

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
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 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"/>		To	<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

