

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

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

City	Country	Pin Code
State		

Contact Details

Phone	Extn.	Fax	Mobile
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e-mail (To be filled in CAPITAL LETTERS) *

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.

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)

State	Country (Mandatory)	City	Zip Code
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5 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 (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

Date of Birth [D D M M Y Y Y Y] **KYC Identification Number (KIN) ‡‡**

PAN** (Mandatory) Proof to be 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

NAME OF THIRD APPLICANT (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

Date of Birth [D D M M Y Y Y Y] **KYC Identification Number (KIN) ‡‡**

PAN** (Mandatory) Proof to be 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

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

Name Mr Ms M/s

Date of Birth [D D M M Y Y Y Y] **KYC Identification Number (KIN) ‡‡**

PAN** (Mandatory) Proof to be 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

6 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines) (refer Instruction No. 3 for Multiple Bank Account Registration details)

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

Bank Name

Bank Address

City Pin Code

State Country

MICR Code [9 digit number next to your Cheque No.] IFSC (RTGS/NEFT) -

Please provide a cancelled cheque leaf with your name and IFSC code pre-printed. This will help us transfer the amount to your bank account quicker, electronically. In case of application on behalf of Minor, kindly refer to point 2 in "Instruction for Filling Up the Application Form"

...continued on next page ⇨

CALL US AT

HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:

● **Ahmedabad** : Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● **Bengaluru** : No. 7, HSBC Center, M.G. Road, Bengaluru - 560 001. ● **Chandigarh**: SCO 1, Sector 9 D, Chandigarh - 160 017. ● **Chennai** : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● **Hyderabad** : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082. ● **Kolkata** : 31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● **Mumbai** : 52/60 Mahatma Gandhi Road, Fort, Mumbai 400001. ● **New Delhi** : Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. ● **Pune** : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411 001.

Toll Free Number : 1800 200 2434/1800 258 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our customer care centre.

▶ Contact us at hsbcmf@camsonline.com

▶ Visit us at www.assetmanagement.hsbc.co.in

7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please (✓) Scheme/Plan/Option/Sub-Option/Dividend Frequency)			
LUMPSUM/SIP:	Scheme 1	Scheme 2	Scheme 3
Scheme Name	HSBC	HSBC	HSBC
Plan			
Options/Sub-Option	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly
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. In case of application on behalf of Minor, kindly refer to point 2 in "Instruction for Filling Up the Application Form"			
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer
Cheque/RTGS/NEFT/DD/FT Date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Cheque/DD/RTGS/NEFT No.			
Payment from Bank A/c. No.			
Investment Amount (Rs.) (i)			
DD charges (Rs.) (ii)			
Total Amount (Rs.) (i + ii)			
Bank Name			
Branch			
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 (* For NRI Investors)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others (* For NRI Investors)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others (* For NRI Investors)
Documents attached to avoid Third Party Payment Rejection where applicable : <input type="checkbox"/> Third Party Declarations <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No.			
If no, my relationship with the bank account holder (✓) <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Employee <input type="checkbox"/> Custodian <input type="checkbox"/> Others (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 10 on the Third Party Payments).			

8 SYSTEMATIC WITHDRAWAL PLAN (SWP) <input type="checkbox"/> Registration	
Scheme:	Plan
Option: <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus	Sub-Option: <input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
Dividend Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly	SWP Frequency: <input type="checkbox"/> Monthly (Default*) <input type="checkbox"/> Quarterly (10th)
Withdrawal Options: <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation [¥] (1st Business Day of the month)	Period of enrolment M M Y Y Y Y To M M Y Y Y Y
Withdrawal Amount: (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter) Rs. Redemption amount will equal appreciation.	
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 10 days prior to the SWP date in case of Registration. [¥] Redemption amount will equal appreciation.	

9 SYSTEMATIC TRANSFER PLAN (STP) (To be submitted 10 days prior to the STP date in case of Registration) <input type="checkbox"/> Registration	
Transfer From: Scheme Name	Transfer To: Scheme Name
Plan : <input type="checkbox"/> Other than Direct+ (+Continuing Plans only) <input type="checkbox"/> Direct	Plan : <input type="checkbox"/> Other than Direct+ (+Continuing Plans only) <input type="checkbox"/> Direct
Options/Sub-Option <input type="checkbox"/> Growth <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	Options/Sub-Option <input type="checkbox"/> Growth <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
Dividend Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly	Dividend Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly
STP Frequency: <input type="checkbox"/> Weekly (Default*) <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. (Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)	
Installment commencing: From M M Y Y Y Y To M M Y Y Y Y	
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	
* If no debit date is mentioned default date would be considered as 10th of every month/quarter. * 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	

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

11 **I/WE DO NOT WISH TO NOMINATE** (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

Signature(s) <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sole/First Applicant	Second Applicant	Third Applicant

OR

Where Nominee details and Non intention to nominate both are mentioned, Non intention to nominate will be considered as "Default". Folio in such case will be updated without Nominee

I/WE WISH TO NOMINATE AS UNDER: (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 14)

Name of Nominee(s)	Date of Birth	Name & Address of Guardian (To be furnished in case the Nominee is a Minor)	Relationship with Nominee	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1					
Nominee 2					
Nominee 3					

* the aggregate total should be 100%

12 **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
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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^			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<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 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

13 **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/update. I also undertake to keep the Fund informed in writing about any changes/modification/update 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 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. I/We confirm that primary email ID provided belongs to self or a family member.

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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.