Systematix ARN: 64917	EUIN: E-029678	CKY	C & KF	RA KYC	Form		HSBC 🚺
Know Your Client Application Form (For (Please fill the form in English an Fields marked with '*' are mandator	nd in BLOCK Letters)	Type*		KYC Numbe		npt Investors (Refer instru	Global Asset Management
1. Identity Details (Please re	efer instruction <b>A</b> at the e	nd)					
PAN		Please enclose	e a dulv atte	sted copy of v	our PAN Card		
	Prefix	FirstName			MiddleName		LastName
Name* (same as ID proof)							
Maiden Name (If any*)			+ $+$ $+$ $+$				
			+ $+$ $+$ $+$			+ + + + + + + + + + + + + + + + + + +	
Father / Spouse Name*							
Mother Name*							
Date of Birth*		YYY					Photo
Gender*	M- Male		🗌 F-Fe	male	T-Transgen	der	
Marital Status*	Married		🗌 Unma	arried	Others		
Citizenship*	IN- Indian		Other	s – Country_		Country Code	
Residential Status*	Resident Individual		🗌 Non F	Resident India	in		
	Foreign National			n of Indian O	0	<b>-</b> .	
Occupation Type*	S-Service Priva			Sector	Government		ent Signature/
	O-Others Profe	essional		mployed Categorised	Retired	_ Housewife _ Stude	Thumb Impression
2. Proof of Identity (Pol)* (fe		r if PAN card (		-	so refer instruction	C & K at the end)	
(Certified copy of <u>any one</u> of the	•						
A- Passport Number		7			Passport Exp	oiry Date	M M — Y Y Y Y
B- Voter ID Card							
D- Driving Licence					Driving Licen	ce Expiry Date 🗅 🗅 –	M M - Y Y Y Y
E- Aadhaar Card							
F- NREGA Job Card							
Z- Others (any docume	ent notified by the centra	al government	t)		Identific	cation Number	
3. Proof of Address (PoA)*							
3.1 Current / Permanent	/ Overseas Address Deta	ils (Please see	e instruction	D at the end	)		
Address Line 1*							
Line 2							
Line 3						ity / Town / Village*	
District*	Zir	o / Post Code	*		State/UT		ndian Motor Vehicle Act, 1988
State/UT*			Country	*		Country C	
	esidential / Business	Resi	dential		usiness	Registered Office	Unspecified
(Certified copy of <u>any one</u> Proof of Address*							
Passport Number		7			Passport Exp	oiry Date	M M - Y Y Y Y
□ Voter ID Card							
Driving Licence					Driving Licen	ce Expiry Date D D –	M M — Y Y Y Y
Aadhaar Card							
NREGA Job Card							
Others (any document i	notified by the central g	overnment)			Identific	cation Number	
3.2 Correspondence / Lo	ocal Address Details* (Plea	ase see instruc	ction E at th	e end)			
Same as Current / Perman	nent / Overseas Addres	s details (In ca	ase of multiple	correspondence	/ local addresses, ple	ase fill 'Annexure A1', Submit re	levant documentary proof)
Line 1*							+ + + + + + + + + + + + + + + + + + +
Line 2						ity / Town / Village*	+ + + + + + + + + + + + + + + + + + +
Line 3 District*	7:.	o / Post Code	*				
				*	State/UT		ndian Motor Vehicle Act, 1988
State/UT*			Country			Country C	ode as per ISO 3166

4. Contact Details (All	communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction <b>F</b> at the end)								
Email ID									
Mobile	Image: Control in the second								
5. FATCA/CRS Informa									
Additional Details Re- Country of Jurisdictio	quired* (Mandatory only if above option (5) is ticked) n of Residence* Country Code of Jurisdiction of Residence as per ISO 3166								
Tax Identification Nur	nber or equivalent (If issued by jurisdiction)*								
Place / City of Birth* Country Code as per ISO 3166									
Address Line 1*									
Line 2									
Line 3	City / Town / Village*								
District*	Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988								
State/UT*									
	erson (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')								
Related Person	Deletion of Related Person KYC Number of Related Person (if available*)								
Related Person Type*	Guardian of Minor Assignee Authorized Representative								
	Prefix     First Name     Middle Name     Last Name								
Name*									
	(If KYC number and name are provided, below details of section 6 are optional)								
_	I] of Related Person* (Please see instruction (H) at the end) <u>e</u> of the following Proof of Identity[Pol] needs to be submitted)								
A- Passport Numbe									
B- Voter ID Card									
C- PAN Card									
D- Driving Licence									
-									
E- Aadhaar Card									
F- NREGA Job Car	ument notified by the central government)								
7. Remarks (If any)									
8. Applicant Declaration									
<ul> <li>I hereby declare that the deta therein, immediately. In case liable for it. I hereby declare legislation or any notifications</li> </ul>	is furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held to that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of y/directions issued by any governmental or statutory authority from time to time. information from Central KYC Registry through SMS/Email on the above registered number/email address.								
Date: DD-MW	- Y Y Y Y     Place:     Signature / Thumb Impression of Applicant								
9. Attestation / For Off									
	ed 🗌 Certified Copies								
	ification Carried Out by (Refer Instruction I) Institution Details								
Date	D D - M M - Y Y Y Y								
Emp. Name									
Emp. Code	Emp. Branch								
Emp. Designation									
In-Person Ver	ification (IPV) Carried Out by (Refer Instruction J) Institution Details								
Date	D         -         M         -         Y         Y         Y								
Emp. Name									
Emp. Code	Emp. Branch								
Emp. Designation									
	[Employee Signature]								

Systematix ARN: 64917	EUIN: E-029678
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## Know Your Client (KYC) Application Form

For Individuals Only

(Please fill the form in English and in BLOCK Letters) Fields marked with \* are mandatory fields

## Supplementary CKYC Form

(To be additionally filled by customers using old KYC form)



KYC Type: □ Normal (PAN is mandatory)

PAN Exempt Investors

1. Identity Details (Please re	efer instruction A at the end)								
PAN Please enclose a duly attested copy of your PAN Card									
	Prefix First Name Middle Name Last Name								
Name* (same as ID proof)									
Maiden Name (If any*)		$\square$							
Mother Name*		$\left  - \right  - \left  - \right $							
Mother Name									
Residential Status*	Resident Individual Non Resident Indian								
	Foreign National     Person of Indian Origin								
Occupation Type*	S-Service Private Sector Public Sector Government Sector								
	O-Others Professional Self Employed Retired Student								
	B-Business X-Not Categorised								
2. FATCA/CRS Information	(Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction <b>B</b> at the end	nd)							
	ed* (Mandatory only if above option is ticked)	- /							
Country of Jurisdiction of									
Tax Identification Number	or equivalent (If issued by jurisdiction)*								
Place / City of Birth*	Country of Birth* Country Code as per ISC	O 3166							
Address									
Line 1*									
Line 2		+							
Line 3	City / Town / Village*								
District*	Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act,	1988							
State/UT*	Country* Country* Country Code as per IS	O 3166							
		_							
	n (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')								
Related Person	Deletion of Related Person KYC Number of Related Person (if available*)								
Related Person Type*	Guardian of Minor     Assignee     Authorized Representative       Prefix     First Name     Middle Name     Last Name								
Name*									
_	(If KYC number and name are provided, below details of section 6 are optional)								
— ,	Related Person* (Please see instruction (H) at the end)								
Certified copy of <u>any one</u> of the copy of <u>any one</u> of the copy of any one of the copy of the co	he following Proof of Identity[Pol] needs to be submitted)           Passport Expiry Date	V							
B- Voter ID Card									
C- PAN Card									
D- Driving Licence									
E- Aadhaar Card		Y							
F- NREGA Job Card									
_	nt notified by the central government)								
2- Others (any document									
4. Remarks (If any)									
		<u> </u>							
5. Applicant Declaration									
	nished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes f 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	I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of [Signature / Thumb Impression]								
	nation from Central KYC Registry through SMS/Email on the above registered number/email address.								
Date: DD-MM-	Y     Y     Y     Place :     Signature / Thumb Impression of Application	int							

HSBC	Systematix ARN: 64917 EUIN: E-029678	KYC Details Change fo (For Individuals (
Global Asset Management		pplication No. :
A Name of Applicant (Mandatory as p	LISH and IN BEOCK LETTERS (Trease surve on Sections that are not used).	
A Name of Applicant (Mandatory as p		
Title         Mr.         Ms.         Other         Please s           Name	Aadhaar Number, if any:	PAN
	ch should be updated in your KYC records.	
B. Mandatory fields for KYCs done b 1. Father's/Spouse Name		
•		
2. Current Marital status Single Married	3. Current Nationality 🗌 Indian 🗌 Othe	
Note <b>"FOR OFFICE USE ONLY":</b> The IPV Coluber mandatorily filled for changes to Identity a	umn should be mandatorily filled for all KYCs registered before 1st January and Address details	y 2012. Originals Seen and Verified should
, , ,		
C. Identity Details (please see guideli 1. New Name (As appearing in supporting identified		
Name Name (As appearing in supporting rulenting		
2. New Status Please tick (✓)	dual 🗌 Non Resident (Passport Copy Mandatory for NRIs & Foreign National	ls)
3. PAN	Please enclose a duly attested copy of your PAN Card	
4. Proof of Identity submitted for PAN exem		
🗌 Aadhaar Card 🗌 Passport 📄 Voter ID	Driving Licence      Others	(Please see guideline 'D' over
D. Address Details (please see guidel	ines overleaf)	
1. New Address for Correspondence		
City / Town / Village		Pin Code
State	Country	
2. Contact Details		
Tel. (Off.)         (ISD)         (STD)           Mobile         (ISD)         (STD)           E-Mail Id.	Tel. (Res.)         (ISD)         (STD)           Fax         (ISD)         (STD)	
Passport Ration Card Registered Lea *Latest Telephone Bill (only Land Line) * *Not more than 3 Months old. Validity/Expiry d	ant. Please submit ANY ONE of the following valid documents & tick (         ise/Sale Agreement of Residence       Driving License       Voter Identity Card         Latest Electricity Bill       *Latest Gas Bill       Others (Please specify)         ate of proof of address submitted       d       /       m       m       /       y       y         plicant if different from above C1 OR Overseas Address (Mandatory	*Latest Bank A/c Statement/Passbook
City / Town / Village		Pin Code
State	Country	
<ul> <li>Passport Ration Card Registered</li> <li>*Latest Telephone Bill (only Land Line)</li> <li>*Not more than 3 Months old. Validity/Expinent</li> </ul>	plicant. Please submit ANY ONE of the following valid documents         Lease/Sale Agreement of Residence       Driving License       Voter Identif         *Latest Electricity Bill       *Latest Gas Bill       Others (Please specify)         ry date of proof of address submitted       d       /       m       m       y       y	ty Card 🗌 *Latest Bank A/c Statement/Passbo
SIGNATURE OF APPLICANT	DECLARATION	SIGNATURE OF APPLICAN
Old signature as per original KYC Wherever Applicable	I hereby declare that the details furnished above are true and correct the best of my/our knowledge and belief and I undertake to infor you of any changes therein, immediately. In case any of the abo information is found to be false or untrue or misleading misrepresenting, I am/we are aware that I/we may be held liable for	rm ive or
	Place: Date: d d / m m / y y y	у
FOR	OFFICE USE ONLY IPV D	$Done \square  on    d   d   / [m   m ] / [y   y ]$
AMC/Intermediary name <b>OR</b> code	as received	Seal/Stamp of the intermediary should conta Staff Name
<ul> <li>(Originals Verified) Self Certified Document copie</li> <li>(Attested) True copies of documents received</li> </ul>	is received	Designation

## Systematix ARN: 64917 EUIN: E-029678 FATCA AND CRS SELF CERTIFICATION FOR INDIVIDUALS

(Including Sole Proprietor) (Refer to instructions) (Please consult your professional tax advisor for further guidance on your tax residency, if required)



۱.	FIRST / SOLE APPLICANT / GUARDIAN							
1	Name							
	Gender Male Female Others PAN	Occupation	Type Service Business Others					
	Father's Name							
	Folio Number							
	Address of tax residence would be taken as available in KRA		y the changes					
Type of address given at KRA Residential or Business Residential Business Registered Office Permissible documents are Passport Election ID Card PAN Card Govt. ID Card Driving License UIDAI Card NREGA Job Card Others								
			AI Card NREGA Job Card Others					
		ice of Birth						
	Country of Birth	Nationality						
	Are you a tax resident of any country other than India?							
	Country#	Tax Identification Number^	Identification Type (TIN or Other, please specify)					
	t To also include USA, where the individual is a citizen / greater	n card holder of The USA_^ In case Tax Identification Numb	er is not available, kindly provide its functional equivalents					
	· · · · · · · · · · · · · · · · · · ·							
3	SECOND APPLICANT							
1	Name							
	Gender Male Female Others PAN	Occupation	Type Service Business Others					
1	Father's Name							
	Folio Number							
	Address of tax residence would be taken as available in KRA	database. In case of any change please approach KRA & noti	v the changes					
	Type of address given at KRA Residential or Business		, and enalities					
	Permissible documents are Passport Election ID Card		DAI Card NREGA Job Card Others					
		the of Birth						
	Country of Birth	Nationality						
	Are you a tax resident of any country other than India?		nt for tay numbers and the associated Tay ID Numbers below.)					
	Country#	Tax Identification Number^	Identification Type (TIN or Other, please specify)					
	t To also include USA, where the individual is a citizen / greater	n card holder of The USA_^ In case Tax Identification Numb	er is not available, kindly provide its functional equivalents					
	· · · · · · · · · · · · · · · · · · ·							
	THIRD APPLICANT							
1	Name							
	Gender Male Female Others PAN	Occupation	Type Service Business Others					
1	Father's Name							
	Folio Number							
	Address of tax residence would be taken as available in KRA	database. In case of any change please approach KRA & noti-	y the changes					
	Type of address given at KRA Residential or Business		y the entinges					
		PAN Card Govt. ID Card Driving License UII	DAI Card NREGA Job Card Others					
		the of Birth						
	Country of Birth	Nationality						
1	Are you a tax resident of any country other than India?	s No (If yes, please indicate all countries in which you are reside	nt for tax purposes and the associated Tax ID Numbers below.)					
	Country#	Tax Identification Number^	Identification Type (TIN or Other, please specify)					
	t To also include USA, where the individual is a citizen / greater	n card noider of the USA ^ In case fax Identification Numb	er is not available, kindly provide its functional equivalent <sup>s</sup>					
)	DECLARATION							
	acknowledge and confirm that the information provided							
	becified information is found to be false or untrue or misle							
	e FATCA/CRS information provided by me and received rovided by me to the Fund with other SEBI Registered In							
a	ny changes / modification / updation to the above information	tion in future and also undertake to provide any other ad	ditional information as may be required at the Fund's en					
	nd/or by the domestic tax authorities. I authorize the Fund	AVIC / KIA to close or suspend my account(s) under i	numation to me for non-submission of documentation.					
	Sole / First Applicant / Guardian	Second Applicant	Third Applicant					
	Date D D M M Y Y Y Place		· · · · · · · · · · · · · · · · · · ·					
	Date D D M M Y Y Y Y Place							

## HSBC MF KYC and Aadhaar Updation Form



(To be Filled in BLOCK LETTERS only) Systematix ARN: 64917 EUIN: E-029678

Folio	No.	

Please note that applicant details and mode of holding will be as per existing Folio Number.

1	SOLE / FIRST AP	PLICANT'S INFORMATION (Please tick (1) wherever applicable)							
	Name	Mr         M/s							
	Date of Birth~ (Proof required for Minor)	D D M M Y Y Y Y Y A Proof Enclosed : Birth Certificate Passport School Leaving Certificate Others (please specify)							
	KYC Identification No. (KIN) <b>‡</b> ‡	on							
	Aadhaar No.**	Where Aadhaar number has not been assigned : Please enclose -           Proof of application of enrollment of Aadhaar							
	PAN**	Proof to be enclosed (✓) PAN card Copy							
	Nationality	Country of Residence							
	Guardian Name (if Sole / First	Mr Ms M/s							
	applicant is a Minor)	Natural Guardian <sup>+</sup> (Father or Mother) Legal Guardian <sup>++</sup> (court appointed Guardian) <sup>+</sup> Document evidencing relationship with Guardian <sup>++</sup> In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.							
		KYC Identification Number (KIN) <sup>‡‡</sup>							
		Aadhaar No.**							
		Aadhaar No.**     Proof of application of enrollment of Aadhaar       PAN**     Proof to be enclosed ( $\checkmark$ )     PAN card Copy							
	KYC details (Detail	Is of Guardian in case the unitholder is a minor)							
1a.		🏾 Private Sector Service 🗌 Public Sector Service 🗌 Government Service 📄 Professional 📄 Agriculturist 📄 Retired 🗋 Housewife							
	Student Business	[Nature of Business] Doctor Forex Dealer Casino Owner Arms manufacturer							
1b.		$\therefore \text{ Money lender } Pawn Broker \Box Others Please spectry \$ $\therefore  Below $$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$$							
		$ees (Mandatory for Non-Individuals)  \hline \\ \hline$							
1c.	For Individuals [Tick (								
	Politically Exposed Po	erson (PEP) 🗌 Related to a Politically Exposed Person (PEP) 🔲 Not Applicable							
	Overseas Address (in case of NRI's) -								
	should be same as in								
	KRA records	City State Country Zip Code							
	e-mail	Country Zip Code							
2		<b>ANT'S INFORMATION</b> (Please tick ( $\checkmark$ ) wherever applicable)							
	Name								
		KVCIdentification							
	Date of Birth	D D M M Y Y Y Y N No. (KIN) ##							
	Aadhaar No.**	Where Aadhaar number has not been assigned : Please enclose - Proof of application of enrollment of Aadhaar							
	PAN**	Proof to be enclosed ( $\checkmark$ ) PAN card Copy							
	Nationality	Country of Residence							
	KYC details								
2a.	Occupation Details :	: Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife s Nature of Business							
		rerer 🗌 Money lender 🗋 Pawn Broker 🗋 Others [Please specify]							
2b.	Gross Annual Income	: ☐ Below ₹ 1 Lac $\square$ ₹ 1-5 Lacs $\square$ ₹ 5-10 Lacs $\square$ ₹ 10-25 Lacs $\square$ ₹ 25 Lacs - ₹ 1 Crore $\square$ > ₹ 1 Crore							
	OR Net-worth in Rupe	orth 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 $\checkmark$ ) :	🗌 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 Identi No. (KIN)								
	Aadhaar No.**			Where Aadhaar number has not been assigned : Please enclose - Proof of application of enrollment of Aadhaar									
	PAN**			_	Proof to be enclosed ( $\checkmark$ ) PAN card Copy								
	Nationality			Country of Residence									
	KYC details												
3a.	Student Business	Private Sector Service     Ature of Business     Money lender     Pawn				Doctor	For	ex Dealer					
3b.		Below ₹ 1 Lac  ₹ 1-								rore			
		es (Mandatory for Non-Individu						) D D			Y	Y Y	]
3c.		Politically Exposed Person (PEP)									-		
	others (preuse ) .	Fondearly Exposed Forson (FEF)		шу Елр	,seu i eison (i i		ot reppired						
4	PoA HOLDER DE	TAILS (If the investmen	t is being made by	a Con	stituted Att	orney pl	ease fu	rnish d	etails of	PoA h	older	)	
	Name	Mr Ms M/s											
	Date of Birth	D D M M Y	Y Y Y		KYC Ider No. (KIN)		1						
	Aadhaar No.**					Aadhaar number has not been assigned : Please enclose - of of application of enrollment of Aadhaar							
	PAN**				Proof to be	enclosed	(✔)	PAN car	d Copy				
	Nationality		Country of Residence										
	KYC details												
4a.	Student Business	Private Sector Service   Nature of Business] er  Money lender  Pawm				Doctor	For	ex Dealer	Casi				
4b.	Gross Annual Income :	Below ₹ 1 Lac	5 Lacs □ ₹ 5-10 Lacs	: □ ₹	f 10-25 Lacs	□ ₹ 25 L	.acs - ₹ 1	Crore	>₹1	Crore			
	OR Net-worth in Rupe	es (Mandatory for Non-Individ	uals) ₹ Net-worth shoul	d not be	older than 1 ye	ar as or	n (date)	D D	M M	Y	Y Y	Y	
4c.	Others (please ✓) : □	Politically Exposed Person (I	PEP) 🔲 Related to a P	oliticall	y Exposed Per	rson (PEP)	🗌 No	t Applica	ble				
5	DECLARATIONS	AND SIGNATURES (	In case of joint hole	ding, s	ignatures o	of all uni	t holde	rs are n	nandato	orv)			
		ATION AND VALIDATI											
	I/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of SEBI registered												
		rar and Transfer Agent (RTA) for									r		
	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 Applic	ant / Guardian / PoA	Secor	nd Appl	icant / PoA				Thi	rd Appli	cant / ]	PoA	
	Date												

‡‡ 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.

\*\* As per the amendments to the Prevention of Money Laundering (Maintenance of Records) Rules, 2005 dated 1st June 2017, all unit holders including Joint Holders, Guardian and Power of Attorney Holders are required to submit their Aadhaar number or proof of Aadhaar application issued by the Unique Identification Authority of India and Permanent Account Number (PAN) to us. Non-individual investors have to submit the Aadhaar and PAN of the authorized signatory/ies. 1) For MF accounts opened prior to June 1, 2017 - before 31st December 2017. 2) For MF accounts opened on/after June 1, 2017 - before 31st December 2017. 3) For accounts opened on/after January 1, 2018 - Aadhaar and PAN are mandatory, without which the account will not be opened.

Please note that if Aadhaar seeding and PAN updation is not completed for mutual fund investments by 31 December 2017, then these investment accounts will become inoperative until the time that these are duly updated in Fund records.