HSBC Mutual Fund

Common Application Form

(To be Filled in BLOCK LETTERS only)

Time Stamp

Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub code	Branch Code	EUIN
ARN-95070				E-101834

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/First Applicant/ Authorised Signatory		Second Applicant/ Authorised Signatory		Third Applicant/ Authorised Signatory	

1 APPLICANT'S INFORMATION [Fill in your Folio No. below. In case of existing folio, furnish only KYC and PAN details below (if not provided earlier) and proceed to Section 2]

Folio No. Please note that applicant details and mode of holding will be as per existing Folio Number.

SOLE/FIRST APPLICANT'S PERSONAL DETAILS

Are you a resident of USA/Canada? (✓) Yes ☐ No‡‡ ☐ (‡‡ Default if not ticked)

Name as per PAN (Mandatory) Mr Ms M/s Name as per PAN CARD

Name as per PAN CARD

Date Birth/Incorporation §‡ (Mandatory*) D D M M Y Y Y Y

§ Proof Enclosed (✓) ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Marksheet issued by HSC State Board ☐ Others _____ (please specify)

Gender ☐ Male ☐ Female ☐ Third Gender **KYC Identification No. (KIN)** ‡‡

PAN (Mandatory*) Proof to be enclosed (✓) ☐ PAN card Copy **LEI Code**

Nationality‡ _____ **Country of Residence** _____

GUARDIAN NAME AS PER PAN (if Sole/First applicant is a Minor) Contact Person (in case of Non-individual Investors only)

Mr Ms M/s Name as per PAN CARD

Date of Birth of Guardian‡ (Mandatory*) D D M M Y Y Y Y **KYC Identification Number (KIN)** ‡‡

PAN ** **(Mandatory*)** Proof to be enclosed (✓) ☐ PAN card Copy

☐ Father ☐ Mother ☐ Legal Guardian++ (court appointed Guardian)

+ Document evidencing relationship with Guardian ++ In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

Status of Sole/1st Applicant (✓): ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ Non-Resident (Repatriable) ☐ Non-Resident (Non-Repatriable) ☐ Non-Resident - Minor (Repatriable) ☐ Non-Resident – Minor (Non-Repatriable) ☐ Bank ☐ FPIs ☐ QFI/EFI ☐ AOP ☐ HUF ☐ FPI ☐ Sole-Proprietor ☐ Private Limited Company ☐ Public Limited Co. ☐ Body Corporate ☐ Partnership Firm ☐ Trust ☐ NPS Trust ☐ Fund of Fund ☐ Gratuity Fund ☐ Pension and Retirement Fund ☐ Government Body ☐ NGO ☐ BOI ☐ Society ☐ LLP ☐ PIO ☐ Non Profit Organisation ☐ Global Development Network ☐ Foreign Nationals [Specify Country] _____ ☐ Others [Specify] _____

2 KYC DETAILS [Mandatory* (Details of Guardian in case the unitholder is a minor)]

Investors are requested to complete the KYC section for Joint holders & POA also, as applicable

a. Occupation (✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Doctor ☐ Forex Dealer ☐ Business [Nature of Business] _____ ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [specify] _____

b. Gross Annual Income (Please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore

OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y

c.

For Individuals [Tick (✓) if applicable] :	For Non-Individual Investors (Companies, Trust, Partnership etc.) :	
☐ Politically Exposed Person (PEP)	I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach mandatory UBO Declaration)	☐ Yes ☐ No
☐ Related to a Politically Exposed Person (PEP)	II. Foreign Exchange/Money Changer Services	☐ Yes ☐ No
☐ Not Applicable	III. Gaming/Gambling/Lottery/Casino Services	☐ Yes ☐ No
	IV. Money Lending/Pawning	☐ Yes ☐ No
For Non Individual Investors - Identification of Beneficial Ownership	**Mandatory UBO Declaration form duly filled and signed attached. (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company)**	☐ Yes ☐ No

* Mandatory ** 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). For Micro SIP Investment please refer Instructions for filling up the Application Form. ‡‡ The KRA KYC status of the PAN for all the holders (including guardian in case of Minor) and POA holder should be Validated. ‡ Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply. § 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.

...continued overleaf

HSBC Mutual Fund

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.

Received from Mr. Ms. M/s.

Folio No. application for Units of Scheme _____

Plan _____ Option/Sub-option _____ alongwith Cheque/DD No. _____

Dated _____ Drawn on (Bank) _____ Amount (₹)

☐ **SIP Investment** ☐ **STP** ☐ **Fresh Nomination** ☐ **Change of Existing Nomination** ☐ **Cancellation of Nomination**

☐ **ECS (Debit/Direct Debit Facility)** Total Amount (₹) Date D D M M Y Y Y Y

ISC Stamp, Signature & Date

Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification

3 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Address for Correspondence‡ [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

City _____ Pin Code

State _____ Country _____

Overseas Address / Registered Address in case of Non-Individual investors (Mandatory in case of NRI / FPI applicant in addition to mailing address) (Should be same as in KRA records)

City _____ Zip Code

State _____ Country (Mandatory) _____

CONTACT DETAILS OF SOLE/FIRST APPLICANT

Mobile No. **Tel. (Res.)** **Tel. (Office)**

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

✦**E-mail** **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. I/We confirm that primary email ID provided belongs to self or a family member.

4 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)

MODE OF HOLDING (✓) ☐ Single ☐ Joint (Default if not mentioned) ☐ Anyone or Survivor

NAME OF SECOND APPLICANT AS PER PAN (Not applicable if Sole/First Applicant is a Minor and Second Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes ☐ No‡‡ ☐ (‡‡Default if not ticked.)

Mr Ms M/s Name as per PAN CARD

Date of Birth §‡ (Mandatory*) D D M M Y Y Y Y **PAN**** (Mandatory*) Proof enclosed (✓) ☐ PAN card Copy

Gender ☐ Male ☐ Female ☐ Third Gender **KYC Identification Number (KIN) ‡‡**

Nationality _____ **Country of Residence** _____

Status of Second Applicant (✓) : ☐ Resident Individual ☐ Non-Resident (Repatriable) ☐ Non-Resident (Non-Repatriable)

a. **Occupation** (please ✓) **:** ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] _____ ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify] _____

b. **Gross Annual Income** (please ✓) **:** ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore

c. **Others** (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

CONTACT DETAILS OF SECOND APPLICANT

Mobile No. **E-mail** Email ID to be filled in CAPITAL LETTERS

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

E-mail belongs to: ☐ Self ☐ Spouse ☐ Guardian (to Minor investment) ☐ Dependant Children ☐ Dependant Parents ☐ Dependant Siblings ☐ Custodian ☐ POA ☐ PMS

NAME OF THIRD APPLICANT AS PER PAN (Not applicable if Sole/First Applicant is a Minor and Third Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes ☐ No‡‡ ☐ (‡‡Default if not ticked.)

Mr Ms M/s Name as per PAN CARD

Date of Birth §‡ (Mandatory*) D D M M Y Y Y Y **PAN**** (Mandatory*) Proof enclosed (✓) ☐ PAN card Copy

Gender ☐ Male ☐ Female ☐ Third Gender **KYC Identification Number (KIN) ‡‡**

Nationality _____ **Country of Residence** _____

Status of Third Applicant (✓) : ☐ Resident Individual ☐ Non-Resident (Repatriable) ☐ Non-Resident (Non-Repatriable)

a. **Occupation** (please ✓) **:** ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] _____ ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify] _____

b. **Gross Annual Income** (please ✓) **:** ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore

c. **Others** (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

CONTACT DETAILS OF THIRD APPLICANT

Mobile No. **E-mail** Email ID to be filled in CAPITAL LETTERS

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

E-mail belongs to: ☐ Self ☐ Spouse ☐ Guardian (to Minor investment) ☐ Dependant Children ☐ Dependant Parents ☐ Dependant Siblings ☐ Custodian ☐ POA ☐ PMS

...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

POA HOLDER NAME AS PER PAN (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).

Mr Ms M/s | Name as per PAN CARD

Date of Birth (Mandatory*) D D M M Y Y Y Y | **KYC Identification Number (KIN)** ‡‡

PAN** (Mandatory*) | Proof enclosed (✓) ☐ PAN card Copy

Nationality _____ **Country of Residence** _____

a. **Occupation** (please ✓) : ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] _____ ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify] _____

b. **Gross Annual Income** (please ✓) : ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore | **OR** | **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. **Others** (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

5 BANK ACCOUNT DETAILS (For Minor investments – Redemption proceeds will be paid only to the Bank A/c held in the name of Minor)

Core Banking A/c No. | A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE* * For NRI Investors

Bank Name _____

Branch _____

City _____ Pin Code

State _____ Country _____

MICR code | RTGS / NEFT / IFSC code

Please provide a cancelled cheque leaf with your name and IFSC code pre-printed if the bank details in Section 6 are different or Fund transfer is submitted.

6 INVESTMENT & SOURCE OF FUNDS DETAILS (Please write Scheme Name / Plan / Option / Sub-option below)

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

	Scheme / Plan / Option / Sub-option	Amount (₹)
1.	HSBC Scheme Name Plan Option / Sub-Option	
2.	HSBC Scheme Name Plan Option / Sub-Option	
3.	HSBC Scheme Name Plan Option / Sub-Option	
Total Amount (₹)	Amount in words	

Payment Mode ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ One Time Mandate (OTM) ☐ Electronic Transfer

Cheque / DD / RTGS / NEFT Details Cheque / DD / RTGS / UMRN / NEFT No. | Instrument Date D D / M M / Y Y Y Y | DD Charges, if any (₹)

Payment from Bank A/c. No.

A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE* ☐ FCNR* ☐ Others _____ (* For NRI Investors)

Drawn On Bank / Branch & City

The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the application only.

Documents attached to avoid Third Party Payment Rejection : ☐ Third Party Declarations ☐ Bank Certificate for Pre-funded Instruments

For Minor investment, if Funds are from Parent / Legal Guardian, enclose Relationship Proof ☐ Birth Certificate ☐ Passport ☐ School Leaving Certificate ☐ Court Order

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 (attach the Third Party declaration Form) (Please ✓) ☐ Employee ☐ Custodian ☐ AMC ☐ Corporate

7 SYSTEMATIC TRANSFER PLAN (STP)$ (Please write Scheme Name / Plan / Option / Sub-option below) ☐ Registration^^

Transfer From : Scheme	HSBC Scheme Name	**Transfer To: Scheme**	HSBC Scheme Name
Plan / Option		Plan / Option	
Sub-option		Sub-option	

STP Frequency: ☐ Daily^ ☐ Weekly^ ☐ Fortnightly ☐ Monthly (Default¶) ☐ Quarterly (10th)

STP Day: ☐ Monday ☐ Tuesday ☐ Wednesday (Default^) ☐ Thursday ☐ Friday

Transfer Options: ☐ Fixed Amount ☐ Capital Appreciation (1st Business Day of the month)

Transfer Amount: Amount per instalment Rs.

(Minimum Transfer Amount for Liquid & Overnight - Rs. 1,000. All other Schemes - Rs. 500)

Installment commencing: From M M Y Y Y Y To M M Y Y Y Y OR Until Canceled (Default)♠

STP Date ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th ☐ 9th ☐ 10th (Default) ☐ 11th ☐ 12th ☐ 13th ☐ 14th ☐ 15th ☐ 16th ☐ 17th ☐ 18th ☐ 19th ☐ 20th ☐ 21st ☐ 22nd ☐ 23rd ☐ 24th ☐ 25th ☐ 26th ☐ 27th ☐ 28th ☐ 29th ☐ 30th ☐ 31st

$ To be submitted 7 days prior to the STP date incase of Registration & 14 days incase of Cancellation. ^^6 installments for registration. The minimum amount required under the source scheme for registering STP is ₹ 6,000. Default Date will 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. ♠ If end date is not mentioned, Until Canceled will be the default option.

...continued overleaf

8 CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) [Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]

FATCA / CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)

	Sole / First Applicant Guardian	Second Applicant	Third Applicant / POA holder
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
If 'Yes' please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are Citizen / Resident / Green Card Holder / Tax Resident in the respective countries			
Country of Tax Residency#			
Tax Identification Number (TIN) or Functional Equivalent^	Mandatory	Mandatory	Mandatory
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick ✓ the reason [as defined below]	☐ A ☐ B ☐ C	☐ A ☐ B ☐ C	☐ A ☐ B ☐ 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 C – 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.

FATCA / CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBO) (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM ETC.)

Please complete Annexure A & B

9 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. **NSDL** **CDSL**

Depository Participant Name _____ DP ID | I | N | | | | | | | | | | | | | |

Beneficiary Account No. | | | | | | | | | | | | | | | |

10 NOMINATION DETAILS (Mandatory for new folios of Individual Unitholders only - whether holding Units Singly or Jointly with other holders)

A) ☐ I / We wish to Nominate:

I / We, wish to make a nomination and do hereby nominate the person(s) who shall receive all the assets held in my / our account 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 listed Folio/s.

(Fill the separate nomination form).

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 assets 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.

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

FATCA / CRS DECLARATION

I acknowledge and confirm that the information provided with respect to FATCA / CRS is true and correct to the best of my knowledge and belief. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. 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. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. I also undertake to keep the Fund informed in writing about any changes / modification / updation to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and / or by the domestic tax authorities. I authorize the Fund / AMC / RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

OTHER DECLARATIONS

Having read and understood the contents of the Scheme Information Document, Key Information Memorandum, 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 *(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 and / or evasion 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. 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	X
Sole / First Applicant / Guardian / PoA	**Second Applicant / PoA**	**Third Applicant / PoA**

Date _____

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.**

HSBC Mutual Fund

Form for Fresh Nomination / Change of Existing Nomination / Cancellation of Nomination

Applicable for Individual Unitholders only (effective from June 1, 2025 to August 31, 2025).
Please read the instructions carefully before filling up this Form.

Date : D D M M Y Y Y Y

Fresh Nomination – All unit holders need to sign (irrespective of mode of holding).	**Change of Existing Nomination / Cancellation of Nomination –** Signatures as per mode of holding.
☐ Fresh Nomination	☐ Change of Existing Nomination ☐ Cancellation of Nomination

Folio No.(s) (having same mode of holding and pattern)	
1.	**2.**
3.	**4.**
Investor Name (Mr./Ms.) _____	

Nomination Details

I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my/our account in the event of my/our death. This nomination shall supersede any prior nomination made by us/me if any.

Nomination can be made upto three nominees in the account.	**Mandatory information**		
	1st Nominee	**2nd Nominee**	**3rd Nominee**
Name of the Nominee (Mr./Ms.)			
Share of each Nominee#	%	%	%
Date of Birth (for Minor)			
Relationship with the Applicant (select one)	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son ☐ Others (please specify) _____	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son ☐ Others (please specify) _____	☐ Spouse ☐ Father ☐ Mother ☐ Daughter ☐ Son ☐ Others (please specify) _____
Nominee/Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	☐ PAN _____ ☐ Aadhaar (masked – only last 4 digits visible) * * * * * * * _____ ☐ Passport (for NRIs/OCIs/PIOs) _____ ☐ Driving License _____	☐ PAN _____ ☐ Aadhaar (masked – only last 4 digits visible) * * * * * * * _____ ☐ Passport (for NRIs/OCIs/PIOs) _____ ☐ Driving License _____	☐ PAN _____ ☐ Aadhaar (masked – only last 4 digits visible) * * * * * * * _____ ☐ Passport (for NRIs/OCIs/PIOs) _____ ☐ Driving License _____
Address of Nominee(s)/ Guardian in case of Minor	☐ Same as First Applicant _____ _____ _____ City _____ Pin code _____ State _____ Country _____	☐ Same as First Applicant _____ _____ _____ City _____ Pin code _____ State _____ Country _____	☐ Same as First Applicant _____ _____ _____ City _____ Pin code _____ State _____ Country _____
Mobile No. of Nominee(s) / Guardian in case of Minor			
Email ID of Nominee(s)/ Guardian in case of Minor			
Name of the Guardian (in case Nominee is Minor)			
Guardian's Relationship with Nominee (non mandatory)	☐ Father ☐ Mother ☐ Legal Guardian	☐ Father ☐ Mother ☐ Legal Guardian	☐ Father ☐ Mother ☐ Legal Guardian

I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/us by the AMC/DP as follows; (please tick, as appropriate)

☐ Name of nominee(s) with Details and Percentage ☐ Nomination without Details and Percentage (Default Option)

This nomination shall supersede any prior nomination made by the account holder(s), if any.

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

HSBC Mutual Fund

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

Request submitted for: ☐ **Fresh Nomination** ☐ **Change of Existing Nomination** ☐ **Cancellation of Nomination**

From _____

Folio No. _____

ISC Stamp & Signature

Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed

SIGNATURE(S)

I/We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death. Signature of the nominee(s) acknowledging receipt of my/our credit will constitute full discharge of liabilities in HSBC Mutual Fund.

	Name of the Holder	Signature/Thumb Impression
Sole/First Holder (Mr./Ms.)	**Name**	**Signature/Thumb^ Impression**
	Witness 1 Name & Address: _____	**Witness 1 Signature:**
	Witness 2 Name & Address: _____	**Witness 2 Signature:**
Second Holder (Mr./Ms.)	**Name**	**Signature/Thumb^ Impression**
	Witness 1 Name & Address: _____	**Witness 1 Signature:**
	Witness 2 Name & Address: _____	**Witness 2 Signature:**
Third Holder (Mr./Ms.)	**Name**	**Signature/Thumb^ Impression**
	Witness 1 Name & Address: _____	**Witness 1 Signature:**
	Witness 2 Name & Address: _____	**Witness 2 Signature:**

^ *Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.*

If the account holder affixes thumb impression instead of signature, additionally please provide a doctors certificate and the thumb impression should be notarised.

Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

INSTRUCTIONS

1. If you are opening a new demat account / MF folio, you have to provide nomination. Otherwise, you have to follow the specified procedure for Opt-out
2. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
3. You can make nomination or change nominee any number of times without any restriction.
4. You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
5. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
6. Nomination is not allowed in a folio where Minor is the unitholder.
7. The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
   a. 'Either or Survivor' Folios / Accounts - any one of the holders can sign.
   b. 'First holder Folios / Accounts – only First Holder can sign.
   c. 'Jointly' Folios / Accounts - both holders have to sign
8. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee is to be provided.
9. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
10. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
11. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
12. **Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/ share should be in whole numbers without any decimals, adding upto a total of 100%. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees. Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.
13. In case of demise of the investor and any one of the nominees, the regulated entities shall distribute the assets pro-rata to the remaining nominees
14. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
15. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
16. Nomination shall stand rescinded upon the transfer of units.
17. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
18. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
19. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.
20. 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.

Transmission aspects

- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed on pro-rata basis (as illustrated below) amongst the surviving nominees. Nominee's legal heir cannot claim the assets on behalf of deceased Nominee(s).

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	**% share**	**Nominee**	**% initial share**	**% of A's share to be apportioned**	**Total % share**
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	**100%**	–	**40%**	**60%**	**100%**

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