

Please use this form in case of: Additional Purchase Switch Redemption Systematic Withdrawal Plan (SWP)
 Systematic Transfer Plan (STP) Update Demat Account Details

No. CT

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

[^] 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.

Sole/1st applicant / Authorised Signatory	
2nd applicant / Authorised Signatory	
3rd applicant / Authorised Signatory	

1 UNITHOLDER INFORMATION

Name of Sole/1st Unit Holder	First Name	Middle Name	Last Name	Folio No.	
Date of Birth ^{~‡}	D D M M Y Y Y Y			Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No <input type="checkbox"/> (** Default)	
	Sole / First Unit Holder	Guardian / POA	Second Unit Holder	Third Unit Holder	
PAN** (Mandatory)					
Proof enclosed (✓)	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	
KYC Identification No. (KIN) ^{‡‡}					

2 ADDITIONAL PURCHASE (Please write Scheme name / Plan / Option / Sub-option below)

(See instruction on reverse)

For more than 1 scheme please issue cheque favouring "HSBC Multi Scheme Collection Account"

Scheme/Plan/Option/Sub-option	Amount (₹)	Payment Mode:
1. HSBC Scheme Name Plan Option/Sub-Option		<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT
2. HSBC Scheme Name Plan Option/Sub-Option		<input type="checkbox"/> One Time Mandate (OTM) <input type="checkbox"/> Electronic Transfer
3. HSBC Scheme Name Plan Option/Sub-Option		Cheque/DD/RTGS/NEFT Details:
		Cheque/DD/UMRN/RTGS/NEFT No. _____
		Instrument Date D D M M Y Y Y Y
Total Amount	Amount in words	Amount in Figures
		DD Charges, if any _____

Payment from: Bank A/c. No. _____ A/c. Type: Current Savings NRO NRE FCNR Others _____
 Drawn on: Bank & Branch _____ City _____

Documents attached to avoid Third Party Payment Rejection : Third Party Declarations Bank Certificate for Pre-funded Instruments
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 Employee Custodian AMC Corporate (Please ✓); and the Third Party declaration form is attached.
Third Party Payments: i) as gift by parents/related persons in favour of minor, not exceeding ₹ 50,000/-, ii) employer on behalf of employee as payroll deductions or deductions out of expense reimbursements for SIP /Lumpsum investments, iii) Custodian on behalf of FII/client and iv) Payment by Asset Management Company (AMC) to a Distributor empanelled with it on account of commission/incentive etc. in the form of the Mutual Fund Units of the Funds managed by the AMC through Systematic Investment Plans or Lumpsum Investment (w.e.f. January 16, 2012). v) Payment by a Corporate to its Agent/Distributor/Dealer, on account of commission or incentive payable for sale of its goods/services, in the form of the Mutual Fund Units through Systematic Investment Plan or Lumpsum Investment (w.e.f. April 20, 2015).

3 REDEMPTION (Please write Scheme name / Plan / Option / Sub-option below)

4 SWITCH (Please write Scheme name / Plan / Option / Sub-option below)

DEMAT ACCOUNT DETAILS (Please provide DP details if you wish to hold units in demat form)
 Please provide details of your Depository Participant if you wish to hold units in Demat Form. NSDL CDSL
 Depository Participant Name _____ DP ID I N _____
 Beneficiary Account No. _____

Scheme **HSBC** Scheme Name _____
 Plan/Option/Sub-Option* _____
 All Units OR No. of Units _____ OR
 Amount (₹ in figures) _____

Switch From Scheme
HSBC Scheme Name _____
 Plan/Option/Sub-Option* _____
 All Units No. of Units _____
 OR (Please note that the Switch can be done either in Units or in Amount and not in both)
 Amount (₹ in figures) _____

BANK DETAILS FOR THE ABOVE REDEMPTION
 #Bank A/C No. _____
 A/c. Type: Current Savings NRO NRE FCNR Others _____
 Bank Name _____

Switch-in To Scheme
HSBC Scheme Name _____
 Plan/Option/Sub-Option* _____

* Default Option may be applied in case of no information, ambiguity or discrepancy. # Please specify the bank details in which you wish to receive the redemption proceeds. Kindly note that this bank account should be one of the registered bank account in the folio else by default the redemption proceeds will be credited into the default bank account. Also this cannot be treated as change of bank mandate.
Note: In case Change of bank details request has been submitted in last 10 days then payment shall be done post completion of cooling period.

Folio No. _____	Scheme Name: HSBC	No. CT
Received from: Name _____	Total Amount (Rs./) Units: _____	ISC Stamp, Signature & Date
Redemption or <input type="checkbox"/> Switch Amount (Rs.) _____	Cheque No.(s) _____ Drawn on _____	
Additional Purchase Amount (Rs.) _____	OR _____ Units	
STP <input type="checkbox"/> SWP <input type="checkbox"/> Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.	OR _____ Units	
Toll Free Number	Email ID	website
1800-4190-200/1800-200-2434	Investor (Dialing from abroad) : +91 44 39923900 investor.line@mutualfunds.hsbc.co.in	www.assetmanagement.hsbc.co.in

G.

REGISTRATION FOR FRESH NOMINATION / CHANGE OF EXISTING NOMINATION / CANCELLATION OF NOMINATION
(Mandatory for new folios of Individual Unitholders only - whether holding Units Singly or Jointly with other holders)

Fresh Nomination Change of Existing Nomination Cancellation of Nomination

A) I/We wish to Nominate: I/We do hereby nominate the person(s) more particularly described hereunder to receive the Units held in my/our Folio in the event of my/our death and by cancelling 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*			
PAN of the Nominee [§]			
Allocation % to each Nominee* #			
Nominee Relationship with 1st Holder*			
If Nominee is a Minor			
Name of the Guardian**			
PAN of Guardian [§]			
Date of Birth of Nominee**	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Guardian's Relationship with Nominee**	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Proof of Relationship [§]	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others
Signature of Nominee/ Guardian[§]			
Address of Nominee(s)/ Guardian [§]	City _____	City _____	City _____
	State _____	State _____	State _____
	Country _____	Country _____	Country _____
	Pin	Pin	Pin

* Mandatory § Optional **Mandatory & Applicable in case the Nominee is a Minor # Aggregate should be 100%

B) I/We do not wish to Nominate (Nomination OPT-OUT): I/We, the applicant(s)/unitholder(s) hereby confirm that I/we do not wish to appoint any nominee(s) in respect of the mutual fund application(s)/units held in my/our mutual fund folio(s). I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/ death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

Note : Where Nominee details and Nomination Opt-Out both are mentioned, Nomination Opt-Out will be considered as "Default". Folio in such case will be updated without Nominee.

H.

DETAILS OF POA (POWER OF ATTORNEY) [Refer instruction (4)] Registration Cancellation

Name of the PoA holder Mr Ms M/s _____

PAN of the PoA holder _____ Attached KYC Letter (Mandatory) Notarized copy of PoA (mandatory)

I.

DECLARATION & SIGNATURES (To be signed as per the Existing Mode of Holding)

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. 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 am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case 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	X
Sole / First Applicant / Guardian / PoA	Second Applicant / PoA	Third Applicant / PoA

Date : | D | D | M | M | Y | Y | Y | Y | Place : _____

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