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(To be Filled in BLOCK LETTERS only)

Broker Name & ARN code / RIA code Su	ub-broker ARN code	Sub code	Branch Code	EUIN	App.
ARN-64917				E434563	No.:
[•] I/We hereby confirm that by mentioning RIA co			SEBI Registered In	vestment Adviser	For Office Use Only
(RIA) the details of my/our transactions in the scl I/We hereby confirm that the EUIN box has been interaction or advice by the employee/relationship	n intentionally left blank o manager/sales person o	by me/us as this of the above distril	butor/sub broker o	r notwithstanding	
the advice of in-appropriateness, if any, provided b	y the employee/relations	hip manager/sales	person of the distri	butor/sub broker.	
Sole/First Applicant/Authorised Signatory Secon		0 1	ird Applicant/Autho	0 1	
1 TRANSACTION CHARGES (Plea	ase tick any one of the	below. Refer po	0 0		· · · · /
I AM A FIRST TIME MUTUAL FUI (₹ 150 will be deducted as transaction char		0.000 and mara)			TOR IN MUTUAL FUND tion charge for per purchase of ₹ 10,000 and more
			-		low (if not provided earlier) and proceed to Section 3]
Folio No.					holding will be as per existing Folio Number.
SOLE/FIRST APPLICANT'S PERSO					
Name [£] Mr Ms M/s			Are you a resident		
Date of Birth [§] ff (Mandatory) □ □ M	M Y Y Y Y	[d by HSC State Bo	U U U
Gender Male Female	e 🗌 Third Gender		tification No. (KII		
PAN [£] (Mandatory)			Proof to be enclose		rd Copy
Nationality‡			Country of Reside		1 \
GUARDIAN NAME (if Sole/First appl	licant is a Minor) Cont	act Person (in c	case of Non-indivi	dual Investors on	
KYC Identification Number (KIN) ^{‡‡}					
PAN** (Mandatory)			Proof to be enclose	ed (✓) □ PAN ca	rd Copy
Father Mother	Legal Guar	dian++ (court app			
+ Document evidencing relationship with Guardia				of the court appointi	ment letter, affidavit etc. to support.
- Minor (Repatriable) Non-Resident – Mino	r (Non-Repatriable) 🗌 Ba ip Firm 🗌 Trust 🗌 NPS	ank FPIs QI S Trust Fund of	FI/EFI AOP H f Fund Gratuity	HUF FPI Sol Fund Pension ar	Non-Resident (Non-Repatriable) Non-Residen le-Proprietor Private Limited Company Publi ad Retirement Fund Government Body NGC
3 KYC DETAILS [Mandatory (Details		-		lopeeny cou	
Investors are requested to complete the KY					
a. Occupation (*): Private Sector Service P	ublic Sector Service Go	vernment Service	Professional Ag		d Housewife Student Doctor Forex Deale der Pawn Broker Others [Pl. specify]
b. Gross Annual Income (Please ✓) : □	Below₹1 Lac	5 Lacs	0 Lacs	5 Lacs	Lacs - ₹ 1 Crore
OR Net-worth in Rupees (Mandatory for N	on-Individuals) ₹	Net-worth should	not be older than 1		
For Individuals [Tick (✓) if applicable] :	For Non-Individual I	nvestors (Compa	nies, Trust, Partne	rship etc.) :	
Politically Exposed Person (PEP)				ed Company or Co	ntrolled by a Listed Company Ves No
c. Related to a Politically Exposed	(If No, please attac II. Foreign Exchange	<i>v</i>	/		
Person (PEP) Not Applicable	III. Gaming/Gambling				
	IV. Money Lending/P	awning			
For Non Individual Investors - Identification of Beneficial Ownership	Mandatory UBO Dec (Not Required for a Li		. 8		ntrolled by a Listed Company) 🗌 Yes 🗌 No
Instructions for filling up the Application Form. W.e.f. January 1, 2011, all the applicants need to are required to complete the uniform KYC proc under KRA (KYC Registration Agency) regime a Please note that information sought here will be	be KYC Compliant irresp ess (for details refer point and whose KYC is not reg obtained from KRA also.	bective of the amou 8 under Important distered or verified i In case of any diff	int invested (includin t Instructions). W.e.f in the KRA system v Ferences, the KRA in	g switch). W.e.f. Ja February 1, 2017, vill be required to fi put will apply.	or and NRIs). For Micro SIP Investment please ref nuary 1, 2012, applicants who are not KYC complia New individual investors who have never done KY Il the new CKYC form while investing with the Fun instructions related to folios held in the name of Mine continued overleaf
		AC		MENT SLIP (1	Fo be filled by the Applicant)
Received from Mr. Ms. M/s.	1				formation provided on the form is considered fina
	application for Units	of Scheme			App.
Plan Option/Sub-opti	on	alongwith	Cheque/DD No.		No.:
Dated Drawn on (Bank)			Amount (₹)		
	Amount (₹)	inge of Existing N	Date D		Nomination $Y Y Y$ ISC Stamp, Signature & Date

CONTACT DETAILS AND CORRESPONDENCE ADDR	ESS
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 investo	rs (Mandatory in case of NRI/FPI applicant in addition to mailing address) (Should be same as in KRA record
State	y (Mandatory)
Contact Details	
Mobile No.	Tel, (Res./Offi.)
Mobile belongs to : Self Spouse Guardian (to Minor investment)	Dependant Children Dependant Parents Dependant Siblings Custodian POA PM
+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 emai
If unticked, by default the above will be sent on email. I/We confirm that	
JOINT APPLICANTS, IF ANY AND THEIR DETAILS (F	lease tick (✓) wherever applicable)
MODE OF HOLDING (\checkmark) \Box Single \Box Joint (D	efault if not mentioned)
NAME OF SECOND APPLICANT (Not applicable if Sole / First Appl	icant is a Minor and Second Applicant cannot be a Minor)
Are you a resident of USA/Canada? (1) Yes No ^{**} (1) (**Default if	not ticked.)
Mr Ms M/s	
Date of Birth D D M Y Y Y Y	Gender Male Female Third Gender
PAN** (Mandatory)	
Proof to be enclosed (\checkmark) PAN card Copy	KYC Identification Number (KIN) ‡‡
Nationality	Country of Residence
b. Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac _ ₹	□ Doctor □ Forex Dealer Money lender □ Casino Owner □ Arms manufacturer Others [Please specify]
C. Others (please \checkmark) : \Box Politically Exposed Person (PEP) \Box Ref.	•••
NAME OF THIRD APPLICANT (Not applicable if Sole / First Applica	
Are you a resident of USA/Canada? (✓) Yes □ No ^{‡‡} □ (^{‡‡} Default if Mr Ms M/s □	not ticked.)
Date of Birth D D M M Y Y Y Y	Gender Male Female Third Gender
PAN** (Mandatory) PAN card Copy	KYC Identification Number (KIN) ‡‡
Nationality	Country of Residence
a. Occupation (please ✓): Private Sector Service Public Sector Student Business [Nature of Business]	
	1-5 Lacs Net-worth in Runees (Mandatory for Non-Individuals)
	1 Crore OR ₹ Net-worth should not be older than 1 year
C. Others (please \checkmark) : \Box Politically Exposed Person (PEP) \Box Ref.	ated to a Politically Exposed Person (PEP) 🗌 Not Applicable
POA HOLDER DETAILS (If the investment is being made by a Constitu	ted 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 (\checkmark) \Box PAN card Copy
Nationality	Country of Residence
Student Business [Nature of Business]	Service Government Service Professional Agriculturist Retired Housewi
b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹	Others [Please specify] 1-5 Lacs ₹ 1 Crore OR ₹ Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year
	lated to a Politically Exposed Person (PEP) Not Applicable
	continued on next page

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

BANK ACCOUN	IT DETAILS	(For Minor investment	nts – Redemption pro	ceeds will	be paid only to	the Bank	c A/c held	in the nam	ne of Minor)	
Core Banking A/c N	Jo.			A/c. 7	ype (✔) 🗌 Curi	rent 🗌 Sa	avings 🗌 1	NRO* 🗌 N	NRE* * For NR	I Investors
Bank Name					Branch					
City								_ Pin Co	ode	
State					Country	y				
MICR code					FSC code					
1	*	eaf with your name and							er is submitted.	
		E OF FUNDS DE					Sub-option	on below)		
For more than 1	Scheme please	e issue cheque favou	ring "HSBC Multi S Scheme/Plan/Opt			ıt"			Amount (5
1.	HSBC	Scheme Name	Plan		Option / S	ub-Optio	n)
2.	HSBC	Scheme Name	Plan		Option/S	Sub-Optio	n			
3.	HSBC	Scheme Name	Plan		Option/S	ub-Optio	n			
Total Amount (₹)			Amount i							
Payment Mode	Cheque	DD	RTGS NEF	T [One Time Ma	indate (O'	TM)	Electro	nic Transfer	
Cheque/DD/ RTGS/NEFT	Cheque/DD	/RTGS/UMRN/NEF						1 1 1		
Details	Instrument I	Date D D / N	/ M / Y Y Y	Y	DD Charges	s, if any (₹)			
Payment from Bank A/c. No.										
A/c. Type (✓)	Current	Savings	NRO* NRE*	FCN	R* Other	s			(* For NRI Investo	rs)
Drawn On	Bank									
The scheme name n	Branch & Cit	ty e application form and t	the cheque has to be the	same In	case of any discre	epanev he	tween the t	wo. units w	ill be allotted as per	the scheme
name mentioned on			ne eneque nas to be un	, same. m		cpancy be		wo, units w	in be anoticed as per	the senem
		hird Party Payment	•	-					e-funded Instruments	
		from Parent / Legal Gu		-			-			
		N: The details of the b k account holder (attacl				n bank ac Employ		y/our name Custodian		o. orporate
		R PLAN (STP)\$ (Sub-opti	on below)		Regi	stration^
Transfer From : S	1		e Name	11	ansfer To: Sche	 	SBC		Scheme Name	
Plan/Option/Sub-opt					n/Option/Sub-opt					
STP Frequency:	Da	•	veekly^ Fortni uarterly (10th)		P Day:		Monday Thursday	Tuesda		(Default^)
Transfer Options:		• • • • • •	apital Appreciation (1st	Т	ansfer Amount:	: Amount	,			
Installment comm	encing: From	Busin	$\begin{array}{ c c c c }\hline \hline \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	(N	linimum Transfer hemes - Rs. 500)	Amount f	for Liquid &	& Overnigh	t Schemes - Rs. 1,00	0. All othe
STP Date 1st		3rd 4th 5th	6th 7th		th 10th (Def			th 13th		
171		19th 20th 21st			5th 26th			th 29th		
12 installments for a be applied in case of	all other Schem	to the STP date incase les for registration. The on, ambiguity or discrep	minimum amount req	uired unde te is ment	the source scher	on. ~~ _N me for reg e would b	finimum 6 gistering ST e considere	installment IP is ₹ 6,00 d as 10th o	s for Liquid and Ov 0. * Default Option of every month/quar	ernight and 1 Date may ter. ^ Daily
and Weekly STP fac	cility shall be av	allable only under Fixe	ed Amount Systematic	Transfer Pl	an. If the day for	Weekly S	TP is not s	elected, We	dnesday will be the	default day
		THE FOREIGN A atory for all investor								١G
	•	CATION FOR INDIV						. ,		FIRM)
		Sole/First Appl	icant Guardian		Second Appli	icant		Third	l Applicant/POA l	older
Place and Country	of Birth	Place		Place			I	Place		
Address Trues		Country		Country] D :		Country	· 1 □ D	
Address Type [for KYC address]		Residential	Business		lential	Busines	ss	Resider Registe	red Office	iness
Tax Resident (i.e. are		Yes	No	Yes		No		Yes	🗌 No	
Tax) in any country o		r than India) in which you	are a Resident for tax pur	nose i.e. wł	ere vou are Citizen	/Resident/	Green Card	Holder/Tax	Resident in the respect	tive countrie
Country of Tax Res		you			,					
Tax Identification N or Functional Equi										
Identification Type	(TIN or									
Other, please speci If TIN is not ava										
tick 🗸 the reason [a	s defined below]		B C					A	B] C
	I required [Sele	e Account Holder is lia ect this reason only for by the reason					do not requ	ired the T	IN to be collected]	
	1	dividual is a citizen/gro	een card holder of USA	^ In case	Fax Identification	Number is	s not availa	ble, kindly	provide its functional	equivalen
		IFICATION FOR I		LINVES	TORS AND	THEIR	ULTIMA	TE BEN	EFICIAL OWNE	R (UBO
Please complete										

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O DEMAT ACCOUNT DETAILS (Please provide Demat proof to verify demat details)										
Please provide details of your Depository Participant if you wish to hold units in Demat Form. INSDL CDSL										
Depository Participant Name				DP ID I N						
Beneficiary Account No.										
NOMINATION DETAIL	LS (Mandatory for new	folios of Individ	ual Unitholders only - whe	ther holding Ur	nits Singly or Join	tly with other holders)				
A) I/We wish to Not	minate: I/We do hereby n	ominate the person((s) more particularly described h	ereunder to receiv	ve the Units held in n	ny/our Folio in the event of				
my/our death and by cancellin	g the nomination(s) made by me/us previously in respect of the units held by me/us in the Folio. 1st Nominee 2nd Nominee 3rd Nominee									
Name of Nominee*	1st Nom	3rc	d Nominee							
PAN of the Nominee ^{\$}										
Allocation % to each										
Nominee* #										
Nominee Relationship with 1st Holder*										
		If	Nominee is a Minor		1					
Name of the Guardian**										
PAN of Guardian ^{\$}										
Date of Birth of Nominee**	DD/MM/	үүүү	D D / M M / Y	Y Y Y	DD/M	M/YYYY				
Guardian's Relationship	Mother Father	Legal Guardian	Mother Father	egal Guardian	Mother Fat	ther 🗌 Legal Guardian				
with Nominee**		Passport		assport	Birth Certificat					
Proof of Relationship ^{\$}	School Leaving Cert		School Leaving Certific			g Certificate Others				
Signature of Nominee/ Guardian [§]										
Address of Nominee(s)/	City		City		City					
Guardian ^{\$}	State		State		State					
	Country				Country					
* Mandatory \$ Optional	Pin **Mandatory & Applic		Pin H	ate should be 100	Pin Pin					
nominee(s) in respect of the mu nominee(s) and am/are further issued by the Court or such oth heir(s), based on the value of the	itual fund application(s)/ur aware that in case of my do her competent authority, as he units held in the mutual f	its held in my/our r emise/ death of all t may be required by und folio/s.	UT): I/We, the applicant(s)/un nutual fund folio(s). I/We under he unit holders in the folio, my/ the Mutual Fund/AMC for sett	estand the implication our legal heir(s) we legal heir(s) we lement of death classifier of the state of the s	tions/issues involved would need to submit laim/transmission of	d in non-appointment of any t all the requisite documents f units in favour of the legal				
		´	nination Opt-Out will be consider			be updated without Nominee				
		joint holding, si	ignatures of all unit holder	s are mandato	ry)					
FATCA/CRS DECLARA		manual to EATCA/C	TRS is true and correct to the best	f my heavyladaa a	nd haliaf. I contify that	t I am tha A account Haldon (an				
am authorised to sign for the Acc misrepresenting, I am aware that other SEBI Registered Intermedia submission/updation. I also under	count Holder) of all the accou I will be responsible for it. I aries. Further, I authorize the ertake to keep the Fund inform ay be required at the Fund's e	nt(s) to which this for authorize the Fund to Fund to share the give ned in writing about a	no in the time context of the boost o update its records from the FAT en information provided by me to any changes/modification/updatio esstic tax authorities. I authorize th	re specified information CA/CRS information the Fund with other n to the above info	ation is found to be fal ion provided by me an r SEBI Registered Inte rmation in future and a	lse or untrue or misleading or nd received by the Fund from ermediaries to facilitate single also undertake to provide any				
OTHER DECLARATIONS	5									
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. 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 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 (<i>Applicable to NRI</i>).										
or designed for the purpose of con I/We acknowledge that the AMC the Scheme. I/We have understoor that the ARN holder has disclosed from amongst which the Scheme i	ntravention of any Act, Rules, has not considered my/our tax d the details of the Scheme an to me/us all the commissions s being recommended to me/u	Regulations or any o position in particular d I/We have not receiv (in the form of trail co is.	clare that the amount being investee ther applicable laws or Notification and that I/we should seek tax adv ived nor been induced by any rebat mmission or any other mode), paya	ns issued by any go ice on the specific ta e or gifts, directly o able to him for the d	overnmental or statutor ax implications arising or indirectly in making ifferent competing Sch	y authority from time to time. out of my/our participation in this investment. I/We confirm emes of various Mutual Funds				
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 issued subsequently.										
x		×		x						
Sole/First Applicant	/Guardian/PoA	Se	Second Applicant/ PoA			Third Applicant/PoA				

Please write Application Form No./Folio No. on the reverse of the Cheque/Demand Draft. Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.