

Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals

Important Instructions:

application.

B. Tick ' \checkmark ' wherever applicable.

- A. Fields marked with '*' are mandatory fields.
- F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
 - G. List of two-character ISO 3166 country codes is available at the end.
 H. Please read section wise detailed guidelines/instructions at the end.
- C. Please fill the date in DD-MM-YYYY format.
- D. Please fill the form in English and in BLOCK letters. I. For particular section
- E. KYC number of applicant is mandatory for update

I.	For particular section update, please tick (\checkmark) in the box available before the section number and strike off the sections not required to be updated.
	ARN-64917 EUIN - E434563

For office use only	Application Type*	* New	Update		
(To be filled by financial institutio	n) KYC Number			(Mandatory for	· KYC update request)
1. Entity Details* (P	lease refer instructior	n A at the end)			
Name*					
Entity Constitution Type*	Others (Specify)] (Please refer instr	ruction B at the end)	
Date of Incorporation/Formation*	D D - M M - Y	YYY	Date c	of Commencement of Business	DD-MM-YYYY
Place of Incorporation/Formation*		Country o	f Incorporation/Form	nation* TIN or Equivale	ent Issuing Country
PAN*			Form 60) furnished	
TIN/GST Registration Number					
2. PROOF OF IDEN	TITY (POI)* (Please i	refer instruction B at	t the end)		
Officially valid document(s) in	n respect of person authori	sed to transact			
Certificate of Incorporation/F	ormation		Registra	ation Certificate Regn Certificate	e No.
Memorandum and Articles of	f Association	Partnership Deed	Trust De	eed	
Resolution of Board/Managir	ng Committee	Power of Attorney gra	inted to its manager	, officers or employees to transa	ct on its behalf
Activity proof – 1 (For Sole P	Proprietorship Only)	Activity proof – 2 (For	Sole Proprietorship) Only)	
3. ADDRESS (Pleas	, _			<i></i>	
3.1 Registered Offic					
	rtificate of Incorporation/For		stration Certificate	Other Document	
Line 1*					
Line 2					
Line 3				City/Town/Village*	
District*	F	Pin/Post Code*		State/U.T Code*	ISO 3166 Country Code*
3.2 Local Address in	n India (If different f	rom above)*			
Line 1*					
Line 2					
Line 3				City/Town/Village*	
District*	F	Pin/Post Code*		State/U.T Code*	ISO 3166 Country Code*
4. Contact Details (All communications will	be sent to Mobile num	ber/Email-ID pro	vided may be used) (Please	refer instruction D at the end)
Tel. (Off) -		Fax			
Mobile		Email ID			
Mobile -		Email ID			
5. Number of Relate					er instruction E at the end)
5. Number of Relate		Flease IIII Annexule	A-2 IOI each re	elated persons & also rele	\mathbf{r} instruction E at the end)

6. Remarks (If any)								
7. Applicant Declaration (Please refer instruction G at the	end)							
inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines. Date: D - M - Y Y Y Place: Signature/Thumb Impression of Authorised Person(s)								
Date: D - M - Y Y Y Place:	Signature/Thumb Impression of Authorised Person(s)							
8. Attestation / For Office Use only	Signature/Thumb Impression of Authorised Person(s)							
8. Attestation / For Office Use only Documents Received Certified Copies KYC documents verification carried out by Identity Verification Done Date: D Emp. Name D	Signature/Thumb Impression of Authorised Person(s)							
8. Attestation / For Office Use only Documents Received Certified Copies KYC documents verification carried out by Identity Verification Done Date: D - M	Signature/Thumb Impression of Authorised Person(s) ocument Institution details Name							

Annexure A2 Legal Entity Other Central KYC Registry Know Yo		oplication Form Relate	d Person	HSBC Global Asset Management
 Important Instructions: A. Fields marked with ^(*) are mandatory field B. Tick ^(√) wherever applicable. C. Please fill the date in DD-MM-YY format. D. Please fill the form in English and in BLOG E. KYC number of applicant is mandatory fo application. For office use only	G. List of two-cł H. Please read CK letters. I. For particula	naracter ISO 3166 country code section wise detailed guidelines r section update, please tick (✓ strike off the sections not requir	/instructions at the end.) in the box available before the e ed to be updated.	e end.
	YC Number			(YC update and delete request)
Details of Related Person* (Pl Addition of Related Person		at the end) Related Person	Update Related F	Parson Datails
KYC Number of Related Person (if available			C number is available, only 'Related P	
Related Person Type*	Promoter Karta Authorised Signatory	Trustee Partner	Court Appointment Offici	
DIN (Director Identification Number)		(Mandator	y if Related Person Type is Direc	tor)
1.1 Personal Details (Please refe	r instruction E at the end	d)		
Prefix Name* (Same as ID proof) Maiden Name Father / Spouse Name* Mother Name	First Name		ile Name	Last Name Image: Image of the state of
		T. T		
Gender* M- Male	F- Female	e T- Transgende	9F	
PAN*		Form 60 furnishe	5d	
			5u	
1.2 Proof of Identity and Addres Certified copy of OVD or equivalent e-docu A-Passport Number B-Voter ID Card			eeds to be submitted (anyone of	the following OVDs)
C-Driving Licence D-NREGA Job Card E-National Population Register Letter F-Proof of Possession of Aadhaar E-KYC Authentication Offline verification of Aadhaar Address		Driving Licence Expiry [Driving Licence Expiry [Driving Licence Expire [Dring Licence Expire [Driving Lic	Date D D - M M - Y Y	YY
Line 1* Line 2 Line 3 District*	Pin/Post Code*		City/Town/Village*	ISO 3166 Country Code*
1.3 Current Address Details (Ple	ase refer instruction E a	at the end)		
Same as above mentioned address (In s Certified copy of OVD or equivalent e-docu A-Passport Number B-Voter ID Card C-Driving Licence D-NREGA Job Card E-National Population Register Letter		. ,	eeds to be submitted (anyone of	the following OVDs)
F-Proof of Possession of Aadhaar E-KYC Authentication Offline verification of Aadhaar Deemed PoA				

V Self-Declaration

Address Line 1*	Line 1* Line 2 Line 3 Line 4 L									
1.4 Contact De	tails (All communications will be sent on pro	ided Mobile no. / Email-ID provided) (Please refer instruction D at the end)								
Tel. (Off)	Tel. (Res)	- Mobile -								
2. Applicant Declaration										
 I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. Incase any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines D D M M - Y Y Y Y Place: D D M M - Y Y Y Y Place: Signature/Thumb Impression of Appl 6. Attestation / For Office Use only 										
Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification										
	Digital KYC Process Equivaler	t e-document								
K	YC documents verification carried out by	Institution details								
Date:	DD-MM-YYYY	Name								
Emp. Name		Code								
Emp. Code										
Emp. Designation										
Emp. Branch	[Employee Signature]	[Institution Stamp]								

Central KYC Registry | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

O - Artificial Juridical Person

Q - Not Categorized

P - International Organisation or

Agency/Foreign Embassy or Consular Office, etc.

A. Clarification / Guidelines on filling 'Entity Details' section

- 1. Entity Constitution Type
 - A Sole Partnership H - Trust
 - B Partnership Firm I – Liquidator
 - C HUF J - Limited Liability Partnership
- D Private Limited Company K - Artificial Liability Partnership
- E Public Limited Company L – Public Sector Banks
- R Others M - Central/State Government Department or Agency S - Foreign Portfolio Investors F - Society
- G Association of Persons (AOP)/Body of Individuals (BOI) N Section 8 Companies (Companies Act, 2013)
- 2. In case of companies and partnerships, PAN of the entity is mandatory. In case of other entities, Form 60 may be obtained if PAN is not available.
- 3. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

B. Clarification / Guidelines on filling 'Proof of Identity [POI]' section

- A. Activity Proof 1 and Activity Proof 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- B. Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- C. Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- D. 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- E. 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- F. KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

C. Clarification/Guidelines for filling Proof of Address [PoA]' section

- A. State/U.T Code and Pin/Post Code will not be mandatory for overseas addresses.
- B. Certified copy of document or equivalent e-document to be submitted.

D. Clarification/Guidelines for filling 'Related Person Details' section

- A. Please mention two-digit 'country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999)
- B. Do not add '0' in the beginning of Mobile number.

E. Clarification/Guidelines for filling 'Related Person Details' section

- 1. Personal Details
 - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- 2. Proof of Address [PoA]
 - PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
 - State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.
 - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
 - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- C. If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related' are required.
- Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.

F. Provision for capturing signature of multiple authorised persons is to be made by the RE.

G. List of people authorized to attest the documents after verification with the originals:

- 1. Authorised officials of Asset Management Companies (AMC).
- 2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- 3. KYD compliant mutual fund distributors.
- 4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- 5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
- 6. Government authorised officials who are empowered to issue Apostille Certificates.

General instructions:

- 1. Self-Certification of documents is mandatory.
- 2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
- 3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
- 4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 5. If current & permanent addresses are different, then proofs for both have to be submitted.
- 6. Sole proprietor must make the application in his individual name & capacity.
- 7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory
- 8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- 9. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code
Andaman & Nicobar	AN
Andhra Pradesh	AP
Arunachal Pradesh	AR
Assam	AS
Bihar	BR
Chandigarh	СН
Chhattisgarh	CG
Dadra and Nagar Haveli	DN
Daman & Diu	DD
Delhi	DL
Goa	GA
Gujarat	GJ
Haryana	HR

State/U.T	Code
Himachal Pradesh	HP
Jammu & Kashmir	JK
Jharkhand	JH
Karnataka	KA
Kerala	KL
Lakshadweep	LD
Madhya Pradesh	MP
Maharashtra	MH
Manipur	MN
Meghalaya	ML
Mizoram	MZ
Nagaland	NL
Orissa	OR

State/U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
Telangana	TS
Tripura	TR
Uttar Pradesh	UP
Uttarkhand	UA
West Bengal	WB
Other	XX

List of ISO 3166 two digit Country Code

	Country		Country		Country		Country
Country	Code	Country	Code	Country	Code	Country	Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX AL	Ecuador	EC EG	Liechtenstein Lithuania	LI	Saint Vincent and the Grenadines	VC WS
Albania	DZ	Egypt	SV	Luxembourg	LU	Samoa San Marino	SM
Algeria American Samoa	AS	El Salvador Equatorial Guinea	GO	Macao	MO	San Marino Sao Tome and Principe	SIVI
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SA
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	ΥT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	МX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	MZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcaim	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the		Kazakhstan	ΚZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rica	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	OA	Virgin Islands, British	VG
Cote d'Ivoire Code d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascensino and Tristan da Cunha		Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

form
Declaration
(OBO)
Ownership
Beneficial
- Ultimate
⊿
Annexure

An IMA AR	Annexure A - Ultimate Beneficial Ownership (UBO) Declarat IMANDATORY for Non-Individual Applicants/Investors] This declaration is NOT needed for Companies that are Listed on any recognized stock ARN-64917 EUIN - E434563	Beneficial al Applicants/I for Companies	- Ultimate Beneficial Ownership (UBO) Declaration form or Non-Individual Applicants/Investors] s NOT needed for Companies that are Listed on any recognized stock exchange in IN - E434563	0) Declarat recognized stock		or is a Subsidiar.	y of such Listed Co	ion form exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company	such Listed C	Company	Mar	HSBC Global Asset Management
A Applid PAN	A APPLICANT DETAILS: Applicant Name PAN		Folio Nos.					Application No.	.ov			
8	S CATEGORY [tick (\checkmark) applicable category]:	plicable catego	ry]:									
	Unlisted Company Dartne	Partnership Firm	LLP Unincorporated association / body	ssociation / body	of individuals	Public Charitable Trust	Trust 🗌 Religious	Religious Trust Drivate Trust/ Trust created by a Will	created by a W	/ill Others [Specify]	ecify]	
ပ	DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)	BENEFICIAL O	WNERS (If the given sp.	ace below is no	ot adequate, please	attach multiple c	teclaration forms)					
Ple. Typ	Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory. Type of Beneficial Ownership (control or Benefit directly through a chain of controls or ownerships)	erson, confirmin ditional sheet(s) (trol or Benefit dii	g ALL countries of tax resi duly signed by Authorized rectly or indirectly through	idency / permaner Signatory. 1 a chain of contre	nt address / citizenshij ols or ownerships)	p and ALL Tax Ide	ntification Numbers	for EACH controlling person.	If the given row	ws are not sufficien	ıt, required info	rmation in the
15 / 22 If th	> 25% control of company > 15% control of Partnership / LLP / Trust / AoP / BoI If there is no UBO, please declare that there is no holding beneficial interest - striking off the below table and provide signatures under the declaration & signature section.	P/Trust/AoP/I hat there is no ho	301 Jding beneficial interest - 5	striking off the be	slow table and provide	e signatures under	the declaration & sig	mature section.				
Sr. No	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type	% of beneficial interest (Enclose appropriate proof)	Place & Country of Birth / Incorporation	Date of Birth / Incorporation [dd- mm- yyyy]	Address, Address Type* & Contact details [include City, Pin code, State, Country]	Gender F [Male, Female, others]	Father's Name	Nationality	Occupation
			Mandatory					Mandatory, if PAN not provided	N not provide	ba		
1.												ServiceBusinessOthers
5												Service Business Others
												ServiceBusinessOthers
4.												ServiceBusinessOthers
5.												Business Others
* Y	* Address Type should either Residence or Business or Registered Office	ence or Business	or Registered Office						-		-	
I / W awar form to sul undei	1 / We acknowledge and confirm that the information provided above is / are true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, 1 / We aware that 1 / We may liable for it. 1/ We hereby authorize you to update your records from the above information received by the Fund or from other SEBI Registered Intermediaries. Further, I authorize you to share the beneficial owner information (in this form) provided by me to the Fund with other SEBI Registered Intermediaries. Further, I authorize you to share the beneficial owner, with no declaration to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or redeem / reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. 1 / We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your end.	We hereby author with other SEBI R 2d SEBI registere riting about any of	provided above is / are true nrize you to update your rec degistered Intermediaries to ad intermediary reserves the changes / modification to th	e and correct to th cords from the abc o facilitate single : e right to reject th re above informat	te best of my / our kno ve information receiv submission / updation te application or redee ion in future and also	wuledge and belief. ed by the Fund or f i. In case the above m / reverse the allc undertake to provic	In case any of the ab rom other SEBI Reg information is not p thent of units, if sul le any other addition	ove specified information is fo istered Intermediaries. Further, rovided, it will be presumed th sequently it is found that appl al information as may be requi	und to be false c I authorize you at applicant is t icant has conces red at your end.	or untrue or mislea t to share the benef the ultimate benefinate benefinate	ding or misrepre icial owner info cial owner, with sneficial owners	ssenting, I / We mation (in this no declaration nip. I / We also

Authorised Signatory 3 Authorised Signatory 2 Authorised Signatory 1 Place Date

INSTRUCTIONS ON CONTROLLING PERSONS / ULTIMATE BENEFICIAL OWNER

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of controlling persons [CP] / ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs / UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and /or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

1. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:-
 - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
 - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
 - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii)Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official

2. For Investors which is a trust:

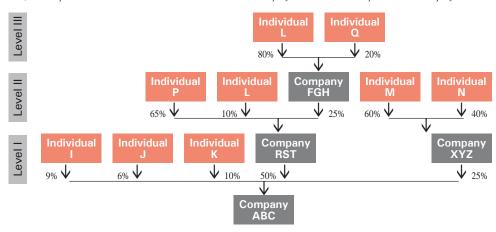
The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

3. Exemption in case of listed companies / foreign investors:

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client

ILLUSTRATION FOR ESTABLISHING BENEFICIAL OWNERSHIP

To assist with this process, an example can be found below on how to determine BOs of a company. Here is the ownership structure of Company ABC:



Here is the corresponding calculation of beneficial ownership:

Calculation of ownership

Individual	Company	Level I	Level II	Level III	Effective ownership
Individual I		9%			9%
Individual J		6%			6%
Individual K		10%			10%
Individual M	Company XYZ	25%	60%		15%
Individual N	Company XYZ	25%	40%		10%
Individual L	Company RST	50%	10%		5%
	Company FGH	50%	25%	80%	10%
Individual P	Company RST	50%	65%		32.50%
Individual Q	Company FGH	50%	25%	20%	2.50%
				Total =	100%

In the above example, KYC documents & shareholding pattern of Company RST & XYZ required. Additionally KYC documents of Individual P shall be required who holds 32.50% in ABC.

HSBC MF KYC Form



(To be Filled in BLOCK LETTERS only)

Folio	No.						
		Please note that applicant details and mode of holding will be as per existing Folio Number.					
		ARN-64917 EUIN - E434563					
1	SOLE / FIRST AP	PLICANT'S INFORMATION (Please tick (\checkmark) wherever applicable)					
	Name						
	Date of Birth~ (Proof required for Minor)	D D M M Y Y Y Y Y Proof Enclosed : Birth Certificate Passport School Leaving Certificate Marksheet issued by HSC/State Board Others					
	KYC Identification No. (KIN) ‡ ‡						
	PAN**	Proof to be enclosed (✓) □ PAN card Copy					
	Nationality	Country of Residence					
	Guardian Name (if Sole / First applicant is a Minor)	Mr Ms M/s Image: Constraint of the constrain					
	KYC details (Detail	ls of Guardian in case the unitholder is a minor)					
1a.							
1b.	Gross Annual Income						
	OR Net-worth in Rupe	n Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y					
1c.	For Individuals [Tick (✓) if applicable] : Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable						
	Overseas Address (in case of NRI's) - should be same as in KRA records	State Zip Code					
	e-mail ⁺						
		wish to receive scheme wise annual report or an abridged summary thereof/account statements/statutory & other documents by email. If unticked, by sent on email.					
2	SECOND APPLICANT'S INFORMATION (Please tick (1) wherever applicable)						
	Name						
	Date of Birth	D D M M Y Y Y No. (KIN) ##					
	PAN**	Proof to be enclosed (✓) □ PAN card Copy					
	Nationality	Country of Residence					
	KYC details						
2a.	Student Business	ails : Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife siness Nature of Business]					
2b.	Gross Annual Income						
	OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y						
2c.	Others (please 🖌) : 🗌 Politically Exposed Person (PEP) 🗌 Related to a Politically Exposed Person (PEP) 🗌 Not Applicable						

3	THIRD APPLICANT'S INFORMATION (Please tick (✓) wherever applicable)							
	Name	Mr Ms M/s						
	Date of Birth	D D M M Y Y	Y Y	KYC Identification No. (KIN) ‡ ‡				
	PAN**			Proof to be enclosed (\checkmark) \Box PAN card Copy				
	Nationality Country		Country of Residence _	ntry of Residence				
	KYC details							
3a.	Occupation Details : Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business Nature of Business							
3b.	Gross Annual Income : Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore >₹ 1 Crore							
	OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y							
3c.	• Others (please 🗸) : Dolitically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable							
					· · · · · · · · · · · · · · · · · · ·			
4	POA HOLDER DE	TAILS (If the investment	it is being made by a Con	stituted Attorney pleas	e furnish details of PoA holder)			
	Name Mr Ms M/s							
	Date of Birth	D D M M Y	Y Y Y	KYC Identification No. (KIN) ‡ ‡				
	PAN**			Proof to be enclosed (\checkmark)	PAN card Copy			
	Nationality			Country of Residence				
	KYC details	KYC details						
4a.	Student Business	upation Details : Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Housewife Business [Nature of Business] Doctor Forex Dealer Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please specify]						
4b.								
	OR Net-worth in Rupe	es (Mandatory for Non-Individ	uals) ₹ Net-worth should not be	older than 1 year as on (d	ate) D D M M Y Y Y Y			
4c.	Others (please): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable							
5	DECLARATIONS AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)							
	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 confirm that the details provided by me / us are true and correct. Sole / First Applicant / Guardian / PoA Second Applicant / PoA							
	Date							

^{\$\$\}therefore 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.

^{**} 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). For Micro SIP Investment please refer Important Instruction.