

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

[^] 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 No (** 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).

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. _____

<p>3 REDEMPTION (Please write Scheme name / Plan / Option / Sub-option below)</p> <p>Scheme HSBC Scheme Name _____ Plan / Option / Sub-Option* _____</p> <p><input type="checkbox"/> All Units OR <input type="checkbox"/> No. of Units _____ OR <input type="checkbox"/> Amount (₹ in figures) _____</p> <p>BANK DETAILS FOR THE ABOVE REDEMPTION</p> <p>#Bank A/C No. _____ 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 _____ Bank Name _____</p>	<p>4 SWITCH (Please write Scheme name / Plan / Option / Sub-option below)</p> <p>Switch From Scheme</p> <p>HSBC Scheme Name _____ Plan / Option / Sub-Option* _____</p> <p><input type="checkbox"/> All Units <input type="checkbox"/> No. of Units _____ OR (Please note that the Switch can be done either in Units or in Amount and not in both) <input type="checkbox"/> Amount (₹ in figures) _____</p> <p>Switch-in To Scheme</p> <p>HSBC Scheme Name _____ Plan / Option / Sub-Option* _____</p>
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* 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: _____	Cheque No.(s) _____	ISC Stamp, Signature & Date
<input type="checkbox"/> Redemption or <input type="checkbox"/> Switch Amount (Rs.) _____	OR _____ Units	
<input type="checkbox"/> Additional Purchase Amount (Rs.) _____	OR _____ Units	
<input type="checkbox"/> STP <input type="checkbox"/> SWP	Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.	

5 SYSTEMATIC WITHDRAWAL PLAN (SWP)§ (Please write Scheme name / Plan / Option / Sub-option below) <input type="checkbox"/> Registration <input type="checkbox"/> Cancellation	
Scheme HSBC Scheme Name	Plan/Option/Sub-Option*
SWP Frequency: <input type="checkbox"/> Monthly (Default [¶]) <input type="checkbox"/> Quarterly (10th) <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly	Period of enrolment: From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Withdrawal Options: <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation [¥] (1st Business Day of the month) (Redemption amount will equal appreciation)	
Withdrawal preference: Amount Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> Units (Redemption amount will equal appreciation)	
Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of 1 unit. All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.	
SWP 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 SWP date in case of Registration ^{^^} 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 SWP is ₹ 6,000. [¥] Available for Growth Plan only.	

6 SYSTEMATIC TRANSFER PLAN (STP)§ (Please write Scheme Name / Plan / Option / Sub-option below) <input type="checkbox"/> Registration <input type="checkbox"/> Cancellation	
Transfer From : Scheme HSBC Scheme Name	Transfer To: Scheme HSBC Scheme Name
Plan/Option/Sub-option *	Plan/Option/Sub-option *
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Minimum Transfer Amount for Liquid & Overnight Schemes - Rs. 1,000. All other Schemes - Rs. 500)
Installment commencing: From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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 in case of Registration & 14 days in case 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.	

7 DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)

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.

SIGNATURE(S) (Signature should be in Black or Blue ink 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. 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.

Date	X	X	X
	Sole / First Unitholder/Guardian / PoA	Second Unitholder/PoA	Third Unitholder/PoA

Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

INSTRUCTIONS

GENERAL: • If any alteration is made, then a countersign is mandatory. • Investors should refer to the Scheme Information Document, Statement of Additional Information, Addenda and KIM of the respective Scheme(s) carefully before filling the Application Form. • Please refer to the Scheme Information Document, Statement of Additional Information for cut-off timings, available product features, add-ons and IDCW frequency, minimum additional purchase amounts etc., bank charges for Demand draft. The amount in words and figures on the cheque should not be in local languages. • In case of multiple holders, the IDCW (if applicable) and redemption amount will be paid to the first holder. • Additional Purchases - Cheque/DD must be drawn in the name of the Scheme as applicable and crossed "Account payee only". Outstation cheques will not be accepted. • The AMC will not entertain any request for refund of demand draft charges. Outstation cheques/outstation demands draft will not be accepted. • Redemption amounts should not be less than minimum repurchase amounts. • **Guidance for other proofs:** Identity card/document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks. • Payment for investment by means of Cheque, Demand Draft or any other mode shall be accepted from the bank account of the minor or from a joint account of the minor with the guardian only, else the transaction is liable to get rejected.

Section 1: ** 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). ** 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. 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. ~ 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. ‡ Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

Section 2 : Important Note: The Bank account details mentioned above should be pre-registered as a valid bank mandate. If the account details are not filled above OR incorrect, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

FOR INVESTORS WHO HAVE NOT REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY: Please use the Multiple Bank Account Registration/Deletion Form.

Important Notes: If unitholder(s) provides a new and unregistered bank mandate with a specific redemption request (with or without necessary documents) such bank account will not be considered for payment of redemption proceeds. The redemption proceed shall be paid to the existing bank account registered at the time of redemption payout. HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to credit of redemption proceeds into any of the bank accounts registered with us in the aforesaid folio. Please refer to SID/SAI for process of change of bank details along with/before redemption. Pursuant to SEBI Circular No. SEBI/HO/IMD/DF3/CIR/P/2020/194 dated October 5, 2020, the nomenclature of 'Dividend Option' under all the schemes of HSBC Mutual Fund has been revised to 'Income Distribution cum Capital Withdrawal Option' (IDCW), w.e.f. April 1, 2021.

Please fill in the information below legibly in English and in CAPITALS

For Existing Unitholder(s) holding units in physical mode, please read documentation required and Terms and Conditions overleaf.

IMPORTANT: Please strike off the section(s) that is (are) not used by you to prevent any unauthorized use.

Date:

D	D	M	M	Y	Y	Y	Y
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A. UNIT HOLDER INFORMATION

Folio No. 1.

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Name

Mr	Ms	M/s																	
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B. PAN AND KYC UPDATION (Proof of KRA / KYC to be enclosed)

PAN of Sole / First Applicant / Guardian

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 PAN of Second Applicant

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PAN of Third Applicant

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 PAN of POA Holder

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Note: PAN card copy to be self attested and verified by AMC / distributor/ banker with seal of the branch, name, designation, employee code and sign of the person attesting.

C. CHANGE OF CONTACT DETAILS

Mobile No.

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 Tel, (Res./Offi.)

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

^ E-mail - 1

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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

^ E-mail - 2

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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.

D. CHANGE IN MODE OF HOLDING [All Joint Holders should sign, even in case of "Any one or Survivor"]

New Mode of Holding (please tick) Anyone or Survivor Joint Holding

E. CHANGE OF IDCW OPTION

Scheme Name

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Plan / Option

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New IDCW Sub Option IDCW Payout IDCW Reinvestment

F. CONSOLIDATION OF FOLIOS

I / We wish to consolidate all my / our investments under specified folios into one folio. Folios to be consolidated i.e. source folios are given below :

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TARGET FOLIO [MANDATORY] :

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1. This folio has to be one of the source folios and details across all the folios should be same. To change mode of holding in Target folio, please fill section D.
2. All Joint Holders should sign to suffice the Mode of Holding across all the source folios.

Investor Name

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Folio Number/s

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PAN and KYC Updates Change of Contact Details Change in Mode of Holding Change of IDCW Option
 PoA Registration Consolidation of Folios Nomination Details

ISC Stamp, Signature & Date

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