

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.

Relation Child Fractors Resident Charges (25), 100-6 from your investment for present to varie distribution from a distribution from a distribution from a distribution from a distribution from the distribution from your investing the distribution of your investment amounts in less than Re. 16,000- institute in the first time, and a miscaling from the FLIN Nov has been institutionally left blank by me installation charges would be level out any intention of online to make the Manne and the distribution and resident and in endought and a share of manners and a constributioning the distribution only "innocetic bottom any intention to arise by the employer relationship manager is less person of distribution and the distribution and real control the distribution of an arrange of application and real control the distribution of an arrange of a property of the distribution of an arrange of a property of the distribution of a arrange of a property of the distribution of a arrange of a property of the distribution of a arra	oker Name & ARN	N Code/RIA Code	Sub-brol	ker ARN C	Code S	ub Co	de	EUIN	Branc	h Cod	е						
ard distribution has option to recover transaction changes for investment amount of the form of the fo	ARN-106392 BLUECHIP S	TOCKS					E-1	07715						Tim	e Sta	mp	
thoat any interaction or advice by the employee relationship manager's alse person of distributors and the distributor has not charged any acknowless of the employee relationship manager's alse person of distributors and the distributor has not charged any acknowless of the employee relationship manager's alse person of distributors and the distributor has not charged any acknowless of the employee relationship manager's alse person of distributors and the distributor has not charged any acknowless of the state transaction. And Applicant / Anthorised Signatory An	our distributor has op unds for the first tim you are not investin	oted to receive trans ie. If you are makin ing through a Distrib	action char g a SIP Inv utor or you	ges for inve vestment, th ur investme	estments so he transaction ent amount i	urced bon char s less t	y him. The tr ges would be han Rs. 10,0	ansaction cl deducted of	harges d	eductib	le are	Rs. 150	0/ - if y	you ar	e inve	sting ir	n Mutu
Re/Ist Applicant/ X Authorised Signatory	ithout any interactio	n or advice by the	employee/r	relationship	manager/s	ales pe	rson of the a	ove distrib	utor and	or no	twithst	anding	the a	dvice	of ina	ppropr	nsactio
Name of Sole/1st Unit Holder	-1./1.4 AP 4 /	1 ,	isinp mana	2nd	d Applicant	:/		inoutor nas		3rd A	pplica	nt /		i uns	iransac	ATOH	
Name of Sole; Ist Unit Holder First Unit Holder F	New SIP Registration	on SIP Rene								Пот	M Del	oit Mai	ndate	to be	registe	red in	the fo
Folio No. Folio No. First Unit Holder Second Unit Holder Third Unit Holder	APPLICANT	INFORMATION	V														
First Unit Holder Second Unit Holder Third Unit Holder PAN/PEKRN** Date of Birth* Date Dat	Name of Sole/1	st Unit Holder		First N	lame			Middle Na	me			Last N	Vame				
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	Folio No.						Mobile No	+ 9	1								
ENIN^ 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		Firs	t Unit Hol	lder		1 1	Second U	nit Holder	1 1			1	Third	Unit	Holde	r	
Date of Birth* D	PAN/PEKRN**											<u> </u>	<u></u>	<u>_</u>	<u> </u>		<u> </u>
Email ID KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upon Rs. 59,000 in a year. * 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individuals) who has registered under Central KYC Records Registry (CKYCR). *** OTM DEBIT MANDATE FOR NACH/ECS/AUTO DEBIT HSBC Mutual Fund	KIN^																
### Name of customers bank Name of customers bank If Sc/MICR If Seed Amount of Rupees In Words If Yee's As & when present If Yee's As & whe	Date of Birth^	D D M	MY	YY	Y [D D	MM	Y	Υ		D	D N	/	1 1	′ Y	Υ	Υ
** If digit KYC Identification Number (KIN) and Date of Birth is mandatory; for Individual(s) who has registered under Central KYC Records Registry (CKYCR). ** OTM DEBIT MANDATE FOR NACH/ECS/AUTO DEBIT ** HSBC Mutual Fund ** RN	Email ID^																
If You can be be to the control of Rupees			O F F	= C	E	U S	E	0 N L	. Y			Dat	te 🗖	D	M	Ϋ́	YY
lebit (/) SB CA CC SB-NRE SB-NRO Others Bank Name of customers bank IFSC/MICR In Figures In Words In Figures	nsor Bank Code										Cre	ate		Mod	ify		Cance
Bank Name of customers bank IFSC/MICR In Figures I	ity Code							/We hereby	authori	ze		HS	BC I	/lutu	al Fu	nd	
In Words It Type: X Fixed Amount As & when present As & when present As & when present Folio No. Email ID If Type: Application Number Folio No. Folio No. Folio No. Folio No. Folio No. Folio No. Application No. If Type: All Fixed Amount Folio No. Folio No. Application No. If Type: All Fixed Amount Folio No. Folio No. Application No. If This Acknowledgement Folio No. Application No. If Plan	debit (✓) SB	CA CC S	SB-NRE	SB-NRO	Others	Ba	nk Account N	lo.									
It Type:	n Bank		Na	ame of cust	tomers ban	k			IFSC	/MICR							
Reference 1 Folio No. Reference 2 Application Number Itile No. Email ID gree 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 cofirm that the declarate one 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 underst a matuhorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised de Maximum period of validity of this mandate is 40 years only. *** *** *** ** ** ** ** ** *	amount of Rupees				In Wo	rds					₹	<u>'</u>		In	Figure	S	
ille No.	it Type : X Fixed	Amount 🗸 Max	imum Amo	ount	Freq	uency:	X Monthly	X Quart	erly [(Half	Yearly	X	'early	√	As &	when p	oresen
gree 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 cofirm that the declarate pen 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 underst 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 del Maximum period of validity of this mandate is 40 years only. Maximum period of validity of this mandate is Maximum period of validity of this mandate is	erence 1		Folio No.				Reference 2	2			Applio	cation	Numb	er			
Deen 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 underst a manual and 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 delegation of the bank where I ha	oile No.																
Maximum period of validity of this mandate is 40 years only. **Signature of Primary Bank Account Holder** **Signature of Primary Bank Account Holder** **Name as in bank records** **Name	been carefully read, ur	nderstood & made by r	ne/us. I am a	authorising th	he user entity	/Corpora	te to debit my	account, bas	ed on the	instruc	tions as	agreed	d and s	igned	by me.	I have ι	underst
Signature of Primary Bank Account Holder Name as in bank records Name		1.4			•			one roquout t	0 1110 000	onciey?	оогрога		o barne	*********	, , , , , ,	datiioii	000 00.
HSBC Mutual Fund ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) This Acknowledgement Slip is for your reference only. Information provided on the form is considered fived from Folio No./Application No Option/Sub-option Option/Sub-option Option/Sub-option Option/Sub-option Option/Sub-option OTM Debit Mandate is already registered in the folio. SIP Amount Rs Frequency Weekly Monthly Quarterly Acknowledgement	m D D M M Y	Y Y Y *					×					×					
ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) This Acknowledgement Slip is for your reference only. Information provided on the form is considered five from Plan Option/Sub-option Option/Sub-option Option/Sub-option Option/Sub-option OTM Debit Mandate is already registered in the folio. SIP Amount Rs Frequency	D D M M Y	Y Y Y Signa	ture of Prim	nary Bank A	Account Hol	der	Signatur	e of Bank A	ccount	Holder		Sig	nature	of B	ank Ac	count	Holder
HSBC Mutual Fund ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) This Acknowledgement Slip is for your reference only. Information provided on the form is considered fived from Folio No./Application No Option/Sub-option Plan Option/Sub-option Option/Sub-option Option/Sub-option OTM Debit Mandate is already registered in the folio. SIP Amount Rs Frequency	mum period of validity of the ears only.	nis mandate is	Name as	s in bank re	ecords		Nar	ne as in bar	ık record	S			Nam	ne as i	n bank	record	ds
HSBC Mutual Fund ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant) This Acknowledgement Slip is for your reference only. Information provided on the form is considered fived from Folio No./Application No Option/Sub-option Plan Option/Sub-option Option/Sub-option Option/Sub-option OTM Debit Mandate is already registered in the folio. SIP Amount Rs Frequency	X — — — —																
This Acknowledgement Slip is for your reference only. Information provided on the form is considered fine Folio No. / Application No.	LICEC N.A																- 🔀
eme Plan Option/Sub-option New SIP Registration SIP Renewal Update New OTM Debit Mandate OTM Debit Mandate to be registered in the folio. SIP Amount Rs. Frequency Weekly Monthly Quarterly Acknowledgement	MOBE IVIUTU	al Eupd		- — — -			ACKNOW	LEDGEM	ENT S	SLIP (To be	filled	d in I				
New SIP Registration SIP Renewal Update New OTM Debit Mandate OTM Debit Mandate to be registered in the folio. DTM Debit Mandate is already registered in the folio. SIP Amount Rs. Frequency Weekly Monthly Quarterly Acknowledgement		al Fund												oy th	е Ар	plican	t)
DTM Debit Mandate is already registered in the folio. SIP Amount Rs Weekly	ceived from	al Fund		- — — - I		This Ack	nowledgement							oy th	е Ар	plican	t)
	eme			Plan	Folio No./Ap	This Ack	nowledgement 1 No. U	Slip is for you	ur referei	ce only.	Inform	ation p		oy th	е Ар	plican	t)
TTP Ton Un Amount Rs Frequency Half Vearly Vearly Stamp & Date	eme New SIP Registration	☐ SIP Renewal	U	Plan	Folio No./Ap	This Ack	nowledgement 1 No. U	Slip is for you	ur referei	ce only.	Inform	ation p		oy th	e App	plican is consid	t)

3	SIP & INVESTMENT DETAILS (For more than One Scheme please issue cheque favouring "HSBC Multi SIP Collection Account") First SIP Details									
	Instrument No.	Dated DDDMN		neque Amount						
	Bank Name	Duted D D N N	A/C No.	leque / infount						
	Branch		City							
	A/c. Type	□ 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			2nd3rd4th5th6th7th8th						
	SIP period From MMMYY	To MMYYY		Default^)						
	[If end date is not mentioned then the SIP will be considered by	ased on end date provided in NACH		28th 29th 30th 31st						
	SIP Frequency ☐ Weekly ☐ Monthl		SIP Day 🔲 Monday	Tuesday ☐ Wednesday ☐ Thursday ☐ Friday						
	SIP Amount (figures) ₹	(words)								
	SIP Top Up (Optional) – Available only for investmen			W 1						
	Top Up Amount ₹ Amount in multiples of ₹ 5		p Frequency Half							
	Top Up to continue till SIP amount reaches^^ ₹	OR To	pp Up to continue till # D D	M M Y Y Y Y						
2	Scheme 2 Name		Plan	Option/Sub option						
	IDCW Frequency			2nd 3rd 4th 5th 6th 7th 8th Default 11th 12th 13th 14th 15th 16th						
	SIP period From M M Y Y	To MMYYY	17th 18th	□ 19th □ 20th □ 21st □ 22nd □ 23rd □ 24th □ 25th						
	[If end date is not mentioned then the SIP will be considered by	· · · · · · · · · · · · · · · · · · ·		28th 29th 30th 31st						
	SIP Frequency		SIP Day L Monday	☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday						
	SIP Amount (figures) ₹ (words)									
	SIP Top Up (Optional) – Available only for investment Top Up Amount ₹ Amount in multiples of ₹ 50	1	p Frequency Half	Yearly Annual (Default) ^						
	Top Up to continue till SIP amount reaches^^ ₹									
3		OK 10								
3	Scheme 3 Name		SIP Date 1st 1	Option/Sub option 2nd 3rd 4th 5th 6th 7th 8th						
	IDCW Frequency		9th 🔲 10th (D	efault^) 11th 12th 13th 14th 15th 16th						
	SIP period From M M Y Y [If end date is not mentioned then the SIP will be considered by	To MMYYY ased on end date provided in NACH		19th 20th 21st 22nd 23rd 24th 25th 28th 29th 30th 31st						
	SIP Frequency \square Weekly $\stackrel{\Omega}{\square}$ \square Monthl			☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday						
	SIP Amount (figures) ₹	(words)	, , , , , ,							
	SIP Top Up (Optional) – Available only for investmen	ats 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 # □ □ □ M M Y Y Y Y Y OR Top Up to continue till # □ □ □ M M Y Y Y Y Y									
	For NRI Investors. $\stackrel{\Omega}{=}$ If the day for Weekly SIP is not selected, Wednesday will be the default day $^{\wedge}$ 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 installment requested above. ^^ SIP Top Up will cease once the mentioned amount is									
	reached. # It is the date from which SIP Top-Up amount for utilisation irrespective of any scheme category/inve		1, 2021, units will be allotted or	nly upon receipt of subscription amount by the Fund House						
4 DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')										
	THER 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 Mut 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 y 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 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 decigiven here are correct and express my/our willingness to make payments referred above through participation in Electronic Debit arrangement/NACH (National Auton 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 appoints 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 condition 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, updat 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 an authorities, without any prior intimation to me/us, until notified by me/us otherwise.										
	×	×		×						
	Sole/First Applicant/Guardian/PoA	Second A	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 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		