

Know Your Customer (KYC) Application Form	Individual
ARN-64917	E434563

City/Town/Village\*

ISO 3166 Country Code\*

State/U.T Code\*

#### Important Instructions:

Line 3

District\*

- A. Fields marked with '\*' are mandatory fields.
- B. Tick '✓' wherever applicable.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- E. For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.

F.	Please	read	section	wise	detailed	guide
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- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only	Applica	tion Type*	New	Update		
(To be filled by financial institution	ion) KYC Ni	umber			(Mand	atory for KYC update request)
	Accoun	it Type*	Normal	Minor A	adhaar OTP based E-KYC	(in non-face to face mode)
1. Personal Details	(Please refer	instruction .	A at the end)			
	Prefix	First	Name		Middle Name	Last Name
Name* (Same as ID proof)						
Maiden Name						
Father / Spouse Name*						
Mother Name						
Date of Birth*	DD-MM	- Y Y Y	Υ			
Gender*	M- Male		F- Female	T- Trans	gender	
PAN*				FORM 6	0 furnished	
Marital Status*	Married		Unmarried	Others		
Citizenship*	IN- Indian		Others - Count	try	(	Country Code
Residential Status*	Resident In	dividual	Non Resident In	idian 🗌 Foreign N	lational Derson of	Indian Origin
2. PROOF OF IDEN	ITITY AND AL	DDRESS* (F	Please refer in	struction <b>B</b> at	the end)	
Certified copy of OVD or equival	ent e-document of	f OVD or OVD	obtained through o	digital KYC proces	s needs to be submitted (an	yone of the following OVDs)
A-Passport Number			Passport Expiry	y Date D D -	M M - Y Y Y	PHOTO*
B-Voter ID Card						
C-Driving Licence			Dr	iving Licence Ex	piry Date D D - M M	
D-NREGA Job Card						
E-National Population Re	egister Letter					
F-Proof of Possession of	Aadhaar	lo need to attach. Aad	dhaar card. If submitted, A	Aadhaar Number to be ma	sked by the customer	
II E-KYC Authentication	Λ	lo need to attach. Aad	dhaar card. If submitted, A	Aadhaar Number to be ma	sked by the customer	
III Offline verification of Aad	lhaar ^^	lo need to attach. Aad	dhaar card. If submitted, A	Aadhaar Number to be ma	sked by the customer	Signature /Thumb Impression across photo without covering
Address [For other than resider	nt Individual, pleas	e mention Over	rseas Address]			the face
Line 1*						
Line 2						
Line 3					City/Town/	
District*		Pin/Po	ost Code*		State/U.T Code*	ISO 3166 Country Code*
3. CURRENT ADD	RESS DETAIL	. <b>S</b> (Please r	efer instructio	n <b>B</b> at the end)	)	
Same as above mentioned	address (In such	cases address	details as below n	need not be provide	ed	
I. Certified copy of OVD or equiv	alent e-document	of OVD or OVI	O obtained through	h digital KYC proce	ess needs to be submitted (a	anyone of the following OVDs)
A-Passport Number						
B-Voter ID Card						
C-Driving Licence						
D-NREGA Job Card						
E-National Population Re	egister Letter					
F-Proof of Possession of	Aadhaar	No need	to attach. Aadhaar card.	lf submitted, Aadhaar Nur	nber to be masked by the customer	
II E-KYC Authentication		No need	to attach. Aadhaar card.	lf submitted, Aadhaar Nur	nber to be masked by the customer	
III Offline verification of Aac	Ihaar	No need	to attach. Aadhaar card. I	lf submitted, Aadhaar Nun	nber to be masked by the customer	
IV Deemed Proof of Addres	s – Document Typ	e code				
Address						
Line 1*						
Line 2						

Pin/Post Code\*

	Email-ID provided including for validation purpose) (Please refer instruction <b>C</b> at the end)
Tel. (Off) Tel. (Res)	Mobile* =
Email ID*	
5. Remarks (If any)	
6. Applicant Declaration	
<ul> <li>I hereby declare that the details furnished above are true and correct to the undertake to inform you of any changes therein, immediately. In case any of the or untrue or misleading or misrepresenting. I am aware that I may be held liable</li> <li>I hereby declare that I am not making this application for the purpose contrave any statute of legislation or any notifications/directions issued by any governmentime</li> <li>I hereby consent to receiving information from Central KYC Registry throug number/email address and to download the information from CKYCR</li> <li>I am providing the consent to MF/RTA/SEBI registered intermediary to share the data with KRA and share the data to other participating intermediaries as</li> </ul>	e above information is found to be false for it. antion of any Act, Rules, Regulations or ental or statutory authority from time to h SMS/Email on the above registered his KYC data / applicable Aadhaar XML
guidelines. Date: D D - M M - Y Y Y Y Place:	Signature/Thumb Impression of Applicant
7. Attestation / For Office Use only	
Documents Received Certified Copies E-KYC data received	ed from UIDAI Data received from Offline verification Digital KYC Process
Equivalent e-document Video Based KYC	
KYC documents verification carried out by	Institution details
KYC documents verification carried out by       Date:	Institution details
Date:	Institution details           Name
D D         -         M M         -         Y Y Y         Y           Emp. Name	Name
Date:	Name
Date:         D         D         -         M         -         Y         Y         Y           Emp. Name	Name
Date:       D       D       -       M       -       Y       Y       Y         Emp. Name	Name
Date:       D       D       -       M       -       Y       Y       Y         Emp. Name	Name
Date:    D    -    M    -    Y    Y    Y      Emp. Name    I    I    I    I    I      Emp. Code    I    I    I    I    I      Emp. Designation    I    I    I    I    I      Emp. Branch    I    I    I    I    I      [Employee Signature]	Name
Date:  D  -  M  -  Y  Y  Y    Emp. Name  -  -  -  -  -  -    Emp. Code  -  -  -  -  -  -    Emp. Designation  -  -  -  -  -  -    Emp. Branch  -  -  -  -  -  -    [Employee Signature]  -  -  -  -  -	Name   Code
Date:       D       -       M       -       Y       Y       Y         Emp. Name       Implementation       I	Name

### Know Your Client (KYC) Application Form For Individuals Only

1. Identity Details (Please refer instruction A at the end)

(Please fill the form in English and in BLOCK Letters) Fields marked with \* are mandatory fields

# Supplementary CKYC Form

(To be additionally filled by customers using old KYC form)



KYC Type: 

Normal (PAN is mandatory) □ PAN Exempt Investors

PAN	Please enclose	se a duly attested copy of yo	our PAN Card	
	Prefix First Name		Middle Name	Last Name
Name* (same as ID proof)				
Maiden Name (If any*)				
Mother Name*				
Residential Status*	Resident Individual	Non Resident Indiar	1	
	Foreign National	Person of Indian Ori	gin	
Occupation Type*	S-Service Private Sector	Public Sector	Government Sector	_
	O-Others Professional	Self Employed	Retired Housewife	Student
	B-Business	X-Not Categorised		
2. FATCA/CRS Information	(Tick if Applicable)	ence for Tax Purposes in J	urisdiction(s) Outside India (Pl	lease refer instruction <b>B</b> at the end)
Additional Details Require	ed* (Mandatory only if above option	is ticked)		
Country of Jurisdiction of	Residence*	Country Co	ode of Jurisdiction of Reside	ence as per ISO 3166
Tax Identification Number	or equivalent (If issued by jurisdict	ion)*		
Place / City of Birth*	C	ountry of Birth*		Country Code as per ISO 3166
Address Line 1*				
Line 2	+++++++++++++++++++++++++++++++++++++++			
Line 3			City / Town / Y	Village*
District*	Zip / Post Cod	e*	State/UT Code	
State/UT*		Country*		as per Indian Motor Vehicle Act, 1988 Country Code as per ISO 3166
3. Details of Related Perso	n (Optional) (please refer instruction G	at the end) (in case of addit	ional related persons, please fill	'Annexure B1')
Related Person	Deletion of Related Person	KYC Number of Related I		
Related Person Type*			Authorized Representative	
	Prefix First Name	-	Middle Name	Last Name
Name*	(If KYC number and name are provided, be	low details of section 6 are opti		
Proof of Identity [Pol] of	Related Person* (Please see instruction		unar)	
	he following Proof of Identity[Pol] needs	, , ,		
A- Passport Number			Passport Expiry Date	D $D$ $ M$ $M$ $ Y$ $Y$ $Y$
B- Voter ID Card		$\Box$		
C- PAN Card				
D- Driving Licence			Driving Licence Expiry Dat	
E- Aadhaar Card				
F- NREGA Job Card				
Z- Others (any documer	nt notified by the central governmen	nt)	Identification Numbe	er
4. Remarks (If any)				
5 Applicant Declaration				
	nished above are true and correct to the best of my			
liable for it. I hereby declare that	f the above information is found to be false or untrul I am not making this application for the purpose	of contravention of any Act, Rules,		[Signature / Thumb Impression]
• ·	tions issued by any governmental or statutory author nation from Central KYC Registry through SMS/Ema	•	mail address.	forduction, runno mbrosoron)
Date: DD - MM -	Y Y Y Y Place :			Signature / Thumb Impression of Applicant

this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used). Application No. :  a of Applicant (Mandatory as per original KYC records)  Mr. \BR. \DOTHER 'Pleases Aadhaar Number, if any:PAN	
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irth d /   m /   y y      irth   d /   m /   y y    irth   d /   m /   y y   y y    irth   d /   m /   y y   y y    irth   d /   m /   y y   y y    irth   d /   m /   y y   y y    irth   d /   m /   y y <th></th>	
by ide the new KYC details which should be updated in your KYC records.   datory fields for KYCs done before 1 <sup>st</sup> January 2012   s/Spouse Name   is/Spouse Name   Single   Married   3. Current Nationality   Indian   Other (Please specify)   FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should adorily filled for changes to Identity and Address details.	
by ide the new KYC details which should be updated in your KYC records.   datory fields for KYCs done before 1 <sup>st</sup> January 2012   s/Spouse Name   is/Spouse Name   Single   Married   3. Current Nationality   Indian   Other (Please specify)   FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should adorily filled for changes to Identity and Address details.	
by ide the new KYC details which should be updated in your KYC records.   datory fields for KYCs done before 1 <sup>st</sup> January 2012   s/Spouse Name   is/Spouse Name   Single   Married   3. Current Nationality   Indian   Other (Please specify)   FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should adorily filled for changes to Identity and Address details.	_
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s/Spouse Name	
t Marital status       Single       Married       3. Current Nationality       Indian       Other (Please specify)         FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should atorily filled for changes to Identity and Address details.       Status	
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 datorily filled for changes to Identity and Address details.	
adatorily filled for changes to Identity and Address details.	
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tatus Please tick (🗸 ) 🗌 Resident Individual 🔄 Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)	
Please enclose a duly attested copy of your PAN Card	
of Identity submitted for PAN exempt cases Please Tick (✓) haar Card □ Passport □ Voter ID □ Driving Licence □ Others (Please see guideline	'D' o
ress Details (please see guidelines overleaf)	
ddress for Correspondence	
	_
wn / Village	_
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it Details	
(ISD)         (STD)         Tel. (Res.)         (ISD)         (STD)	
(ISD) (STD) Fax (ISD) (STD)	_
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port Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook	
est Telephone Bill (only Land Line)   *Latest Electricity Bill  *Latest Gas Bill  Others ( <u>Please specify</u> )	
more than 3 Months old. Validity/Expiry date of proof of address submitted ermanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant	
wn / Village	_
Country Countr	-
of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (🗸 ) against the document	atta
sport 🗌 Ration Card 🔲 Registered Lease/Sale Agreement of Residence 🗍 Driving License 🗌 Voter Identity Card 🗌 *Latest Bank A/c Statemer test Telephone Bill (only Land Line) 🔲 *Latest Electricity Bill 🔲 *Latest Gas Bill 🗌 Others ( <u>Please specify</u> )	t/Pass
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ATURE OF APPLICANT DECLARATION SIGNATURE OF APP	
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	
Wherever Applicable misrepresenting, I am/we are aware that I/we may be held liable for it.	
Place: Date: d d / m m / y y y y	
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ediary name <b>OR</b> code Seal/Stamp of the intermediary show	ld co
Chaff News	
Staff Name	
Is Verified) Self Certified Document copies received Designation	



# ARN-64917 E434563

Folio No/Application No:

Date :

FATCA – CRS DECLARATION & SUPPLEMENTARY INFORMATION (For Individual Investors including Sole Proprietor & POA Holder)

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Signature with Seal

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.

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	tion 1	No.								Τ						]																					
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2.	DE	CLA	RATI	ON	ND	S	IGNAT	URES				

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	×	×	×
Sig	Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA
	Date D D M M Y Y Y Y	Place	

# 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> <li>Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes;</li> <li>Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below); AND</li> <li>Any one of the following documents:         <ul> <li>Certified Copy of "Certificate of Loss of Nationality</li> <li>or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship;</li> <li>or Reason the customer did not obtain U.S. citizenship at birth</li> </ul> </li> </ol>
Residence/mailing address in a country other than India	<ol> <li>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</li> <li>Documentary evidence (refer list below)</li> </ol>
Telephone number in a country other than India	<ul> <li>If no Indian telephone number is provided</li> <li>1. 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</li> <li>2. Documentary evidence (refer list below)</li> <li>If Indian telephone number is provided along with a foreign country telephone number</li> <li>1. 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</li> <li>2. Documentary evidence (refer list below)</li> </ul>

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

1. Certificate of residence issued by an authorized government body\*

2. 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