Common Application Form Asset Management (To be Filled in BLOCK LETTERS only) DISTRIBUTOR INFORMATION (Only empanelled Distributors/Brokers will be permitted to distribute Units) Broker Name & ARN code/RIA code^ Sub-broker ARN code Sub code EUIN App. No.: ¹ 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. For Office Use Only 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 TRANSACTION CHARGES (Please tick any one of the below. Refer point 6 on page 80 regarding transaction charges applicability) I AM AN EXISTING INVESTOR IN MUTUAL FUND I AM A FIRST TIME MUTUAL FUND INVESTOR (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) APPLICANT'S INFORMATION [Please 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 3] Please note that applicant details and mode of holding will be as per existing Folio Number. Folio No. SOLE/FIRST APPLICANT'S PERSONAL DETAILS Are you a resident of USA/Canada? (✓) Yes No^{‡‡} (^{‡‡} Default if not ticked) Name[£] Mr Ms M/s Proof Enclosed (\checkmark) Birth Certificate School Leaving Certificate Passport Date of Birth ~[±] (Mandatory) Marksheet issued by HSC State Board Others (please specify) KYC Identification No. (KIN) ^{‡‡} PAN**[£] (Mandatory) Proof to be enclosed (\checkmark) PAN card Copy Nationality[‡] **Country of Residence** GUARDIAN NAME (if Sole/First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Mr Ms M/s KYC Identification Number (KIN) ^{‡‡} Proof to be enclosed (\checkmark) PAN card Copy PAN** (Mandatory) Natural Guardian⁺ (Father or Mother) Legal Guardian⁺⁺ (court appointed Guardian) In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support. Document evidencing relationship with Guardian Status of Sole / 1st Applicant (1): 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 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 [Pl. specify] □ Below ₹ 1 Lac □ ₹ 1-5 Lacs □ ₹ 5-10 Lacs □ ₹ 10-25 Lacs □ ₹ 25 Lacs - ₹ 1 Crore □ >₹ 1 Crore b. Gross Annual Income (Please ✓) : OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) Y For Individuals [Tick (✓) if applicable] For Non-Individual Investors (Companies, Trust, Partnership etc.) : Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company Politically Exposed Person (PEP) Yes No (If No, please attach mandatory UBO Declaration) Related to a Politically Exposed C. II. Foreign Exchange/Money Changer Services Yes No Person (PEP) III. Gaming/Gambling/Lottery/Casino Services Not Applicable Yes No IV. Money Lending/Pawning Yes No Mandatory UBO Declaration form duly filled and signed attached. For Non Individual Investors -Yes No **Identification of Beneficial Ownership** (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) ** 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. ** W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 10 under Important Instructions). W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund. ŧ 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. £ As per KRA details. ...continued overleaf 🖒 ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) HSBC Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final Asset Management 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 SWP **ECS (Debit/Direct Debit Facility)** Total Amount (₹) Date D D M M Y YY ISC Stamp, Signature & Date Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.

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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

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7	NVESTMENT & SOURCE OF FUNDS DETAILS (Please (1) Scheme/Plan/Option/Sub-Option/Dividend Frequency)							
	LUMPSUM/SIP:	Scheme 1	Scheme 2	Scheme 3				
	Scheme Name	HSBC	HSBC	HSBC				
	Plan							
	Options/Sub-Option	Growth (default) Reinvestment of IDCW Payout of IDCW	Growth (default) Reinvestment of IDCW Payout of IDCW	Growth (default) Reinvestment of IDCW Payout of IDCW				
	Frequency	Daily Weekly Monthly Quarterly Fortnightly Half Yearly	Daily Weekly Monthly Quarterly Fortnightly Half Yearly	Daily Weekly Monthly Quarterly Fortnightly Half Yearly				
		e 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 ment the application only. Incase of application on behalf of Minor, kindly refer to point 2 in "Instruction for Filling Up the Application Form"						
	Payment Mode	Cheque DD RTGS NEFT Fund Transfer	Cheque DD RTGS NEFT Fund Transfer	Cheque DD RTGS NEFT Fund Transfer				
	Cheque/RTGS/NEFT/DD/ FT Date	D D / M M Y Y Y	D D / M M 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 (✓)	Current Savings NRO* NRE* FCNR* Others (* For NRI Investors)	Current Savings NRO* NRE*	Current Savings NRO* NRE*				
		id Third Party Payment Rejection where applicab FION : The details of the bank account provided abo						
	, , ,	he bank account holder (\checkmark) Parent Grandpar ched (Refer important instruction No. 10 on the Thir		(Please specify); and the Third				
8	SYSTEMATIC WITHD	RAWAL PLAN (SWP)		Registration				
	Scheme:		Plan					
		Regular Institutional Institutional Plus		Reinvestment of IDCW Payout of IDCW				
	·	•	rtnightly Half Yearly SWP Frequency:	Monthly (Default¶) Quarterly (10th)				
	1 V	Fixed Amount Capital Appreciation [¥] (1st Bus						
	×	imum Rs. 1000 and in multiples of Re. 1/- thereafter	· /	Redemption amount will equal appreciation.				
	SWP Date: 1st 21	nd 3rd 4th 5th 6th 7th 8th 19th 20th 21st 22nd 23rd		12th 13th 14th 15th 16th 28th 29th 30th 31st				
		prior to the SWP date in case of Registration.	[¥] Redemption amount will equal apprec					
9	SYSTEMATIC TRANS	SFER PLAN (STP) (To be submitted 10 days	prior to the STP date incase of Registration)	Registration				
	Transfer From: Scheme N	ame	Transfer To: Scheme Name					
	Plan :	Other than Direct+ (+Continuing Plans only)	Direct Plan : Other than	Direct+ (+Continuing Plans only) Direct				
			ut of IDCW Options / Sub-Option Growth	Reinvestment of IDCW Payout of IDCW				
	Dividend Frequency D	aily Weekly Fortnightly Month uarterly Half Yearly		Weekly Fortnightly Monthly Half Yearly				
			erly (10th) STP Day: Monday Tuesday					
	Transfer Options: Fin	xed Amount Capital Appreciation (1st Busi	ness Day of the month)					
	Transfer Amount: Amount			1000/- except HTSF. For HTSF Rs. 500/-)				
	Installment commencing:		M M Y Y Y Y					
		nd 3rd 4th 5th 6th 7th 8th 19th 20th 21st 22nd 23rd	8th 9th 10th (Default) 11th 24th 25th 26th 27th 28th	12th 13th 14th 15th 16th 29th 30th 31st				
		ed default date would be considered as 10th of every a TP is not selected, Wednesday will be the default day		ilable only under Fixed Amount Systematic Transfer				
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.							

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	I/We do not wish	to exercise the r		nation in respect of un			
Signature(s) X			×			X	
	Sole/First App	olicant		Second Applican	t	Third A	oplicant
When Nomines Jeteils and N			and Non inter	OR	anaidanad aa "Dafank	" Eslis in such associal h	
Where Nominee details and N I/WE WISH TO NO							Important Instruction
	INATE AS UNL	Date of Birth	•	Address of Guardian	Relationship	Signature of Nominee	
Name of Non	Name of Nominee(s)				with Nominee	/ Guardian of Nominee	the units will be sha
		(10 be furnis	hed in case the	e Nominee is a Minor)		(Optional)	by each Nominee
Nominee	1						
Nominee	2						
Tommee							
Nominee	3						
						* the aggre	gate total should be 1
CONFIRMATION UNI	DER THE FOREI	GN ACCOUNT	TAX CON	IPLIANCE ACT (FA	TCA) AND COM	MON REPORTING	STANDARD (CR
[Mandatory for all inv	estors including	Unit holder (G	iardian in ca	ase of minor), Joint	holder(s) and PO	A Holder]	
FATCA/CRS SELF CE				RS (INDIVIDUAL/N	RI/ON BEHALF	OF MINOR/PROPRI	ETORSHIP FIRM)
	Sole/F	First Applicant G	uardian		Applicant	Thir	d Applicant
Place and Country of Birth	Place			Place		Place	
	5			Country		Country	
Address Type	Residen		usiness	Residential	Business	Residential	Business
for KYC address]		red Office		Registered Offic	÷	Registered Off	
Tax Resident (i.e. are you asses Tax) in any country other than 1	Vec	🗌 N	0	Yes	🗌 No	Yes	No No
f'Yes' please fill for all countr		n which you are a Re	esident for tax m	urpose i.e. where you are (titizen/Resident/Gree	n Card Holder/Tax Resider	nt in the respective count
Country of Tax Residency [#]				r tot net intere you ute e			
Tax Identification Nu							
TIN) or Functional Equival							
dentification Type (TIN or							
Other, please specify)							
f TIN is not available, place \checkmark the reason A, B c		В	C		В С	A	B C
as defined below]					БС		
Reason A – The country wh							
Reason B – No TIN require		5	horities of the	respective country of t	ax residence do not	required the TIN to be c	collected]
Reason C – Others - Please	1 1			0110.4			
# To also include USA, w ^ In case Tax Identification	Number is not ava	is a citizen/greer	vide its functi	onal equivalent			
					D THEIR UI TIM	ATE BENEFICIAL O	WNER (UBO)
				DCIETY / PARTNERS			
Please complete Annexu	e A & B						
DECLARATION AND	GIGNATURES (I	n case of joint l	holding, sign	atures of all unit ho	ders are mandat	ory)	
FATCA/CRS DECLAR	ATION	, in the second s	0. 0			•/	
acknowledge and confirm t							
Holder (or am authorised to s							
ir misleading or misrepreset	ner SEBI Registered	Intermediaries. Fu	rther, I authoriz	the Fund to share the g	iven information pro	vided by me to the Fund w	vith other SEBI Registe
received by the Fund from oth	ala aubmission /						
received by the Fund from othe Intermediaries to facilitate sin				united at the Fund's end	and/or by the domes		
received by the Fund from other intermediaries to facilitate sin future and also undertake to p	provide any other add				and/or by the domes	tie ux uutionites. i uutio	
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