

Broker Name & ARN code / RIA code [^]	Sub-broker ARN code	Sub code	Branch Code	EUIN
ARN-64917				E434563

 App.
No.:

[^] I/We hereby confirm that by mentioning RIA code, I/We authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my/our transactions in the schemes(s) of HSBC Mutual Fund.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

For Office Use Only

Sole/First Applicant/Authorised Signatory Second Applicant/Authorised Signatory Third Applicant/Authorised Signatory

1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 7 regarding transaction charges applicability under Instructions)

- I AM A FIRST TIME MUTUAL FUND INVESTOR (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)
 I AM AN EXISTING INVESTOR IN MUTUAL FUND (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

2 APPLICANT'S INFORMATION [Fill in your Folio No. below. In case of existing folio, furnish only KYC and PAN details below (if not provided earlier) and proceed to Section 3]

Folio No. _____ Please note that applicant details and mode of holding will be as per existing Folio Number.

SOLE/FIRST APPLICANT'S PERSONAL DETAILS

 Are you a resident of USA/Canada? (✓) Yes No^{**} (** Default if not ticked)

 Name[£] Mr Ms M/s _____

 Date of Birth^{§‡‡} (Mandatory)

 § Proof Enclosed (✓) Birth Certificate School Leaving Certificate Passport Marksheet issued by HSC State Board Others _____ (please specify)

 Gender Male Female Third Gender

 KYC Identification No. (KIN)^{‡‡} _____

 PAN[£](Mandatory) _____

 Proof to be enclosed (✓) PAN card Copy

 Nationality[‡] _____

Country of Residence _____

GUARDIAN NAME (if Sole/First applicant is a Minor) Contact Person (in case of Non-individual Investors only)

 Mr Ms M/s _____

 KYC Identification Number (KIN)^{‡‡} _____

 PAN^{**} (Mandatory) _____

 Proof to be enclosed (✓) PAN card Copy

 Father Mother Legal Guardian^{**} (court appointed Guardian)

⁺ Document evidencing relationship with Guardian

^{**} In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

Status of Sole/1st Applicant (✓): Resident Individual Resident Minor (through Guardian) Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) Non-Resident - Minor (Non-Repatriable) Bank FPIs QFI/EFI AOP HUF FPI Sole-Proprietor Private Limited Company Public Limited Co. Body Corporate Partnership Firm Trust NPS Trust Fund of Fund Gratuity Fund Pension and Retirement Fund Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Foreign Nationals [Specify Country] _____ Others [Specify] _____

3 KYC DETAILS [Mandatory (Details of Guardian in case the unitholder is a minor)]

Investors are requested to complete the KYC section for Joint holders & POA also, as applicable

a. Occupation (✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Doctor Forex Dealer Business [Nature of Business] _____ Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Pl. specify] _____

b. Gross Annual Income (Please ✓): 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)
For Individuals [Tick (✓) if applicable]:
 Politically Exposed Person (PEP)

 Related to a Politically Exposed Person (PEP)

 Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc.):

 I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach mandatory UBO Declaration) Yes No

 II. Foreign Exchange/Money Changer Services Yes No

 III. Gaming/Gambling/Lottery/Casino Services Yes No

 IV. Money Lending/Pawning Yes No

For Non Individual Investors - Identification of Beneficial Ownership
Mandatory UBO Declaration form duly filled and signed attached.
(Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) Yes No

^{**} 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 Instructions for filling up the Application Form.

^{‡‡} W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 8 under Important Instructions). 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.

[‡] Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

[§] Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID/SAI for instructions related to folios held in the name of Minor.

[£] As per KRA details.

...continued overleaf ⇨

Received from Mr. Ms. M/s. _____

Folio No. _____ application for Units of Scheme _____

Plan _____ Option/Sub-option _____ alongwith Cheque/DD No. _____

Dated _____ Drawn on (Bank) _____ Amount (₹) _____

 SIP Investment STP Fresh Nomination Change of Existing Nomination Cancellation of Nomination

 ECS (Debit/Direct Debit Facility) Total Amount (₹) _____ Date
Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification

 App.
No.:

ISC Stamp, Signature & Date

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Address for Correspondence[‡] [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

										City																			
State										Country										Pin Code									

Overseas Address/Registered Address in case of Non-Individual investors (Mandatory in case of NRI/FPI applicant in addition to mailing address) (Should be same as in KRA records)

										City																			
State										Country (Mandatory)										Zip Code									

Contact Details

Mobile No. _____ Tel. (Res./Offi.) _____

Mobile belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS

†E-mail - 1 _____ Email ID to be filled in CAPITAL LETTERS

E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS

Yes No † I / We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents by email. If unticked, by default the above will be sent on email. I/We confirm that primary email ID provided belongs to self or a family member.

5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)

MODE OF HOLDING (✓) Single Joint (Default if not mentioned) Anyone or Survivor

NAME OF SECOND APPLICANT (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes No^{**} (**Default if not ticked.)

Mr Ms M/s _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Gender Male Female Third Gender

PAN** (Mandatory) _____ KYC Identification Number (KIN) ‡‡ _____

Proof to be enclosed (✓) PAN card Copy

Nationality _____ Country of Residence _____

a. Occupation (please ✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please specify] _____

b. Gross Annual Income (please ✓): 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

c. Others (please ✓): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

NAME OF THIRD APPLICANT (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes No^{**} (**Default if not ticked.)

Mr Ms M/s _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Gender Male Female Third Gender

PAN** (Mandatory) _____ KYC Identification Number (KIN) ‡‡ _____

Proof to be enclosed (✓) PAN card Copy

Nationality _____ Country of Residence _____

a. Occupation (please ✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please specify] _____

b. Gross Annual Income (please ✓): 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

c. Others (please ✓): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

POA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).

Name Mr Ms M/s _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 KYC Identification Number (KIN) ‡‡ _____

PAN** (Mandatory) _____ Proof to be enclosed (✓) PAN card Copy

Nationality _____ Country of Residence _____

a. Occupation (please ✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please specify] _____

b. Gross Annual Income (please ✓): 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

c. Others (please ✓): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

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CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent : Computer Age Management System.

TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

6 BANK ACCOUNT DETAILS (For Minor investments – Redemption proceeds will be paid only to the Bank A/c held in the name of Minor)

Core Banking A/c No. A/c. Type (✓) Current Savings NRO* NRE* * For NRI Investors

Bank Name _____ Branch _____

City _____ Pin Code

State _____ Country _____

MICR code RTGS/NEFT/IFSC code

Please provide a cancelled cheque leaf with your name and IFSC code pre-printed if the bank details in Section 7 are different or Fund transfer is submitted.

7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please write Scheme Name / Plan / Option / Sub-option below)

For more than 1 Scheme please issue cheque favouring “HSBC Multi Scheme Collection Account”

	Scheme/Plan/Option/Sub-option			Amount (₹)	
1.	HSBC	Scheme Name	Plan	Option/Sub-Option	
2.	HSBC	Scheme Name	Plan	Option/Sub-Option	
3.	HSBC	Scheme Name	Plan	Option/Sub-Option	
Total Amount (₹)	Amount in words				
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> One Time Mandate (OTM) <input type="checkbox"/> Electronic Transfer				
Cheque/ DD/ RTGS/ NEFT Details	Cheque/DD/RTGS/UMRN/NEFT No. <input type="text"/>				
	Instrument Date <input type="text"/> DD Charges, if any (₹) <input type="text"/>				
Payment from Bank A/c. No.	<input type="text"/>				
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)				
Drawn On	Bank _____				
	Branch & City _____				

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.

Documents attached to avoid Third Party Payment Rejection : Third Party Declarations Bank Certificate for Pre-funded Instruments

For Minor investment, if Funds are from Parent / Legal Guardian, enclose Relationship Proof Birth Certificate Passport School Leaving Certificate Court Order

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 (attach the Third Party declaration Form) (Please ✓) Employee Custodian AMC Corporate

8 SYSTEMATIC TRANSFER PLAN (STP)§ (Please write Scheme Name / Plan / Option / Sub-option below) Registration^^

Transfer From : Scheme	HSBC	Scheme Name		Transfer To: Scheme	HSBC	Scheme Name	
Plan/Option/Sub-option *	<input type="text"/>			Plan/Option/Sub-option *	<input type="text"/>		
STP Frequency:	<input type="checkbox"/> Daily^ <input type="checkbox"/> Weekly^ <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default¶) <input type="checkbox"/> Quarterly (10th)			STP Day:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default^) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Transfer Options:	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation (1st Business Day of the month)			Transfer Amount:	Amount per instalment Rs. <input type="text"/>		
Installment commencing: From	<input type="text"/>			(Minimum Transfer Amount for Liquid & Overnight Schemes - Rs. 1,000. All other Schemes - Rs. 500)			
STP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st						

§ To be submitted 7 days prior to the STP date incase of Registration & 14 days incase of Cancellation. ^^ Minimum 6 installments for Liquid and Overnight and 12 installments for all other Schemes for registration. The minimum amount required under the source scheme for registering STP is ₹ 6,000. * Default Option Date may be applied in case of no information, ambiguity or discrepancy. ¶ If no debit date is mentioned default date would be considered as 10th of every month/quarter. ^ Daily and 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.

9 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 /POA holder
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 [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

