_	<b>Common Application Form</b>					HSBC	• • 4
	(To be Filled in BLOCK LETTERS only)					Asset	Managemer
	DISTRIBUTOR INFORMATION (Only	y empanelled Distributors/Bro	okers will	be permitted to	distribute Units)		
-	Broker Name & ARN code/RIA code^	Sub-broker ARN code	S	ub code	EUIN		
	ARN-64917				E434563	Арр. No.:	
	<sup>^</sup> I/We hereby confirm that by mentioning RIA			the SEBI Register	red Investment Adviser		
1	(RIA) the details of my/our transactions in the I/We hereby confirm that the EUIN box has b	.,		this transaction is	s executed without any	For Office U	Use Only
i	interaction or advice by the employee/relations the advice of in-appropriateness, if any, provided	ship manager/sales person of th	e above dis	stributor/sub bro	ker or notwithstanding		
	Sole/First Applicant/Authorised Signatory	Second Applicant/Authorised Sign	atory	Third Applicant/	Authorised Signatory		
1	TRANSACTION CHARGES (Please ti	ck any one of the below. Ref	er point 6	on page 69 rega	arding transaction char	ges applicability)	
[	I AM A FIRST TIME MUTUAL FUN (₹ 150 will be deducted as transaction charged)		and mora)			OR IN MUTUAL FUND on charge for per purchase of ₹	• 10,000 and more)
2	APPLICANT'S INFORMATION [Please						
_	Folio No.			0	•	ding will be as per existin	•
	SOLE/FIRST APPLICANT'S PERSONA		use note ti	11			Default if not ticked)
	Name Mr Ms M/s			Are you	a resident of USA/Canad		Default if not ticked)
				~ Proof Enclose	ed (✓) □ Birth Certific	ate School Leaving Certi	ificate Passport
-	Date of Birth ~ <sup>+</sup> (Mandatory) D D M M	Y Y Y Y		Marksheet	issued by HSC State Boa	rd Others	(please specify)
- F	KYC Identification No. (KIN) <sup>‡‡</sup>						
-	PAN** (Mandatory)				closed (✓) □ PAN card	Сору	
	Nationality‡			Country of Re			
	GUARDIAN NAME         (if Sole/First applic           Mr Ms M/s	ant is a Minor) Contact Per	rson (in ca				
	KYC Identification Number (KIN) #						
_	PAN** (Mandatory)				closed (✓)	Сору	
	<ul> <li>Natural Guardian<sup>+</sup> (Father or Mother)</li> <li><sup>+</sup> Document evidencing relationship with Guardian</li> </ul>			court appointed lian, please submit		ppointment letter, affidavit etc. to	o support.
.	Status of Sole / 1st Applicant (✓): Resider - Minor (Repatriable) Non-Resident – Minor						
[	Society LLP PIO Non Profit Orga	Firm Trust NPS Trust anisation Global Developmen	Fund of Fund of Fund of Fund of Fund of Fund of Fundation	Ind Gratuity F	und Pension and Retire	-Proprietor Private Limited ment Fund Government Bo Others [Speci	Company Public ody NGO BO
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Toll Free Number : 1800 200 2434/1800 258 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our customer care centre.

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Contact us at hsbcmf@camsonline.com

INVESTMENT & SOL	JRCE OF FUNDS DETAILS (Please (1) Sci	heme/Plan/Option/Sub-Option/Dividend Free	quency)
LUMPSUM :	Scheme 1	Scheme 2	Scheme 3
Scheme Name			
Plan			
Options/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
Frequency	Daily Weekly Monthly Quarterly Fortnightly Half Yearly	Daily Weekly Monthly Quarterly Fortnightly Half Yearly	Daily Weekly Monthly Quarterly Fortnightly Half Yearly
	on the application form and the cheque has to be the s e of application on behalf of Minor, kindly refer to po		
	Cheque DD RTGS	Cheque DD RTGS	Cheque DD RTGS
Payment Mode	NEFT     Fund Transfer	Image: Solution of the solution	NEFT     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 (✓)	Current Savings NRO* NRE*	Current Savings NRO* NRE*	
Documents attached to avo	id Third Party Payment Rejection where applicab	le : Third Party Declarations Bank Certificate	e for Pre-funded Instruments
If no, my relationship with t	<b>TION</b> : The details of the bank account provided abo he bank account holder ( $\checkmark$ ) Parent Grandpar ched (Refer important instruction No. 10 on the Thir	ent Employee Custodian Others	
	` A		
	C INVESTMENT PLAN [For SIP through		hould be of same date of the months/quarters)
First SIP Cheque Details	Cheque No. Date D		
Drawn on Bank A/c. No.		Bank Branch	
SIP Frequency Week	y (Default <sup>*</sup> ) Monthly (Default <sup>¶</sup> ) Quarter	3 ( ) J _ J _	esday Wednesday (Default*) Thursday Friday
SIP Date         1st         2nd           11th         12th           21st         22nd	3rd         4th         5th         6th         7th         8th           13th         14th         15th         16th         17th         18th           23rd         24th         25th         26th         27th         28th	19th20thMana	e M M Y Y End Date M M Y Y h 2099 (Default)
Each SIP Amount (Rs.)	Cheque	Nos. From	То
Drawn on Bank A/c.	Bank	Branch	1
* If the day for Weekly SIP	is not selected, Wednesday will be the default day.	<sup>1</sup> If no debit date is mentioned default date would	be considered as 10th of every month/quarter.
SYSTEMATIC WITHE	PRAWAL 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 For	rtnightly Half Yearly SWP Frequency:	Monthly (Default¶) Quarterly (10th)
Withdrawal Options:	Fixed Amount Capital Appreciation <sup><math>\frac{1}{2}</math></sup> (1st Bus	iness Day of the month) <b>Period of enrolment</b>	
Withdrawal Amount: (Mir	imum Rs. 1000 and in multiples of Re. 1/- thereafter		Redemption amount will equal appreciation.
17th 1	ind     3rd     4th     5th     6th     7th       8th     19th     20th     21st     22nd     23rd	24th 25th 26th 27th	12th         13th         14th         15th         16th           28th         29th         30th         31st
To be submitted 10 days	prior to the SWP date in case of Registration.	¥ Redemption amount will equal apprec	iation.
SYSTEMATIC TRANS	SFER PLAN (STP) (To be submitted 10 days	prior to the STP date incase of Registration)	Registration
Transfer From: Scheme N	ame	Transfer To: Scheme Name	
Plan : Ot	ther than Direct+ (+Continuing Plans only) Dire	ct Plan : Other than	Direct+ (+Continuing Plans only) Direct
<b>Options / Sub-Option</b> G	rowth Reinvestment of IDCW Payor	at of IDCW <b>Options/Sub-Option</b> Growth	Reinvestment of IDCW Payout of IDCW
1 .	uily Weekly Fortnightly I uarterly Half Yearly	Monthly Dividend Frequency Daily Quarterly	Weekly Fortnightly Monthly Half Yearly
		erly (10th) STP Day: Monday Tuesday	Wednesday (Default <sup>•</sup> ) Thursday Friday
Transfer Options: Fi	xed Amount Capital Appreciation (1st Busi	ness Day of the month)	
Transfer Amount: Amou	int per instalment Rs.	(Minimum transfer amount Rs.	1000/- except HTSF. For HTSF Rs. 500/-)
Installment commencing:	From M M Y Y Y T	M M Y Y Y Y	
	ind     3rd     4th     5th     6th     7th       8th     19th     20th     21st     22nd     23rd	8th         9th         10th (Default)         11th           24th         25th         26th         27th         28th	12th       13th       14th       15th       16th         29th       30th       31st
	ed default date would be considered as 10th of every a TP is not selected, Wednesday will be the default day		ilable only under Fixed Amount Systematic Transfer

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10	SMART SYS	<b>STEMATIC T</b>	RANSFER	PLAN (Please	/ your choic	e of Schem	ne / Plan	/Optic	on/Sub-op	tion)		Reg	gistrati	on	Canc	ellation				
	Transfer From:	· · · · · · · · · · · · · · · · · · ·	· ·			Transf	er To:	HSB	C Midc	ap F	und									
		und HSBC U	Iltra Short Dura	ation Fund HSBC	C Overnight Fu	_	L F			-										
	Plan					Plan														
	Sub-option:	Growth (defau		stment of IDCW	Payout of ID				wth (default			tment	of IDC	W P	ayout of	f IDCW				
	IDCW Frequen	,	Daily	_ , _	ortnightly	Monthly		uarterl		_ Half Y		1				4.)				
	Smart STP Free			(16% of initial inves			OR		12 months (			ai inve	stment	amount p	er mon	un)				
	Investment / Op					Minimum inv														
			*	month, the switch f ance with the terms		-							•	·						
	Information Mem	orandum of the t	arget scheme.			U			supulated	unuer i	ne sen	enie i	morma		ument	anu Key				
				d be the same. Minin						6				. 101	0	<b>a</b> 1				
				e applicable if switch arther details on exit		emed / transfe	rred with	hin 7 C	Calendar Da	ys from	the da	ate of 1	investm	ent. Plea	se refer	Scheme				
11	DEMAT ACCO	OUNT DETAIL	.s																	
	Please provide de	tails of your Dep	ository Particij	pant if you wish to h	old units in D	Demat Form.														
			Ν	ISDL							CDS	SL								
	DP Name																			
	DP ID I	N																		
	Beneficiary Acco	ount No.																		
12	_		NOMINAT	E (Mandatory for	new Folios o	of Individua	ls wher	e mod	e of holdiı	ng is si	ngle a	nd wł	no do r	not wish	to nor	ninate)				
				to exercise the rig						0	0					)				
		x			x					x										
	Signature(s)																			
			Sole/First App	licant		Second A	Applican	t				T	hird Ap	plicant						
	Where Nominee do	etails and Non inte	ention to nomin	ate both are mentione	d, Non intentio		will be co	onsider	ed as "Defa	ılt". Fol	Folio in such case will be updated without Nominee									
		TO NOMINA	TE AS UNC	<b>DER: (Mandatory</b>	for new Foli	os of Indivi	duals w	here r	node of h	olding	is sing	gle)	(ref. l	mportant	Instruc	ction 14)				
	Nama 6	Address of Norm	;====(a)	Date of Birth	Name & Ac	dress of Gua	rdian		elationship		nature					in which				
	Iname &	Address of Nom	inee(s)	(To be furnishe	d in case the N	Nominee is a	Minor)	WI	th Nominee		ardian (Opt	tional)	minee		s will b ch Nom	e shared inee★				
		Nominee 1																		
		Nominee 2																		
		Nominee 3								_										
												* the	aggreg	ate total	should	be 100%				
13				GN ACCOUNT								POR	TING	STAND	ARD	(CRS)				
13				Unit holder (Gua					. /			_ /								
	FATCA/CRS	SELF CERTIFI				-				FOFI	MINO	R/PR				RM)				
	Place and Count	ry of Birth		irst Applicant Gua			Second A	••			DI		Iniro	l Applica	int					
	Theo and Count	ry or birtin	Place			Place Country					Place Count									
	Address Type		Country		ness	Resident	ial		Business			sident	ial		Busines	s				
	[for KYC addres	-		ed Office		Registere							ed Offi							
	Tax Resident (i.e assessed for Tax		Yes	No		Yes			No		Ye	c		ı 🗆	No					
	other than India		103			105			110			3			10					
	If 'Yes' please fill respective countri		(other than In	idia) in which you a	re a Resident	for tax purpos	se i.e. wl	here yo	ou are Citiz	en/Res	ident/C	Green (	Card H	older/Tax	Reside	ent in the				
	1																			
	Country of Tax I	-																		
	Tax Identifica (TIN) or Function	tion Number nal Equivalent^																		
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	Other, please spe If TIN is not av																			
	tick ✓ the rease [as defined below	on A, B or C	A	B	С	A		В	□ C			A		В		2				
				older is liable to pay								-	_							
		1 6		n only for the autho	rities of the re	espective cou	ntry of ta	ax resi	dence do n	ot requ	ired th	e TIN	to be c	ollected]						
	Reason C – Othe	-	-	is a citizen/green c	ard holder of	USA	^ In c	ase Ta	x Identifica	ation N	lumber	is no	t avail	able kir	dlv nr	ovide ite				
	functional equiv	alent.												-						
	FATC	A/CRS SELF (	CERTIFICAT	ION FOR NON-I (COMPANY/T							BENI	FICI	AL OV	VNER (	UBO)					
	Please complete	e Annexure A &	¢В		1001/300		THEN	, nr 1	nuv etc.	1										
			. –																	

## 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/updation. I also undertake to keep the Fund informed in writing about any changes/modification/updation 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, 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. Incase 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		×	×
	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.