, Local Authority, any person designated by virtue of his office or a religious or charitable trust. (g) Nomination in respect of the Units stands rescinded upon the transmission of Units. (h) Transmission of Units in favour of a Nominee shall be valid discharge by the AMC / Mutual Fund / Trustees against the legal heir. (i) The cancellation of nomination can be made only by those individuals who hold Units on their own behalf singly or jointly and who made the original nomination. (j) On cancellation of the nomination, the nomination shall stand rescinded and the AMC / Mutual Fund / Trustees shall not be under any obligation to transmit the Units in favour of the Nominee. (k) The rights in the units will rest in the Nominee(s) only upon death of all Unitholders. (l) Every new nomination for a folio/account will overwrite the existing nomination. (m) Nomination shall be mandatory for new folios / accounts opened by individual especially with sole holding and no new folios / accounts for individuals in single holding should be opened without nomination. (n) In case of investors opting to hold the Units in demat form, the nomination details provided by the investor to the depository participant will be applicable. 3. Change of address: Change of address request for folios that are KRA compliant will not be registered by the fund and investor should get the address updated with KRA first. For Non KYC folios-Attach Proof of address and PAN Card (OR any other Proof of Identity for PAN exempt cases only). Copies of all documents submitted should be self attested and accompanied by originals for verification or they should be attested by a KYD complied distributor or personnel / entities authorized for attesting as per KYC guidelines. 4. POA Registration: Only a general Power of Attorney agreement without any restrictions and perennial validity is accepted. The PoA must be executed on stamp paper for an amount of INR 500 and registered in India and a duly notarized copy should be enclosed. The PoA must have signatures of the investor as well the PoA holder. If the signature of PoA holder is not available, the fund may call for additional documents or declarations on a case to case basis. PoA will be registered within 10 working days of receipt of all valid documents.