

## Common Application Form

(To be Filled in BLOCK LETTERS only)

oker Name & ARN code / RIA code S	ub-broker ARN code	Sub code	Branch Code	EUIN	App.
ARN-106392 BLUECHIP STOCKS				E-107715	No.:
We hereby confirm that by mentioning RIA code ails of my/our transactions in the schemes(s) of I		e with the SEBI I	Registered Investment	t Adviser (RIA) the	For Office Use Only
We hereby confirm that the EUIN box has been in	tentionally left blank by me				
advice by the employee/relationship manager/sa ropriateness, if any, provided by the employee/re				g the advice of in-	
/First Applicant/Authorised Signatory Seco			ird Applicant/Autho		
TRANSACTION CHARGES (Ple	·	below. Refer p	0 0	0	** · · · · · · · · · · · · · · · · · ·
I AM A FIRST TIME MUTUAL FU (₹ 150 will be deducted as transaction cha		0,000 and more)			OR IN MUTUAL FUND on charge for per purchase of ₹ 10,000 and mor
APPLICANT'S INFORMATION [I	Fill in your Folio No. below. l	n case of existing f	folio, furnish only KYO	C and PAN details belo	ow (if not provided earlier) and proceed to Section 3
Folio No.		Please note	that applicant deta	ils and mode of ho	olding will be as per existing Folio Number.
SOLE/FIRST APPLICANT'S PERSO	ONAL DETAILS		Are you a resident	of USA/Canada? (✓	Yes No <sup>‡‡</sup> ( <sup>‡‡</sup> Default if not ticked)
Name as per PAN (Mandatory)*** Mr Ms	s M/s		Name as po	er PAN CARD	
Date of Birth/Incorporation §‡ (Mandator	ry*) DDMMY	YYY		() Birth Certificed by HSC State Box	cate School Leaving Certificate Passpor ard Others (please specify
Gender	le 🔲 Third Gender	KYC Iden	tification No. (KI	N) ‡‡ [	
PAN (Mandatory*)			Proof to be enclose	ed (✓) PAN card	l Copy
Nationality‡			Country of Reside	ence	
GUARDIAN NAME AS PER PAN	*** (if Sole/First appl	cant is a Minor	) Contact Person	(in case of Non-ir	ndividual Investors only)
Mr Ms M/s	Nam	e as per PAN	CARD		
Date of Birth of Guardian <sup>‡</sup> (Mandatory*)	D D M M Y Y	Y Y KYC I	dentification Numb	oer (KIN) ‡‡	
PAN** (Mandatory*)			Proof to be enclose	ed (✓) ☐ PAN card	1 Copy
Father Mother	Legal Guar	dian++ (court ap	pointed Guardian)		
+ Document evidencing relationship with Guardia		•			ent letter, affidavit etc. to support. Non-Resident (Non-Repatriable)  Non-Reside.
- Minor (Repatriable)   Non-Resident - Minor Limited Co.   Body Corporate   Partnersl   BOI   Society   LLP   PIO   Non F	hip Firm 🔲 Trust 🔲 NPS	Trust 🔲 Fund o	of Fund 🔲 Gratuity	Fund 🔲 Pension and	-Proprietor Private Limited Company Publi Retirement Fund Government Body NG [ry] Others [Specify]
KYC DETAILS [Mandatory* (Detail	ils of Guardian in case	the unitholder	is a minor)]		
Investors are requested to complete the K			/ 11	=	
					☐ Housewife ☐ Student ☐ Doctor ☐ Forex Deal er ☐ Pawn Broker ☐ Others [Pl. specify]
Gross Annual Income (Please ✓) :	Below ₹ 1 Lac	Lacs	10 Lacs □ ₹ 10-2	25 Lacs	acs - ₹ 1 Crore
OR Net-worth in Rupees (Mandatory for N	Non-Individuals)	Net-worth shoul	d not be older tha	n 1 year as on (d	late) D D M M Y Y Y Y
For Individuals [Tick ( ) if applicable]:	For Non-Individual I	vestors (Compa	nnies, Trust, Partne	ership etc.) :	
Politically Exposed Person (PEP)	I. Is the company a L			ed Company or Cont	trolled by a Listed Company Yes N
Related to a Politically Exposed Person (PEP)	II. Foreign Exchange				☐ Yes ☐ N
Not Applicable	III. Gaming/Gambling	/Lottery/Casino	Services		Yes No
	IV. Money Lending/P		-l- filed and stars	-d -44bd	Yes N
For Non Individual Investors - Identification of Beneficial Ownership	Mandatory UBO Dec (Not Required for a Li				trolled by a Listed Company)
Mandatory					
W.e.f. January 1, 2008, PAN number is Manda Instructions for filling up the Application Form		dıng Joint Holder	s, POA holder, Guar	dian in case of Mino	r and NRIs). For Micro SIP Investment please re-
					uary 1, 2012, applicants who are not KYC compli- New individual investors who have never done KY
					the new CKYC form while investing with the Fu
Please note that information sought here will be					nstructions related to folios held in the name of Min
					PAN, else the transaction is liable to get rejected. continued overleaf
HSBC Mutual Fund					be filled by the Applicant)
	T	his Acknowledge	ment Slip is for you	r reference only. Info	ormation provided on the form is considered fin
eived from Mr. Ms. M/s.	application for Units	of Schame			App.
					LL.
Option/Sub-opt	tion	alongwith	Cheque/DD No		No.:
		alongwith	n Cheque/DD No Amount (₹)		No.:
ed Drawn on (Bank SIP Investment STP Fresh N	s)	alongwith	Amount (₹) Nomination	Cancellation of N	omination

State	
Charles	City
State	Country Pin Code
	tors (Mandatory in case of NRI/FPI applicant in addition to mailing address) (Should be same as in KRA re
verseas Address/ Registered Address in case of Pon-Individual Invest	tors (mandatory in case of wor/FFF applicant in addition to maining address) (Snould be same as in KKA re
	City
State Cour	ntry (Mandatory) Zip Code
ontact Details	7/
Mobile No.	Tel, (Res./Office)
Mobile belongs to : Self Spouse Guardian (to Minor investment)	Dependant Children Dependant Parents Dependant Siblings Custodian POA
<sup>†</sup> E-mail - 1	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
funticked, by default the above will be sent on email. I/We confirm	1 7 1 0 7
OINT APPLICANTS, IF ANY AND THEIR DETAILS	<u></u>
· · · · · · · · · · · · · · · · · · ·	(Default if not mentioned)   Anyone or Survivor
	olicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor)
are you a resident of USA/Canada? ( ) Yes No <sup>‡‡</sup> (*Default	
	per PAN CARD
tate of Birth §‡ (Mandatory*)	Gender
AN** (Mandatory*)	KYC Identification Number (KIN) ‡‡
roof to be enclosed (✓) □ PAN card Copy	MAC Menditeation (MIII) 44
ationality	Country of Residence
Student Business [Nature of Business] Gambling services offerer Money lender Pawn Broker	Others [Please specify]
	Lacs
Others (please ✓): □ Politically Exposed Person (PEP) □ F	
IAME OF THIRD APPLICANT AS PER PAN*** (Not applica	
re you a resident of USA/Canada? (✓) Yes □ No <sup>‡‡</sup> □ ( <sup>‡‡</sup> Default	if not ticked.)
re you a resident of USA/Canada? (✓) Yes □ No <sup>‡‡</sup> □ ( <sup>‡‡</sup> Default	
re you a resident of USA/Canada? (✓) Yes □ No <sup>‡‡</sup> □ ( <sup>‡‡</sup> Default	if not ticked.)
Are you a resident of USA/Canada? (*) Yes No <sup>**</sup> (**Default Mr Ms M/s Name as	if not ticked.) per PAN CARD
AN** (Mandatory*)	if not ticked.)  per PAN CARD  Gender Male Female Third Gender
AN** (Mandatory*)  PAN card Copy    Alica   Copy   Pan card Copy    Alica   Copy   Pan card Copy   Pan card Copy    Alica   Copy   Pan card Co	if not ticked.)  per PAN CARD  Gender
AN** (Mandatory*)  PAN card Copy  (ationality  D. Ccupation (please *): Private Sector Service Public Sector Student Business [Nature of Business]  Gambling services offerer Money lender Pawn Broker	if not ticked.)  per PAN CARD  Gender
are you a resident of USA/Canada? (✓) Yes □ No <sup>‡‡</sup> □ ( <sup>‡†</sup> Default Mr Ms M/s □ □ □ M M Y Y Y Y M M M Y Y Y Y M M M Y Y Y Y M	if not ticked.)    Der   PAN
AN** (Mandatory*)	if not ticked.)    Der   PAN
are you a resident of USA/Canada? (✓) Yes □ No <sup>‡‡</sup> □ ( <sup>‡†</sup> Default Mr Ms M/s □ Na me as Pate of Birth §‡ (Mandatory*) □ D M M Y Y Y Y AN** (Mandatory*) □ PAN card Copy (ationality □ PAN card Copy (Business   Private Sector Service □ Public Sector   Student □ Business   Nature of Business   Gambling services offerer □ Money lender □ Pawn Broker □ Gross Annual Income (please ✓): □ Below ₹ 1 Lac □ ₹ 1-5 □ Others (please ✓): □ Politically Exposed Person (PEP) □ FOOA HOLDER NAME AS PER PAN*** (If the investment is be	if not ticked.)    Der   PAN CARD
are you a resident of USA/Canada? (✓) Yes □ No <sup>‡‡</sup> □ ( <sup>‡†</sup> Default Mr Ms M/s □ Na me as Pate of Birth §‡ (Mandatory*) □ D M M Y Y Y Y AN** (Mandatory*) □ PAN card Copy (ationality □ PAN card Copy (Business   Private Sector Service □ Public Sector   Student □ Business   Nature of Business   Gambling services offerer □ Money lender □ Pawn Broker □ Gross Annual Income (please ✓): □ Below ₹ 1 Lac □ ₹ 1-5 □ Others (please ✓): □ Politically Exposed Person (PEP) □ FOOA HOLDER NAME AS PER PAN*** (If the investment is be	if not ticked.)    Der   PAN
are you a resident of USA/Canada? (✓) Yes □ No <sup>‡‡</sup> □ ( <sup>‡†</sup> Default Mr Ms M/s □ Na me as Pate of Birth §‡ (Mandatory*) □ D M M Y Y Y Y AN** (Mandatory*) □ PAN card Copy (ationality □ PAN card Copy (Business   Private Sector Service □ Public Sector   Student □ Business   Nature of Business   Gambling services offerer □ Money lender □ Pawn Broker □ Gross Annual Income (please ✓): □ Below ₹ 1 Lac □ ₹ 1-5 □ Others (please ✓): □ Politically Exposed Person (PEP) □ FOOA HOLDER NAME AS PER PAN*** (If the investment is be	if not ticked.)    Der   PAN CARD
AN** (Mandatory*) DDMMYYYYY  AN** (Mandatory*) DDMMYYYYY  AN** (Mandatory*) DDMMYYYYY  AN** (Mandatory*) DDMMYYYYY  AN** (Mandatory*) DDMMYYYYYY  AN** (Mandatory*) DDMMYYYYYYY  AN** (Mandatory*) DDMMYYYYYYY  AN** (Mandatory*) DDMMYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY	if not ticked.)    Der   PAN CAPD
are you a resident of USA/Canada? (✓) Yes □ No <sup>‡‡</sup> □ ( <sup>‡†</sup> Default Mr Ms M/s □ Na me as late of Birth §‡ (Mandatory*) □ D M M Y Y Y Y AN** (Mandatory*) □ PAN card Copy (ationality □ PAN card Copy (Business   Private Sector Service □ Public Sector   Public Sector   Pawn Broker □ Compation (please ✓): □ Private Sector Service □ Public Sector   Pawn Broker □ Compation (please ✓): □ Below ₹ 1 Lac □ ₹ 1-5 □ Others (please ✓): □ Politically Exposed Person (PEP) □ FOA HOLDER NAME AS PER PAN*** (If the investment is beate of Birth (Mandatory*) □ D M M Y Y Y Y	if not ticked.)    Der   PAN   CARD
a. Occupation (please ✓): □ Private Sector Service □ Public Sector Student □ Business [Nature of Business] □ Gross Annual Income (please ✓): □ Politically Exposed Person (PEP) □ FOA HOLDER NAME AS PER PAN*** (If the investment is being the first of Birth (Mandatory*) □ D M M Y Y Y Y Y AN*** (Mandatory*) □ D M M Y Y Y Y Y Y AN*** (Mandatory*) □ D M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	if not ticked.)    Der   PAN   CAPD

## ...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		

Core Banking A/c No.								
				A/c. Typ	oe (✓) ☐ Curren	t □ Savings □ NRO* □	NRE* * For	NRI Investo
Bank Name					Branch _			
City						Pin 0	Code	
State					Country _			
MICR code			RTG	S/NEFT/IFS	C code			
Please provide a cance	elled cheque le	eaf with your name and	I IFSC code pre-print	ed if the bank	details in Section	7 are different or Fund tran	sfer is submitted.	
INVESTMENT 8	SOURCE	OF FUNDS DE	TAILS (Please w	ite Scheme N	Name / Plan / O	ption / Sub-option below	v)	
For more than 1 Sc	heme please	issue cheque favour					A	( <del>T</del> )
1.	HSBC	Scheme Name	Scheme/Plan/O	`	Option / Sub	Ontion	Amou	nt (<)
	HSBC	Scheme Name	Pla		Option/Sub			
	HSBC	Scheme Name	Pla		Option/Sub			
Total Amount (₹)				in words				
Payment Mode	Cheque		RTGS   NE	FT 🗆	One Time Mand	ate (OTM)	ronic Transfer	
Cheque/DD/	Cheque/DD	/RTGS/UMRN/NEF	T No.					
RTGS/NEFT	Instrument D	1 - 1 - 1 . 1 .	/ M / Y Y	Y	DD Charges, it	f any (₹)		
Payment from					DD Charges, in	tuny (t)		
Bank A/c. No.	= 0		UDO* ENDE*	= FCNIDS	. = 0.1		/* E - NDI I -	
	Current	Savings 1	NRO*   NRE*	☐ FCNR*	' ☐ Others _		(* For NRI Inv	vesiors)
Drawn On –	Bank Branch & Cit	v						
		*	he cheque has to be	he same. In ca	se of any discrepa	ncy between the two, units	will be allotted as	per the sch
name mentioned on th	e application	only.	*					
		hird Party Payment from Parent /Legal Gu				te 🔲 Passport 🗆 School	Leaving Certificat	te 🗌 Court
						ank account in my/our nar		□ No.
If no, my relationship	with the bank	account holder (attach	the Third Party dec	aration Form)	(Please ✓) □ I	Employee   Custodi	an □ AMC □	Corporat
SYSTEMATIC T	RANSFER	R PLAN (STP)\$ (	Please write Schen	ne Name / Pla	an / Option / Su	b-option below)	]	Registratio
Transfer From : Scl	heme HSB	C Schem	e Name	Trai	nsfer To: Scheme	HSBC	Scheme Name	
Plan/Option/Sub-option	on *			Plan	Option/Sub-option	on *		
STP Frequency:	Dai	l. ^	eekly^					
		nthly (Default¶) 🔲 Q	-	nightly STP	Day:	☐ Monday ☐ Tues☐ Thursday ☐ Frida		sday (Defaul
Transfer Options:	☐ Mo	nthly (Default¶)	uarterly (10th) apital Appreciation (1	st <b>Tra</b> i				sday (Defaul
Transfer Options:	☐ Mo	nthly (Default¶) Qued Amount Qued Amount Qued Busin	uarterly (10th)	st Trai	nsfer Amount: A	☐ Thursday ☐ Frida	ay	
Installment comments STP Date	Mo	nthly (Default)	narterly (10th)  apital Appreciation (1 less Day of the mont)    To   M   M   Y   Y     6th	st	nsfer Amount: A imum Transfer Ames - Rs. 500)  10th (Default h 26th)	☐ Thursday ☐ Fridate    Thursday ☐ Fridate   Thursday ☐ Thur	ay	1,000. All 6
Installment comment STP Date	Mo	nthly (Default	parterly (10th)  apital Appreciation (1 less Day of the montion of	st	imum Transfer Armes - Rs. 500)  10th (Default h 26th	☐ Thursday ☐ Fridamount per instalment Rs. ☐ nount for Liquid & Overnig ☐ 11th ☐ 12th ☐ 15 ☐ 27th ☐ 28th ☐ 29 ☐ Minimum 6 installment	ay	1,000. All of 15th 1 1 31st d Overnight
Installment commen  STP Date	Mo   Fix	nthly (Default 1) Qued Amount QC Busin M M Y Y Y Y Y Y Y Amount QC Grant QC	parterly (10th)  apital Appreciation (1  less Day of the month  To M M Y Y  6th 7th 22nd 23rd 6  of Registration & minimum amount repancy. ¶ If no debit	st Train    Min Sche   8th   9th   25th   25th   4 days incase quired under the late is mention	imum Transfer Armes - Rs. 500)  10th (Default h 26th c of Cancellation. h e source scheme led default date w	☐ Thursday ☐ Fridate    Thursday ☐ Fridate   Thursday ☐ Thur	ght Schemes - Rs.  Bth	1,000. All of 15th 131st 15th 15th 15th 15th 15th 15th 15th 15t
Installment commen  STP Date   1st   17th  To be submitted 7  12 installments for all be applied in case of and Weekly STP facili  CONFIRMATION	incing: From 2nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3	nthly (Default 1) Qued Amount Qued Amount Qued Amount Qued Qued Qued Qued Qued Qued Qued Qued	parterly (10th)  apital Appreciation (1  apital Apprec	st Transfer Plan  (COMPLI.	imum Transfer Armes - Rs. 500)  10th (Default h 26th e of Cancellation. he source scheme led default date w. If the day for W. ANCE ACT (	Thursday Frida mount per instalment Rs. In mount for Liquid & Overnig 10 11th 12th 12 127th 28th 29 13 16 17 18 18 18 19 18 18 18 19 18 18 18 19 18 18 18 19 18 18 18 19 18 18 18 19 18 18 18 18 18 18 18 18 18 18 18 18 18	ght Schemes - Rs.  Bth	1,000. All of 15th 1 1 31st d Overnight ption Date quarter. ^ E the default
Installment commen  STP Date	incing: From 2nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3	nthly (Default 1) Qued Amount Qued Amount Qued Amount Qued Qued Qued Qued Qued Qued Qued Qued	arterly (10th)  apital Appreciation (1 tess Day of the monti  To M M Y Y  6th 7th 2 22nd 23rd 6  of Registration & minimum amount repancy. If no debit d Amount Systematic ACCOUNT TAX  rs including Unit h	st Transfer Plan  ( COMPLL, older (Guard	imum Transfer Ar mes - Rs. 500)  10th (Default h 26th e of Cancellation. he source scheme hed default date w. If the day for Wo	Thursday ☐ Frida mount per instalment Rs. ☐ nount for Liquid & Overning 1) ☐ 11th ☐ 12th ☐ 13 ☐ 27th ☐ 28th ☐ 29 Minimum 6 installment for registering STP is ₹ 6, ould be considered as 10th cekly STP is not selected, V	ght Schemes - Rs.  Sth	1,000. All  15th
Installment commen  STP Date	incing: From 2nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3	nthly (Default ) Qued Amount CBusin M M Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	parterly (10th) apital Appreciation (1 less Day of the month To M M Y Y  6th 7th 22nd 23rd 6 of Registration & minimum amount reancy. If no debit d Amount Systematic ACCOUNT TAX rs including Unit h	st Transfer Plan  ( COMPLL, older (Guard	imum Transfer Armes - Rs. 500)  10th (Default h 26th e of Cancellation. he source scheme hed default date w. If the day for Wonder ANCE ACT (ian in case of modular) (NRI/ON	Thursday Frida	ght Schemes - Rs.  Sth	1,000. All of 15th 1 1 31st d Overnight pption Date quarter. ^ E the default RTING
Installment commen  STP Date   1st   17th  \$ To be submitted 7 12 installments for all be applied in case of and Weekly STP facilic  CONFIRMATION STANDARD (CFFATCA/CRS SELF	in Mo	nthly (Default 1) Qued Amount	parterly (10th) apital Appreciation (1 less Day of the month To M M Y Y  6th 7th 22nd 23rd 6 of Registration & minimum amount reancy. If no debit d Amount Systematic ACCOUNT TAX rs including Unit h	st Train (Min Sche Sche Sche Sche Sche Sche Sche Sche	imum Transfer Ar mes - Rs. 500)  10th (Default h 26th e of Cancellation. he source scheme hed default date w. If the day for Wo	Thursday Frida mount per instalment Rs. nount for Liquid & Overnig 11th 12th 12th 27th 28th 29th 29th 29th 20th 20th 20th 20th 20th 20th 20th 20	ght Schemes - Rs.  Sth	1,000. All of 15th 1 1 31st d Overnight pption Date 1 quarter. ^ D the default RTING
Installment commen  STP Date	in Mo	nthly (Default 1) Qued Amount	parterly (10th) apital Appreciation (1 less Day of the month To M M Y Y  6th 7th 22nd 23rd 6 of Registration & minimum amount reancy. If no debit d Amount Systematic ACCOUNT TAX rs including Unit h	st Transfer Plan  ( COMPLL, older (Guard	imum Transfer Armes - Rs. 500)  10th (Default h 26th e of Cancellation. he source scheme hed default date w. If the day for Wonder ANCE ACT (ian in case of modular) (NRI/ON	Thursday Frida	ght Schemes - Rs.  Bth	1,000. All of 15th 1 1 31st d Overnight pption Date 1 quarter. ^ D the default RTING
Installment commen  STP Date	in Mo	nthly (Default 1) Qued Amount	parterly (10th) apital Appreciation (1 less Day of the month To M M Y Y  6th 7th 22nd 23rd 6 of Registration & minimum amount reancy. If no debit d Amount Systematic ACCOUNT TAX rs including Unit h	st Train (Min Sche Sche Sche Sche Sche Sche Sche Sche	imum Transfer Armes - Rs. 500)  10th (Default h 26th c of Cancellation. h source scheme led default date w. If the day for Wondows ANCE ACT (lian in case of modular) (NRI/ON Second Applica	Thursday Frida mount per instalment Rs. nount for Liquid & Overnig 11th 12th 12th 27th 28th 29th 29th 28th 29th 29th 28th 29th 29th 29th 29th 29th 29th 29th 29	ght Schemes - Rs.  Bth	15th 10 31st d Overnight Doption Date 1 quarter. ^ D the default o
Installment commen  STP Date	incing: From 2nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3	nthly (Default	parterly (10th) apital Appreciation (1 less Day of the month To M M Y Y  10 6th 7th 22nd 23rd 7  11 of Registration & minimum amount revancy. If no debit and Amount Systematic ACCOUNT TAX is including Unit her apital Count Systematic Industry Ind	st Train (Min Sche Sche Sche Sche Sche Sche Sche Sche	imum Transfer Armes - Rs. 500)  10th (Default h 26th 20th 20th 20th 20th 20th 20th 20th 20	Thursday   Fridak   Fridak   Fridak   Fridak   Thursday   Fridak   Thursday   Fridak   Thursday   Fridak   Thursday   Fridak   Thursday   Th	ght Schemes - Rs.  Bth	1,000. All control of the default of
Installment commen  STP Date	Mo   Fix	nthly (Default 1) Qued Amount	anarterly (10th)  apital Appreciation (1 tess Day of the mont)  To M M Y Y  6th 7th 22nd 23rd 7  of Registration & minimum amount regards. If no debit and Amount Systematic ACCOUNT TAX  rs including Unit her MIDUAL INVESTORICANT Guardian  Business  No	st   Transler   Sche	imum Transfer Am mes - Rs. 500)  10th (Default h 26th e of Cancellation, he source scheme ned default date w If the day for We ANCE ACT ( ian in case of m DUAL/NRI/ON Second Applica	Thursday   Fridamount per instalment Rs.	ght Schemes - Rs.  Sth	1,000. All of 1,000. All of 1,000. All of 1,000. All of 1 31st did Overnight option Date equarter. ^ De the default RTING  BHIP FIRM OA holder  Business
Installment commen  STP Date	Mo   Fix	nthly (Default 1) Qued Amount	anarterly (10th)  apital Appreciation (1 tess Day of the mont)  To M M Y Y  6th 7th 22nd 23rd 7  of Registration & minimum amount regards. If no debit and Amount Systematic ACCOUNT TAX  rs including Unit her MIDUAL INVESTORICANT Guardian  Business  No	st   Transler   Sche	imum Transfer Am mes - Rs. 500)  10th (Default h 26th e of Cancellation, he source scheme ned default date w If the day for We ANCE ACT ( ian in case of m DUAL/NRI/ON Second Applica	Thursday   Fridakinount per instalment Rs.	ght Schemes - Rs.  Sth	1,000. All of 1,000. All of 1,000. All of 1,000. All of 1 31st did Overnight option Date equarter. ^ De the default RTING  BHIP FIRM OA holder  Business
Installment commen  STP Date	Mo   Fix	nthly (Default 1) Qued Amount	anarterly (10th)  apital Appreciation (1 tess Day of the mont)  To M M Y Y  6th 7th 22nd 23rd 7  of Registration & minimum amount regards. If no debit and Amount Systematic ACCOUNT TAX  rs including Unit her MIDUAL INVESTORICANT Guardian  Business  No	st   Transler   Sche	imum Transfer Am mes - Rs. 500)  10th (Default h 26th e of Cancellation, he source scheme ned default date w If the day for We ANCE ACT ( ian in case of m DUAL/NRI/ON Second Applica	Thursday   Fridamount per instalment Rs.	ght Schemes - Rs.  Sth	1,000. All of 1,
Installment commen  STP Date	Mo   Fix	nthly (Default 1) Qued Amount	anarterly (10th)  apital Appreciation (1 tess Day of the mont)  To M M Y Y  6th 7th 22nd 23rd 7  of Registration & minimum amount regards. If no debit and Amount Systematic ACCOUNT TAX  rs including Unit her MIDUAL INVESTORICANT Guardian  Business  No	st   Transler   Sche	imum Transfer Am mes - Rs. 500)  10th (Default h 26th e of Cancellation, he source scheme ned default date w If the day for We ANCE ACT ( ian in case of m DUAL/NRI/ON Second Applica	Thursday   Fridamount per instalment Rs.	ght Schemes - Rs.  Sth	1,000. All of 1,
Installment commen  STP Date	Mo   Fix	nthly (Default 1) Qued Amount	anarterly (10th)  apital Appreciation (1 tess Day of the mont)  To M M Y Y  6th 7th 22nd 23rd 7  of Registration & minimum amount regards. If no debit and Amount Systematic ACCOUNT TAX  rs including Unit her MIDUAL INVESTORICANT Guardian  Business  No	st   Transler   Sche	imum Transfer Am mes - Rs. 500)  10th (Default h 26th e of Cancellation, he source scheme ned default date w If the day for We ANCE ACT ( ian in case of m DUAL/NRI/ON Second Applica	Thursday   Fridamount per instalment Rs.	ght Schemes - Rs.  Sth	1,000. All of 1,000. All of 1,000. All of 1,000. All of 1 all of 1 all of 1 all of 1 all of 1,000. All of 1 all of 1 all of 1,000. All of 1 all
Installment commen  STP Date	Mo   Fix	nthly (Default	parterly (10th) apital Appreciation (1 ess Day of the monti To M M Y Y  Goth 23rd 23rd 2  of Registration & minimum amount repancy. If no debit d Amount Systematic ACCOUNT TAX is including Unit here. In the county of the count	st   Transie   Sche   S	imum Transfer Ar mes - Rs. 500)  10th (Default h 26th e of Cancellation. he source scheme led default date w. If the day for Wo ANCE ACT ( ian in case of m DUAL / NRI / ON Second Applica  Intial  Erred Office	Thursday   Fridamount per instalment Rs.     Inount for Liquid & Overnig   O   11th   12th   12     27th   28th   29     A   Minimum 6 installment   25     Could be considered as 10th     Each   STP is not selected, Very Stephent   30     FATCA) AND COM     Inouncia   A   Minimum 6     FATCA   AND COM     Inouncia   A   Minimum 6     Place   Country     Country     Business   Resid   Regis     Resident   Green Card Holder   7     Country   Country     Coun	ay  ght Schemes - Rs.  Bth	1,000. All of 1,000. All of 1,000. All of 1,000. All of 1 31st did Overnight option Date equarter. ^ De the default RTING  BHIP FIRM OA holder  Business
Installment commen  STP Date	mcing: From  2nd 18th 1sth 1sth 1sth 2nd 1sth 1sth 2nd 2nd 1sth 2nd	nthly (Default	anarterly (10th) apital Appreciation (1 tess Day of the monti To M M Y Y Control 22nd 23rd for a control 23r	st   Transist   Sche	imum Transfer Armes - Rs. 500)  10th (Defaulth   26th   26	Thursday   Fridamount per instalment Rs.	ay  ght Schemes - Rs.  Bth	1,000. All of 15th 1 1 31st d Overnight doubter. A D the default RTING  BHIP FIRM  OA holder  Business  No espective coun
Installment commen  STP Date	meing: From  2nd 18th 1sth 2nd sprior to other Schemen on information ty shall be av  NUNDER RS) [Manda F CERTIFIC  Birth  Du assessed for er than India?  countries (other lency# mber (TIN) lent^ FIN or  ) able, please lefined below] try where the equired [Sele	nthly (Default	anarterly (10th) apital Appreciation (1 ess Day of the monti To M M Y Y  10 6th 7th 2 22nd 23rd 3 3 of Registration & minimum amount repancy. If no debit d Amount Systematic ACCOUNT TAX is including Unit h TOUAL INVESTO icant Guardian  Business No are a Resident for tax p	st   Transic   Sche   S	imum Transfer Ar mes - Rs. 500)  10th (Default h 26th e of Cancellation. he source scheme hed default date w . If the day for Wo ANCE ACT ( lian in case of m DUAL/NRI/ON Second Applica  The eyou are Citizen/Re B b to its residents.	Thursday   Fridamount per instalment Rs.     Inount for Liquid & Overnig   O   11th   12th   12     27th   28th   29     A   Minimum 6 installment   25     Could be considered as 10th     Each   STP is not selected, Very Stephent   30     FATCA) AND COM     Inouncia   A   Minimum 6     FATCA   AND COM     Inouncia   A   Minimum 6     Place   Country     Country     Business   Resid   Regis     Resident   Green Card Holder   7     Country   Country     Coun	ay  ght Schemes - Rs.  Sth	1,000. All of the last of the default results of the last of t
Installment commen  STP Date	mcing: From 2nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3	nthly (Default	anarterly (10th) apital Appreciation (1 ess Day of the monti To M M Y Y  Goth 23rd 23rd 6 of Registration & minimum amount revancy. If no debit d Amount Systematic ACCOUNT TAX is including Unit here. In the control of the control o	st   Transition   Sche   Sche	imum Transfer Ar mes - Rs. 500)  10th (Default h 26th e of Cancellation. he source scheme ned default date w. If the day for Wo ANCE ACT ( ian in case of m DUAL / NRI / ON Second Applica  The eyou are Citizen / Ro B b to its residents. Ountry of tax resi	Thursday   Fridamount per instalment Rs.	ay  ght Schemes - Rs.  Sth	1,000. All of the last of the default results
Installment commen  STP Date	mcing: From 2nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3nd 3	nthly (Default	anarterly (10th) apital Appreciation (1 ess Day of the monti To M M Y Y  Goth Carlot C	st   Transition   Sche   Sche	imum Transfer Ar mes - Rs. 500)  10th (Default h 26th e of Cancellation. he source scheme ned default date w. If the day for Wo ANCE ACT ( ian in case of m DUAL / NRI / ON Second Applica  The eyou are Citizen / Ro B b to its residents. Country of tax resi	Thursday   Fridamount per instalment Rs.	ay  ght Schemes - Rs.  Sth	1,000. All  15th

<b>DEMAT ACCOUNT DET</b> Please provide details of your De					ľ	NSDI	L		CDSL			
Depository Participant Name					DP ID	ΙīΙ	N					
Beneficiary Account No.					DI ID	•						
NOMINATION DETAILS	Mandatany fan naw	folios of Indi	vidual Unitholda	me only wh	othan hald	ing l	IInita C	ingly o	n Ioin	1	h otho	n hol
A) I/We wish to Nomina				*		-				-		
in the event of my/our death and by holding refer point 5 of Nomination	y cancelling the nomina n Details in Important In	tion(s) made by structions.	me/us previously i	n respect of th	ne units held	by m	e/us in	the liste	d Folio	s. Incas	e of sin	gle m
Nomination can be made upto three nominees in the account.	Details of 1	st Nominee		Details of 2n Vlandatory				I	Details	of 3rd	Nomin	1ee
Name of the Nominee (Mr./Ms.)												
Date of Birth of Nominee\$												
Name of the Guardian <sup>\$</sup>												
Share of each Nominee (%)	T 11 676											
Nominee,s Relationship with Applicant (If any) Guardian's Relationship with Nominee <sup>\$</sup>	Equally [If not equally, ]	vease specify pe	rcentage] Any odd I	ot after divisio	n shall be tra	insferi	red to th	e first no	ominee r	nentione	ed in the	Form
Applicable in case the Nominee	is a Minor											
	□ p:t c vic i			n-mandate				D' d	7	.4		
Proof of Relationship	☐ Birth Certificate ☐ School Leaving C		assport Birth Others Schoo	Certificate Leaving Ce	rtificate 🗆 .	Passp Other	ort 🗆	Birth (				□ Pa □ O₁
Mobile/Telephone No. of Nominee(s)/Guardian in case of Minor	School Ecaving C	erimeate o	Ellos Ellos	Leaving Co	runeate	Oute		Senoo	Leavi	ig con	incute	
Email ID of Nominee(s)/ Guardian in case of Minor PAN of the Nominee												
Address of	City		City				Ci	fv				
Nominee(s)/Guardian in case of Minor	State		State				Sta					
case of ivillion	Country		Country_				Cc	untry_				
	PIN		PIN				PI	<b>1</b>				
Nominee/Guardian in case of Minor Identification details [Please ✓ any one and provide details of same]	☐ Photograph & Sig ☐ Aadhaar ☐ Savin ☐ Proof of Identity [	g Bank Accour	nt No. 🔲 Aadha	raph & Signa or  Saving of Identity	Bank Acco	unt N	No.	Photog Aadhaa Proof	ar 🔲 S	aving I	Bank A	ccour
Signature of Nominee/ Guardian in case of Minor												
B) I/We do not wish t nominee(s) in respect of the mutual nominee(s) and am/ are further awa issued by the Court or such other cheir(s), based on the value of the ur Note: Where Nominee details and N	fund application(s)/uni are that in case of my de competent authority, as r aits held in the mutual fu formination Opt-Out both	its held in my/o mise/ death of a nay be required and folio/s. are mentioned, l	our mutual fund folionall the unit holders in by the Mutual Fun	o(s). I/We und n the folio, m d/AMC for se	lerstand the in y/our legal lettlement of lettlered as "Def	implioneir(s death ault".	cations/ ) would claim/t Folio in	issues in need to transmis	nvolved submit ssion of	in non- all the units in	appoint equisite favour	ment e docu of the
DECLARATION AND SIGNA	ATURES (In case of	joint holding	g, signatures of a	ll unit hold	ers are ma	ndat	tory)					
FATCA/CRS DECLARATION	N											
I acknowledge and confirm that the ir am authorised to sign for the Account misrepresenting, I am aware that I wi other SEBI Registered Intermediaries submission/updation. I also undertak- other additional information as may be to me for non-submission of documer	Holder) of all the accour ll be responsible for it. I Further, I authorize the F e to keep the Fund inform e required at the Fund's en	nt(s) to which thi authorize the Fund fund to share the ed in writing abo	s form relates. In cas nd to update its recor- given information prout any changes/mod	e any of the ab ds from the FA ovided by me t ification/updat	ove specified ATCA/CRS in the Fund watton to the about t	inform ith oth	mation is ation pro her SEBI formation	s found to ovided by Registe on in futu	to be fals y me and red Inter are and a	se or und d receive mediari dso unde	rue or med by the es to facertake to	nislead e Fund ilitate provi
OTHER DECLARATIONS												
Having read and understood the conter I/We hereby apply to the Trustees of H. documents of HSBC Mutual Fund. I/W Fund's Bank(s) and/or Distributor/Bro of business. If the transaction is delaye	SBC Mutual Fund for units /e hereby authorise HSBC ker/Investment Advisor ar	s of the relevant S Mutual Fund, the nd to verify my/o	cheme and agree to all AMC and its Agents ur bank details provid	oide by the term to disclose my ed by me/us, or	s, conditions, our details in to disclose to	rules cludii such	and regu ng invest other ser	lations o ment det vice prov	f the Sch ails to m riders as	eme and y/our ba deemed	the abo ank(s)/F necessar	ve mer ISBC y for c
responsible. I/We will also inform the A from abroad through approved banking I/We confirm that the details provided or designed for the purpose of contrave	MC, about any changes in channels or from my/our by me/us are true and cor- ention and/or evasion of a	my/our bank acc NRE/NRO/FC rect. I/We hereby ny Act, Rules, Re	count. I/We confirm the NR Account (Applica) declare that the among ulations or any other	nat I am/we are ble to NRI). unt being inves r applicable lav	Non-Residen ted by me/us i ws or Notifica	its of I in the tions	ndian Na Scheme( issued by	s) is thro	/Origin ough legi vernmen	and that timate s	the fund ources a ututory a	s are re nd is n uthorit
time to time. I/We acknowledge that the participation in the Scheme. I/We have I/We confirm that the ARN holder has Mutual Funds from amongst which the I/We confirm that I am/We are not	understood the details of disclosed to me/us all the Scheme is being recommo	the Scheme and I commissions (in ended to me/us.	/We have not receive the form of trail comm	d nor been indunission or any o	aced by any re other mode), p	ebate o ayabl	or gifts, de to him	for the d	r indirec	tly,in ma ompetin	aking thi g Schen	s inve
which event the AMC reserves the ri	ght to redeem my/our in	vestments in the	Scheme(s).								-	
We confirm that we have not issued a	my bearer shares or shar	e warrants. We	aiso confirm that we	will inform th	ie AIVIC if be	arer s	nares or	snare w	arrants	are issi	iea subs	equen
₩		X			>	<						
Sole/First Applicant/G		X	Second Applican	t/ PoA	>	<		Thir	d Appl	icant /1	PoA	