



Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used). Application No. :

A Name of Applicant (Mandatory as per original KYC records)

Title Mr. Ms. Other (Please specify) Aadhaar Number, if any: _____ PAN _____

Name _____

Date of Birth / /

Please Provide the new KYC details which should be updated in your KYC records.

B. Mandatory fields for KYCs done before 1st January 2012

1. Father's/Spouse Name _____

2. Current Marital status Single Married

3. Current Nationality Indian Other (Please specify) _____

Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details.

C. Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).
Name _____

2. New Status Please tick (✓) Resident Individual Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN _____ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)
 Aadhaar Card Passport Voter ID Driving Licence Others _____ (Please see guideline 'D' overleaf)

D. Address Details (please see guidelines overleaf)

1. New Address for Correspondence

City / Town / Village _____ Pin Code _____
State _____ Country _____

2. Contact Details

Tel. (Off.)	(ISD)	(STD)	Tel. (Res.)	(ISD)	(STD)
Mobile	(ISD)	(STD)	Fax	(ISD)	(STD)
E-Mail Id.					

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted / /

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village _____ Pin Code _____
State _____ Country _____

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted / /

SIGNATURE OF APPLICANT

DECLARATION

SIGNATURE OF APPLICANT

Old signature as per original KYC
Wherever Applicable

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: _____ Date: / /

FOR OFFICE USE ONLY

IPV Done on / /

AMC/Intermediary name OR code _____

- (Originals Verified) Self Certified Document copies received
 - (Attested) True copies of documents received
- Main Intermediary _____

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

ARN-64917 E434563

Please refer to the Instructions for assistance and complete all sections in English. For legibility, please use BLOCK letters in black or dark ink. Please seek appropriate advice from a tax professional on FATCA related information applicable to you.

1. APPLICANT(S) INFORMATION			
Folio No./Application No.	<input type="text"/>		
Name of Sole/1st Unit Holder	First Name	Middle Name	Last Name
Name of 2nd Applicant	First Name	Middle Name	Last Name
Name of 3rd Applicant	First Name	Middle Name	Last Name
	First Unit Holder	Second Unit Holder	Third Unit Holder
PAN/PEKRN**	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aadhaar No.	<input type="text"/>	<input type="text"/>	<input type="text"/>
KIN [^]	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth [^]	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>		
	E-mail ID <input type="text"/>		
** PEKRN required for Micro investments upto Rs. 50,000 in a year.			
[^] 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).			
2. FATCA & CRS DETAILS			
Category	Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Gender	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of address given at the KRA (Please ✓)	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Permissible documents are:	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> PAN Card <input type="checkbox"/> Govt. ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NRE/GA Card <input type="checkbox"/> Others _____		
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Country of citizenship/nationality	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____)	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____)	<input type="checkbox"/> Indian <input type="checkbox"/> U.S. <input type="checkbox"/> Others (Please, specify _____)
Gross Annual Income (Please ✓)	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs -1 Crore <input type="checkbox"/> > ₹ 1 Crore	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs -1 Crore <input type="checkbox"/> > ₹ 1 Crore	<input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs -1 Crore <input type="checkbox"/> > ₹ 1 Crore
Net-worth in Rupees	₹ Net-worth should not be older than 1 year as on (date) <input type="text"/>		
PEP Status (✓)	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable
I am a tax resident of India and not a resident of any other country <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please proceed for signature of declaration. If 'No', please fill below, for all countries (other than India) in which you are resident for tax purposes, i.e. where you are a Citizen/Resident/Green Card Holder/Tax Resident in respective countries.			
Country of Tax Residency [#]	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification Number (TIN) or Functional Equivalent [^]	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type (TIN or Other, please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
If TIN is not available, please ✓ the reason A, B or C [as defined below]	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <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 A → 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.

We [HSBC, on behalf of participating Mutual Funds] acknowledge the receipt of FATCA/CRS declaration form duly filled and signed from

 Name of the Investor:

 Folio No./Application No: PAN:

 Date :

Signature with Seal

2. DECLARATION AND SIGNATURES

I hereby confirm that the information provided hereinabove is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA and CRS Terms and condition below and hereby accept the same. I authorize the Fund to update its records from the FATCA/CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. I also undertake to keep you informed in writing about any changes/modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required any intermediary or by domestic or overseas regulators / tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

Signatures	X	X	X
	Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		Place <input type="text"/>

FATCA & CRS TERMS & CONDITIONS

(Note: The guidance Note/notification issued by the CBDT shall prevail in respect to interpretation of the terms specified in the form)

Details under FATCA & CRS. The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962 which Rules require Indian financial institutions such as the Bank to seek additional personal tax and beneficial owner information and certain certifications and documentation from all our account holders .In relevant cases, information will have to be reported to tax authorities/ appointed agencies.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e. ,within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request,even if you believe you have already supplied any previously requested information.

FATCA & CRS INSTRUCTIONS

If you have any questions about you tax residency, please contact your tax advisor. If you are a US citizen or resident or green card holder ,please include United States in the foreign country information field along with your US Tax Identification Number.

It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country ,customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA / CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND Any one of the following documents: <ul style="list-style-type: none"> Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below)
Telephone number in a country other than India	<p>If no Indian telephone number is provided</p> <ol style="list-style-type: none"> Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and Documentary evidence (refer list below) <p>If Indian telephone number is provided along with a foreign country telephone number</p> <ol style="list-style-type: none"> Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

- Certificate of residence issued by an authorized government body*
- Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

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

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