

7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please (✓) Scheme/Plan/Option/Sub-Option/Dividend Frequency)

LUMPSUM :	Scheme 1	Scheme 2	Scheme 3
Scheme Name			
Plan			
Options/Sub-Option	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly

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. In case of application on behalf of Minor, kindly refer to point 2 in "Instruction for Filling Up the Application Form"

Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer
Cheque/RTGS/NEFT/DD/FT Date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Cheque/DD/RTGS/NEFT No.			
Payment from Bank A/c. No.			
Investment Amount (Rs.) (i)			
DD charges (Rs.) (ii)			
Total Amount (Rs.) (i + ii)			
Bank Name			
Branch			
A/c. Type (✓)	<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)	<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)	<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)

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 important instruction No. 10 on the Third Party Payments).

SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (All cheques should be of same date of the months/quarters)

First SIP Cheque Details : Cheque No. _____ Date D D M M Y Y Y Y Bank Name _____
 Drawn on Bank A/c. No. _____ Bank Branch _____

SIP Frequency Weekly (Default*) Monthly (Default†) Quarterly (10th) SIP Day Monday Tuesday Wednesday (Default*) Thursday Friday

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 : Start Date M M Y Y End Date M M Y Y
 March 2099 (Default)

Each SIP Amount (Rs.) _____ Cheque Nos. From _____ To _____

Drawn on Bank A/c. _____ Bank _____ Branch _____

* 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.

8 SYSTEMATIC WITHDRAWAL PLAN (SWP) Registration

Scheme: _____ Plan _____

Option: Regular Institutional Institutional Plus Sub-Option: Growth (default) Reinvestment of IDCW Payout of IDCW

Dividend Frequency Daily Weekly Monthly Quarterly Fortnightly Half Yearly SWP Frequency: Monthly (Default¶) Quarterly (10th)

Withdrawal Options: Fixed Amount Capital Appreciation‡ (1st Business Day of the month) Period of enrolment M M Y Y Y Y To M M Y Y Y Y

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 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st

To be submitted 10 days prior to the SWP date in case of Registration. ‡ Redemption amount will equal appreciation.

9 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted 10 days prior to the STP date in case of Registration) Registration

Transfer From: Scheme Name _____ Transfer To: Scheme Name _____

Plan : Other than Direct+ (+Continuing Plans only) Direct Plan : Other than Direct+ (+Continuing Plans only) Direct

Options/Sub-Option Growth Reinvestment of IDCW Payout of IDCW Options/Sub-Option Growth Reinvestment of IDCW Payout of IDCW

Dividend Frequency Daily Weekly Fortnightly Monthly Dividend Frequency Daily Weekly Fortnightly Monthly
 Quarterly Half Yearly Quarterly Half Yearly

STP Frequency: Weekly (Default*) Monthly (Default¶) Quarterly (10th) STP Day: Monday Tuesday Wednesday (Default*) Thursday Friday

Transfer Options: Fixed Amount Capital Appreciation (1st Business Day of the month)

Transfer Amount: Amount per instalment Rs. _____ (Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)

Installment commencing: From M M Y Y Y Y To M M Y Y Y Y

STP 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

¶ 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

10 SMART SYSTEMATIC TRANSFER PLAN (Please ✓ your choice of Scheme/Plan/Option/Sub-option) Registration Cancellation

Transfer From: Scheme (Choose any One)
 HSBC Cash Fund[^] HSBC Ultra Short Duration Fund HSBC Overnight Fund

Transfer To: **HSBC Midcap Fund**

Plan _____ **Plan** _____

Sub-option: Growth (default) Reinvestment of IDCW Payout of IDCW **Sub-option:** Growth (default) Reinvestment of IDCW Payout of IDCW

IDCW Frequency: Daily Weekly Fortnightly Monthly Quarterly Half Yearly

Smart STP Frequency (✓): 6 Months (16% of initial investment amount per month) OR 12 months (7.25% of initial investment amount per month)

Investment / Opted Amount*: Rs. _____ Minimum investment amount is Rs 1 Lakh

In case the trigger does not occur in a particular month, the switch from Source scheme to Target scheme will happen on the 2nd last business day of that particular month. Smart STP facility will be registered in accordance with the terms and conditions relating to Smart STP as stipulated under the Scheme Information Document and Key Information Memorandum of the target scheme.

* Investment Amount and Opted Amount should be the same. Minimum investment amount is Rs. 1 Lakh.

[^] In case of HSBC Cash Fund, exit Load shall be applicable if switched-out / redeemed / transferred within 7 Calendar Days from the date of investment. Please refer Scheme Information Document of HSBC Cash Fund for further details on exit load.

11 DEMAT ACCOUNT DETAILS

Please provide details of your Depository Participant if you wish to hold units in Demat Form.

NSDL	CDSL
DP Name _____	_____
DP ID I N _____	_____
Beneficiary Account No. _____	_____

12 I/WE DO NOT WISH TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

Signature(s) X	X	X
Sole/First Applicant	Second Applicant	Third Applicant

OR

Where Nominee details and Non intention to nominate both are mentioned, Non intention to nominate will be considered as "Default". Folio in such case will be updated without Nominee

I/WE WISH TO NOMINATE AS UNDER: (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 14)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Relationship with Nominee	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1					
Nominee 2					
Nominee 3					

* the aggregate total should be 100%

13 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
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	<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
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	<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			
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]	<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

14 DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)

FATCA / CRS DECLARATION

I acknowledge and confirm that the information provided with respect to FATCA/CRS is true and correct to the best of my knowledge and belief. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA/CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission/update. I also undertake to keep the Fund informed in writing about any changes/modification/update to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

OTHER DECLARATIONS

Having read and understood the contents of the Scheme Information Document, Key Information Document, Statement of Additional Information and Addenda of the Scheme(s) issued till date, I/We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to abide by the terms, conditions, rules and regulations of the Scheme and the above mentioned documents of HSBC Mutual Fund. I/We hereby authorise HSBC Mutual Fund, the AMC and its Agents to disclose my/our details including investment details to my/our bank(s)/HSBC Mutual Fund's Bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details provided by me/us, or to disclose to such other service providers as deemed necessary for conduct of business. I/We express my/our willingness to make payments referred above through participation in ECS/Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the Fund, the AMC, its service providers or representatives responsible. I/We will also inform the AMC, about any changes in my/our bank account. I/We have read and agreed to the terms and conditions for ECS/Direct Debit.

I/We confirm that I am/we are Non-Residents of Indian Nationality/Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO/FCNR Account (*Applicable to NRI*).

I/We confirm that the details provided by me/us are true and correct. I/We hereby declare that the amount being invested by me/us in the Scheme(s) is through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any other applicable laws or Notifications issued by any governmental or statutory authority from time to time. I/We acknowledge that the AMC has not considered my/our tax position in particular and that I/we should seek tax advice on the specific tax implications arising out of my/our participation in the Scheme. I/We have understood the details of the Scheme and I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We confirm that primary email ID provided belongs to self or a family member.

I/We confirm that I am/We are not United States person(s) under the laws of United States or resident(s) of Canada. In case of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

We confirm that we have not issued any bearer shares or share warrants. We also confirm that we will inform the AMC if bearer shares or share warrants are issued subsequently.

X	X	X
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA

Date

Please write Application Form No./Folio No. on the reverse of the Cheque/Demand Draft. Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.