

(To be Filled in BLOCK LETTERS only)

Broker Name & ARN code/RIA code [^]	Sub-broker ARN code	Sub code	Branch Code	EUIN	For Office Use Only

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. 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	
--	--	--	--	---	--

1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 7 regarding transaction charges applicability under Instructions)

☐ I AM A FIRST TIME MUTUAL FUND INVESTOR
(₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUND
(₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

2 APPLICANT'S INFORMATION [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]

Folio No. <input type="text"/>										Please note that applicant details and mode of holding will be as per existing Folio Number.									
SOLE/ FIRST APPLICANT'S PERSONAL DETAILS										Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No <input type="checkbox"/> ^(†† Default if not ticked)									
Name as per PAN (Mandatory)*** Mr Ms M/s <input type="text"/>										Name as per PAN CARD <input type="text"/>									
Date Birth/Incorporation ^{§†} (Mandatory*) <input type="text"/>										<input checked="" type="checkbox"/> Proof Enclosed (✓) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Marksheet issued by HSC State Board <input type="checkbox"/> Others <input type="text"/> (please specify)									
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender										KYC Identification No. (KIN) ^{††} <input type="text"/>									
PAN (Mandatory*) <input type="text"/>										LEI Code <input type="text"/>									
Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy																			
Nationality [‡] <input type="text"/>										Country of Residence <input type="text"/>									

GUARDIAN NAME AS PER PAN*** (if Sole/First applicant is a Minor) **Contact Person** (in case of Non-individual Investors only)

[illegible]

3 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(✓): <input type="checkbox"/> PrivateSectorService <input type="checkbox"/> PublicSectorService <input type="checkbox"/> GovernmentService <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Doctor <input type="checkbox"/> ForexDealer <input type="checkbox"/> Business (Nature of Business) <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [specify]																		
	b. Gross Annual Income (Please ✓): <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore																		
OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date)										<input type="text"/> D	<input type="text"/> D	<input type="text"/> M	<input type="text"/> M	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y		
For Individuals [Tick (✓) if applicable] :		For Non-Individual Investors (Companies, Trust, Partnership etc.) :																	
c.	<input type="checkbox"/> Politically Exposed Person (PEP)		I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach mandatory UBO Declaration)															<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Related to a Politically Exposed Person (PEP)		II. Foreign Exchange/Money Changer Services															<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Not Applicable		III. Gaming/Gambling/Lottery/Casino Services															<input type="checkbox"/> Yes	<input type="checkbox"/> No
			IV. Money Lending/Pawning															<input type="checkbox"/> Yes	<input type="checkbox"/> No
For Non Individual Investors - Identification of Beneficial Ownership		Mandatory UBO Declaration form duly filled and signed attached. (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company)															<input type="checkbox"/> Yes	<input type="checkbox"/> No	

* **Mandatory** ** 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 8 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 KYC form while investing with the Fund. † 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. *** Effective 30 April 2024 Name & DOB of all holders including Guardian in case of minor should match with Income Tax records of PAN, else the transaction is liable to get rejected.

The upfront commission to AMFI registered distributors will be paid by the investor directly to the distributor, based on their assessment of various factors including the service rendered by the distributor.

...continued overleaf ➡



► **HSBC** Mutual Fund

ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

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

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 (₹)										
<input type="checkbox"/> SIP Investment		<input type="checkbox"/> STP		<input type="checkbox"/> Fresh Nomination						<input type="checkbox"/> Change of Existing Nomination						<input type="checkbox"/> Cancellation of Nomination					
<input type="checkbox"/> ECS (Debit/Direct Debit Facility)		Total Amount (₹)										Date									
												D D M M Y Y Y Y Y Y									

Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification

ISC Stamp, Signature & Date

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESSAddress for Correspondence[‡] [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)City _____ Pin Code _____
State _____ Country _____

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)

City _____ Zip Code _____
State _____ Country (Mandatory) _____**CONTACT DETAILS OF SOLE/FIRST APPLICANT**

Mobile No. _____ Tel. (Res.) _____ Tel. (Office) _____

Mobile belongs to: ☐ Self ☐ Spouse ☐ Guardian (to Minor investment) ☐ Dependant Children ☐ Dependant Parents ☐ Dependant Siblings ☐ Custodian ☐ POA ☐ PMS

E-mail _____ 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 ☐ PMS☐ 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. I/We confirm that primary email ID provided belongs to self or a family member.**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 AS PER PAN*** (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 _____ Name as per PAN CARD _____

Date of Birth ^{§‡} (Mandatory*) D D M M Y Y Y Y Y PAN** (Mandatory*) _____ Proof enclosed (✓) ☐ PAN card CopyGender ☐ Male ☐ Female ☐ Third Gender KYC Identification Number (KIN) ^{‡‡} _____

Nationality _____ Country of Residence _____

Status of Second Applicant (✓): ☐ Resident Individual ☐ Non-Resident (Repatriable) ☐ Non-Resident (Non-Repatriable)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 Crorec. Others (please ✓): ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable**CONTACT DETAILS OF SECOND APPLICANT**

Mobile No. _____ E-mail _____ Email ID to be filled in CAPITAL LETTERS

Mobile belongs to: ☐ Self ☐ Spouse ☐ Guardian (to Minor investment) ☐ Dependant Children ☐ Dependant Parents ☐ Dependant Siblings ☐ Custodian ☐ POA ☐ PMSE-mail belongs to: ☐ Self ☐ Spouse ☐ Guardian (to Minor investment) ☐ Dependant Children ☐ Dependant Parents ☐ Dependant Siblings ☐ Custodian ☐ POA ☐ PMS

NAME OF THIRD APPLICANT AS PER PAN*** (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 _____ Name as per PAN CARD _____

Date of Birth ^{§‡} (Mandatory*) D D M M Y Y Y Y Y PAN** (Mandatory*) _____ Proof enclosed (✓) ☐ PAN card CopyGender ☐ Male ☐ Female ☐ Third Gender KYC Identification Number (KIN) ^{‡‡} _____

Nationality _____ Country of Residence _____

Status of Third Applicant (✓): ☐ Resident Individual ☐ Non-Resident (Repatriable) ☐ Non-Resident (Non-Repatriable)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 Crorec. Others (please ✓): ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable**CONTACT DETAILS OF THIRD APPLICANT**

Mobile No. _____ E-mail _____ Email ID to be filled in CAPITAL LETTERS

Mobile belongs to: ☐ Self ☐ Spouse ☐ Guardian (to Minor investment) ☐ Dependant Children ☐ Dependant Parents ☐ Dependant Siblings ☐ Custodian ☐ POA ☐ PMSE-mail belongs to: ☐ Self ☐ Spouse ☐ Guardian (to Minor investment) ☐ Dependant Children ☐ Dependant Parents ☐ Dependant Siblings ☐ Custodian ☐ POA ☐ PMS

...continued on next page ⇨

CALL US ATPlease 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

POA HOLDER NAME AS PER PAN*** (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).																				
Mr Ms M/s										Name as per PAN CARD										
Date of Birth (Mandatory*)					D	D	M	M	Y	Y	Y	Y	KYC Identification Number (KIN) ‡‡							
PAN** (Mandatory*)													Proof enclosed (✓) <input type="checkbox"/> PAN card Copy <input type="checkbox"/>							
Nationality					Country of Residence															
a. Occupation (please ✓) : <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify] _____																				
b. Gross Annual Income (please ✓) : <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore										OR		Net-worth in Rupees (Mandatory for Non-Individuals) ₹ _____ <small>Net-worth should not be older than 1 year</small>								
c. Others (please ✓) : <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable																				

6 BANK ACCOUNT DETAILS (For Minor investments – Redemption proceeds will be paid only to the Bank A/c held in the name of Minor)

Core Banking A/c No.										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)									
Bank Name _____																			
Branch _____																			
City _____															Pin Code _____				
State _____										Country _____									
MICR code _____										RTGS/NEFT/IFSC code _____									
Please provide a cancelled cheque leaf with your name and IFSC code pre-printed if the bank details in Section 7 are different or Fund transfer is submitted.																			

7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please write Scheme Name/Plan/Option/Sub-option below)

For more than 1 Scheme please issue cheque favouring "HSBC Multi Scheme Collection Account"																			
		Scheme/Plan/Option/Sub-option												Amount (₹)					
1.		HSBC		Scheme Name _____ Plan _____ Option/Sub-Option _____															
2.		HSBC		Scheme Name _____ Plan _____ Option/Sub-Option _____															
3.		HSBC		Scheme Name _____ Plan _____ Option/Sub-Option _____															
Total Amount (₹)		Amount in words _____																	
Payment Mode		<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> One Time Mandate (OTM) <input type="checkbox"/> Electronic Transfer																	
Cheque/DD/RTGS/NEFT Details		Cheque/DD/RTGS/UMRN/NEFT No. _____																	
		Instrument Date D D / M M / Y Y Y Y Y Y										DD Charges, if any (₹) _____							
Payment from Bank A/c. No.		_____																	
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)																	
Drawn On		Bank _____																	
		Branch & City _____																	
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.																			
Documents attached to avoid Third Party Payment Rejection : <input type="checkbox"/> Third Party Declarations <input type="checkbox"/> Bank Certificate for Pre-funded Instruments For Minor investment, if Funds are from Parent/Legal Guardian, enclose Relationship Proof <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Court Order																			
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 (attach the Third Party declaration Form) (Please ✓) <input type="checkbox"/> Employee <input type="checkbox"/> Custodian <input type="checkbox"/> AMC <input type="checkbox"/> Corporate																			

8 SYSTEMATIC TRANSFER PLAN (STP)§ (Please write Scheme Name/Plan/Option/Sub-option below) ☐ Registration^^

Transfer From : Scheme HSBC Scheme Name _____										Transfer To: Scheme HSBC Scheme Name _____									
Plan/Option _____										Plan/Option _____									
Sub-option _____										Sub-option _____									
STP Frequency: <input type="checkbox"/> Daily^ <input type="checkbox"/> Weekly^ <input type="checkbox"/> Fortnightly <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 for Liquid & Overnight - Rs. 1,000. All other Schemes - Rs. 500)									
Installment commencing: From M M Y Y Y Y Y Y To M M Y Y Y Y Y Y OR <input type="checkbox"/> Until Canceled (Default)*																			
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																			
§ To be submitted 7 days prior to the STP date incase of Registration & 14 days incase of Cancellation. ^^6 installments for registration. The minimum amount required under the source scheme for registering STP is ₹ 6,000. Default Date will be applied in case of no information, ambiguity or discrepancy. ¶ If no debit date is mentioned default date would be considered as 10th of every month/quarter. ^ Daily and 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. * If end date is not mentioned, Until Canceled will be the default option.																			

9	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)						
Place and Country of Birth		Sole/First Applicant Guardian		Second Applicant		Third Applicant/POA holder	
		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 [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							
10	DEMAT ACCOUNT DETAILS (Please provide Demat proof to verify demat details)						
Please provide details of your Depository Participant if you wish to hold units in Demat Form.							<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
Depository Participant Name _____						DP ID	I N _____
Beneficiary Account No. _____							
11	NOMINATION DETAILS (Mandatory for new folios of Individual Unitholders only - whether holding Units Singly or Jointly with other holders)						
A) <input type="checkbox"/> I/We wish to Nominate: I/We, wish to make a nomination and do hereby nominate the person(s) who shall receive all the assets held in my/our account in the event of my/our death and by cancelling the nomination(s) made by me/us previously in respect of the units held by me/us in the listed Folio/s. <i>(Fill the separate nomination form).</i>							
B) <input type="checkbox"/> I/We do not wish to Nominate (Nomination OPT-OUT): I/We, the applicant(s)/unitholder(s) hereby confirm that I/we do not wish to appoint any nominee(s) in respect of the mutual fund application(s)/units held in my/our mutual fund folio(s). I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the assets held in the mutual fund folio/s. Note : Where Nominee details and Nomination Opt-Out both are mentioned, Nomination Opt-Out will be considered as "Default". Folio in such case will be updated without Nominee.							
12	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. 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 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 and/or evasion 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 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.							
X		X		X			
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.					

Form for Fresh Nomination / Change of Existing Nomination / Cancellation of Nomination

Applicable for Individual Unitholders only (effective from June 1, 2025 to August 31, 2025).
Please read the instructions carefully before filling up this Form.

☐ Fresh Nomination ☐ Change of Existing Nomination ☐ Cancellation of Nomination

Date :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Folio No.(s) (having same mode of holding and pattern)	
1.	2.
3.	4.
Investor Name (Mr./Ms.) _____	

Nomination Details			
I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my/our account in the event of my/our death. This nomination shall supersede any prior nomination made by us/me if any.			
Nomination can be made upto three nominees in the account.	Mandatory information		
	1st Nominee	2nd Nominee	3rd Nominee
Name of the Nominee (Mr./Ms.)			
Share of each Nominee#	%	%	%
Date of Birth (for Minor)			
Relationship with the Applicant (select one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____
Nominee/Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____
Address of Nominee(s)/ Guardian in case of Minor	City _____ Pin code _____ State _____ Country _____	City _____ Pin code _____ State _____ Country _____	City _____ Pin code _____ State _____ Country _____
Mobile No. of Nominee(s) / Guardian in case of Minor			
Email ID of Nominee(s)/ Guardian in case of Minor			
Name of the Guardian (in case Nominee is Minor)			
Guardian's Relationship with Nominee (non mandatory)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian
I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/ us by the AMC/DP as follows; (please tick, as appropriate)			
<input type="checkbox"/> Name of Nominee(s) with % <input type="checkbox"/> Nomination: Yes/No (Default)			
This nomination shall supersede any prior nomination made by the account holder(s), if any.			

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

Request submitted for: ☐ Fresh Nomination ☐ Change of Existing Nomination ☐ Cancellation of Nomination

From _____

Folio No. _____

Subject to further verification and furnishing of mandatory information/ documents. Please retain this slip until processed

ISC Stamp & Signature

SIGNATURE(S) – As per Mode of Holding in Demat Accounts/MF Folio(s)		
I/We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death. Signature of the nominee(s) acknowledging receipt of my/our credit will constitute full discharge of liabilities in HSBC Mutual Fund.		
Name of the Holder		Signature/Thumb Impression
Sole/First Holder (Mr./Ms.)	Name	Signature/Thumb^ Impression
	Witness 1 Name & Address: _____	Witness 1 Signature: _____
	Witness 2 Name & Address: _____	Witness 2 Signature: _____
Second Holder (Mr./Ms.)	Name	Signature/Thumb^ Impression
	Witness 1 Name & Address: _____	Witness 1 Signature: _____
	Witness 2 Name & Address: _____	Witness 2 Signature: _____
Third Holder (Mr./Ms.)	Name	Signature/Thumb^ Impression
	Witness 1 Name & Address: _____	Witness 1 Signature: _____
	Witness 2 Name & Address: _____	Witness 2 Signature: _____

^ Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

If the account holder affixes thumb impression instead of signature, additionally please provide a doctors certificate and the thumb impression should be notarised.

Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

INSTRUCTIONS

- If you are opening a new demat account / MF folio, you have to provide nomination. Otherwise, you have to follow the specified procedure for Opt-out
- The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
- Nomination is not allowed in a folio where Minor is the unitholder.
- The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
 - 'Either or Survivor' Folios / Accounts - any one of the holders can sign.
 - 'First holder Folios / Accounts – only First Holder can sign.
 - 'Jointly' Folios / Accounts - both holders have to sign
- A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee is to be provided.
- Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
- A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- Multiple Nominees: Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/ share should be in whole numbers without any decimals, adding upto a total of 100%. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees. Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.
- In case of demise of the investor and any one of the nominees, the regulated entities shall distribute the assets pro-rata to the remaining nominees
- Every new nomination for a folio/account shall overwrite the existing nomination, if any.
- Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.

- Nomination shall stand rescinded upon the transfer of units.
- Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
- The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.

Transmission aspects

- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed on pro-rata basis (as illustrated below) amongst the surviving nominees. Nominee's legal heir cannot claim the assets on behalf of deceased Nominee(s).

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	–	40%	60%	100%

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