

## Systematic Investment Plan (SIP) / Micro SIP Form

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

<b>Broker Name &amp; ARN Code / RIA Code</b> ARN-106392 BLUECHIP STOCKS	<b>Sub-broker ARN Code</b>	<b>Sub Code</b>	<b>EUIN</b> E-107715	<b>Branch Code</b>	Time Stamp
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**Transaction Charges:** SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs. 10,000/-.

If this is the first time, you are investing in any mutual fund, please tick here

Investor's Declaration where EUIN is not furnished: I/We confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction

<b>Sole/1st Applicant / Authorised Signatory</b> <input checked="" type="checkbox"/>	<b>2nd Applicant / Authorised Signatory</b> <input checked="" type="checkbox"/>	<b>3rd Applicant / Authorised Signatory</b> <input checked="" type="checkbox"/>
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New SIP Registration   
  SIP Renewal   
  Update new OTM debit mandate for already registered SIP   
  OTM Debit Mandate to be registered in the folio.

OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)

1 APPLICANT INFORMATION			
Name of Sole/1st Unit Holder	First Name	Middle Name	Last Name
Folio No.	Mobile No. + 9 1		
	First Unit Holder	Second Unit Holder	Third Unit Holder
PAN/PEKRN**			
KIN^			
Date of Birth^	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Email ID^			
KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year. ^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).			

## 2 OTM DEBIT MANDATE FOR NACH/ECS/AUTO DEBIT

UMRN	Date
Sponsor Bank Code	<input type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel
Utility Code	I/We hereby authorize <b>HSBC Mutual Fund</b>
To debit (✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others	Bank Account No.
with Bank	IFSC/MICR
An amount of Rupees	In Figures
Debit Type : <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency: <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented
Reference 1	Reference 2
Mobile No.	Email ID

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.

PERIOD\* Mandatory \_\_\_\_\_ Maximum period of validity of this mandate is 40 years only.

From	D D M M Y Y Y Y	X	X	
To	D D M M Y Y Y Y			

Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
Name as in bank records	Name as in bank records	Name as in bank records

Maximum period of validity of this mandate is 40 years only.

### ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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

Received from _____	Folio No./Application No. _____	Acknowledgement Stamp & Date
Scheme _____	Plan _____	
<input type="checkbox"/> New SIP Registration <input type="checkbox"/> SIP Renewal <input type="checkbox"/> Update New OTM Debit Mandate <input type="checkbox"/> OTM Debit Mandate to be registered in the folio.		
<input type="checkbox"/> OTM Debit Mandate is already registered in the folio.		
SIP Amount Rs. _____	Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
STP Top Up Amount Rs. _____	Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	

**3 SIP & INVESTMENT DETAILS (For more than One Scheme please issue cheque favouring "HSBC Multi SIP Collection Account")**

**First SIP Details**

Instrument No.  Dated         Cheque Amount ₹

Bank Name  A/C No.

Branch  City

A/c. Type  Current  Savings  NRO\*  NRE\*  Others **UMRN for One Time Mandate**

Reason for your SIP (✓)  Children's Education  Children's Marriage  House  Car  Retirement  Others

**1 Scheme 1** Name  Plan  Option/Sub option

IDCW Frequency

SIP 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

SIP period From     To      
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]

SIP Frequency  Weekly<sup>Δ</sup>  Monthly<sup>Δ^</sup>  Quarterly (10th) SIP Day  Monday  Tuesday  Wednesday<sup>Δ</sup>  Thursday  Friday

SIP Amount (figures) ₹  (words)

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.  
 Top Up Amount ₹  Amount in multiples of ₹ 500 only Top Up Frequency  Half Yearly  Annual (Default) ^  
 Top Up to continue till SIP amount reaches^^ ₹  OR Top Up to continue till #

**2 Scheme 2** Name  Plan  Option/Sub option

IDCW Frequency

SIP 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

SIP period From     To      
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]

SIP Frequency  Weekly<sup>Δ</sup>  Monthly<sup>Δ^</sup>  Quarterly (10th) SIP Day  Monday  Tuesday  Wednesday<sup>Δ</sup>  Thursday  Friday

SIP Amount (figures) ₹  (words)

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.  
 Top Up Amount ₹  Amount in multiples of ₹ 500 only Top Up Frequency  Half Yearly  Annual (Default) ^  
 Top Up to continue till SIP amount reaches^^ ₹  OR Top Up to continue till #

**3 Scheme 3** Name  Plan  Option/Sub option

IDCW Frequency

SIP 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

SIP period From     To      
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]

SIP Frequency  Weekly<sup>Δ</sup>  Monthly<sup>Δ^</sup>  Quarterly (10th) SIP Day  Monday  Tuesday  Wednesday<sup>Δ</sup>  Thursday  Friday

SIP Amount (figures) ₹  (words)

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.  
 Top Up Amount ₹  Amount in multiples of ₹ 500 only Top Up Frequency  Half Yearly  Annual (Default) ^  
 Top Up to continue till SIP amount reaches^^ ₹  OR Top Up to continue till #

\* For NRI Investors. Δ If the day for Weekly SIP is not selected, Wednesday will be the default day ^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Minimum gap of 21 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered. Please ensure the amount mentioned in the NACH form is a total of per SIP instalment requested above. ^^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top-Up amount will cease. Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment.

**4 DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')**

**OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order**

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of HSBC Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through participation in Electronic Debit arrangement/NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution or any of their appointed service providers or representatives responsible. I/We will also inform HSBC Mutual Fund about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We hereby accord my/our consent to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/ us to the group companies of HSBC Mutual Fund for any valid business purposes including marketing or sales promotion or with any statutory or judicial authorities, without any prior intimation to me/us, until notified by me/us otherwise.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

**CALL US AT**

Please visit our website [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://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