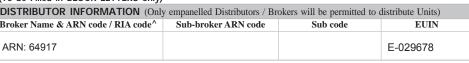
## Common Application Form for Equity and Fund of Funds Schemes

(To be Filled in BLOCK LETTERS only)





	DISTRIBUTOR INFORMATION (Only	y empanelled Distributors / Br	okers will be permitted to	distribute Units)	Global Asset Management
	Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub code	EUIN	
	ARN: 64917			E-029678	Application
,	A By mentioning RIA code, I / we authorise you transactions in the schemes(s) of HSBC Mutual F		ered Investment Adviser ( RI.	A) the details of my / our	No. : E
	I / We hereby confirm that the EUIN box has	been intentionally left blank by			For Office Use Only
	interaction or advice by the employee / relation the advice of in-appropriateness, if any, provide				
	Sole / First Applicant / Authorised Signatory	Second Applicant / Authorised Sign		Authorised Signatory	
1	TRANSACTION CHARGES (Please ti  I AM A FIRST TIME MUTUAL FUN (r 150 will be deducted as transaction char	ND INVESTOR	I AM A	N EXISTING INVEST	es applicability) OR IN MUTUAL FUND on charge for per purchase of r 10,000 and more)
2					v (if not provided earlier) and proceed to Section 3]
	Folio No.  SOLE/FIRST APPLICANT'S PERSONA Name^ Mr Ms M/s			re you a resident of Cana	ing will be as per existing Folio Number.  ada.? (✓) Yes No <sup>tt</sup> # Default if not ticked.
	Date of Birth ~‡ (Mandatory) D D M M	YYYY	~ Proof Enclose		te School Leaving Certificate Passport  Others (please specify)
	KYC Identification No. (KIN) ‡‡			•	
	Aadhaar Number**			number has not been assignification of enrollment of	
	PAN** (Mandatory)			losed (✓) ☐ PAN card (	
	Nationality‡		Country of Res		
	Guardian Name <sup>^</sup> (if Sole / First applican Mr   Ms   M/s	it is a Minor) Contact Perso	on (in case of Non-individ	ual Investors only)	
	KYC Identification Number (KIN) ‡‡  Aadhaar Number**			r number has not been ass	
	PAN** (Mandatory)			plication of enrollment of losed $(\checkmark)$ $\square$ PAN card $(\checkmark)$	
	Natural Guardian+ (Father or Mother)		ardian++ (court appointed G		
	* Document evidencing relationship with Guardian				ointment letter, affidavit etc. to support.  Non-Resident (Non-Repatriable) Non-Resident
	- Minor (Repatriable) Non-Resident – Minor	r (Non-Repatriable) Bank Firm Trust NPS Trust	FPIs QFI/EFI AOP Fund of Fund Gratuity Fu	HUF FPI Sole-P nd Pension and Retirem	Proprietor Private Limited Company Public ent Fund Government Body NGO BOI
3	KYC DETAILS [Mandatory (Details of G				
	Investors are requested to complete the KY	C section for Joint holders &	POA also, as applicable		
Ва.	Occupation Details (✓): Private Sector Service  Business [Nature of Business]	Public Sector Service Govern Casino Owner Arms manufac			Housewife Student Doctor Forex Dealer Pawn Broker Others [Pl. specify]
ßb.	Gross Annual Income (Please ✓):	Below R 1 Lac R 1-5 Lacs	R 5-10 Lacs R 10	-25 Lacs R 25 Lacs	- R 1 Crore
	OR Net-worth in Rupees (Mandatory for No	on-Individuals)	orth should not be older than	1 year as on (date)	D D M M Y Y Y Y
	<b>For Individuals</b> [Tick (✓) if applicable] :	For Non-Individual Investor		• '	
	Politically Exposed Person (PEP)	I. Is the company a Listed C (If No, please attach mand	Company or Subsidiary of Listatory LIBO Declaration)	sted Company or Controll	ed by a Listed Company Yes No
BC.	Related to a Politically Exposed Person (PEP)	II. Foreign Exchange / Mone			Yes No
	Not Applicable	III. Gaming / Gambling / Lott	*		Yes No
	For Non Individual Investors -	IV. Money Lending / Pawning Mandatory UBO Declaration	0	Lattached	Yes No
	Identification of Beneficial Ownership	(Not Required for a Listed Con			y a Listed Company)
*	W.e.f. January 1, 2011, all the applicants need to be complete the uniform KYC process (for details refer	KYC Compliant irrespective of the point 10 under Important Instruction	e amount invested (including swi	itch). W.e.f January 1, 2012,	ted or further transactions may be liable get rejected.  applicants who are not KYC compliant are required to not registered or verified in the KRA system will be
**	required to fill the new CKYC form while investing As per the amendments to the Prevention of Money Attorney Holders are required to submit their Aadha individual investors have to submit the Aadhaar and	with the Fund.  Laundering (Maintenance of Recornar number or proof of Aadhaar app PAN of the authorized signatory/ie	ds) Rules, 2005 dated 1st June 2 blication issued by the Unique Io s. Non Resident Individuals are	2017, Resident Individual inv dentification Authority of Ind not required to provide Aadh	estors including Joint Holders, Guardian and Power o ia and Permanent Account Number (PAN) to us. Non naar.
	<ol> <li>2018 - Aadhaar and PAN are mandatory, without Please note that if Aadhaar seeding and PAN updatic are duly updated in Fund records.</li> </ol>	which the account will not be open on is not completed for mutual fund	ned. investments by 31 December 20	017, then these investment acc	cember 2017. 3) For accounts opened on/after Januar counts will become inoperative until the time that these
	Please note that information sought here will be obt		ny differences, the KRA input w	ill apply.	continued overleaf 💠
	CKNOWLEDGEMENT SLIP (To be filled the state of the state		ed on the form is considered	final.	A
	eceived from Mr Ms M/s		on the form is considered		Application No. :E
	olio No.	application for U	nits of Scheme		1NO. :12
Oı	otion/Sub-option	Lumpsum investment alongy			
	nted Drawn on (Ban		Amount (R)		
	SIP Investment Total Cheques	ECS (Debit Clearing)/Direct Deb	it Facility Total Amount (R		ISC Stamp, Signature & date

Please Note: All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.

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Visit us at www.assetmanagement.hsbc.com/in.

TOLL FREE NUMBER: 1800 200 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.

INVESTIVIENT						
Scheme (✓) ☐		HMS-Growth	HMEF HMEF HM Growth (default	IS - Moderate		☐ HBF ☐ HAPDF ☐ HGCOF  Dividend Payout
				,		** Not applicable in case of HTS
The scheme name me	entioned on the application for	n and the cheque has to	be the same. In case of any di	iscrepancy between	the two, units will be allotted as	s per the scheme name mentioned on the application or
First SIP Cheque	e/DD Details :	MENT PLAN (F Cheque/DD No.	For SIP through ECS		Cheque	to Debit Form and attach with this)  /DD Date D D M M Y Y Y Y Y
Drawn on Bank A	Vc. No.			Bank Name &	Branch	
MICRO SIP (Re	efer Note No. 4C on page	e 26) Date of Bir	th DDMMYYY	Supporting		Reference No.
*For the permissible	list of applicable documents	please refer to Page 2		Document	type*	(if available)
B) ONE TIM	ME LUMPSUM INVE	ESTMENT (Pleas	se fill the details hereund	ler. Do not subn	nit SIP Auto Debit Form)	
Payment Mode		*	EFT  Fund Transfer	Cheque/RTGS/NI		
Cheque/DD/RTGS				Payment from 1		
1 -					Dalik A/C. 140.	
Investment Amou	` ' '			Bank Name		
DD charges (Rs.)	(ii)			Branch		
Total Amount (Rs	s.) (i + ii)		A/c. Type	(✓) Current	Savings NRO* NRE*	FCNR* Others(*For NRI Investors
MANDATORY I If no, my relation the Third Party de	DECLARATION: The d ship with the bank account eclaration form is attached	etails of the bank a nt holder (🗸) 🗌 Pa d (Refer important	account provided above parent Grandparent In the instruction No. 11 on the	pertain to my/our Employee  Cus e Third Party Pa	own bank account in my stodian Others yments).	(Please specify); and
		MENT PLAN [F	For SIP through Post	Dated Cheque	es (PDCs)] (All cheques	should be of same date of the months/quarter
First SIP Cheque	e Details :			Drawn on Banl	k A/c. No.	
Cheque No.				Bank Name		
Cheque Date		Y Y Y Y		Branch		##
SIP Date (✓)	Monthly (Default^):	3rd 10th (Def	ault^) 🗌 17th 🗌 26th 🔲	30th ## All D	ates Quarterly (10th)	## Last Business Day of the month for Februar ^ Refer instruction 4b(f)
SIP Period	Start Date M M	Y Y End Date	M M Y Y M	arch 2025 (Defar	ult^^)	^^ Refer instruction 4b(g)
Each SIP Amoun	t (Rs.)		Cheque Nos. From			То
Drawn on Bank	A/c.		Bank		Bi	ranch
DEMAT ACCO	OUNT DETAILS					
	DUNT DETAILS t unit holders are given	an option to hold	the units in demat form	in addition to	account statement as per	current practice and the sequence of name
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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 / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM) Sole / First Applicant Guardian Second Applicant **Third Applicant** Place and Country of Birth Place Place Place Country \_ Country \_ Country \_ Address Type Residential Business Residential Business Residential Business [for KYC address] Registered Office Registered Office Registered Office Tax Resident (i.e. are you assessed for Tax) in any Yes No Yes Yes No country other than India? 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 □ B \_\_ C \_\_ C  $\Box$  C \_\_ A \_\_ A \_\_ A В \_\_\_ B tick ✓ the reason A, B or C [as defined below] 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 11 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. CONSENT FOR UPDATION AND VALIDATION OF AADHAAR 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 mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. 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 I / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. (Applicable for Micro SIP investments only). 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

Second Applicant / PoA

Third Applicant / PoA

issued subsequently.

Sole / First Applicant / Guardian / PoA