HSBC Mutual Fund

Common Application Form

(To be Filled in BLOCK LETTERS only)

Time Stamp

Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub code	Branch Code	EUIN

For Office Use Only

^ 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 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 2]

Folio No. 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 ☐ No‡‡ ☐ (‡‡ Default if not ticked)

Name as per PAN (Mandatory)*** Mr Ms M/s (Name as per PAN CARD)

Date Birth / Incorporation §‡ (Mandatory*) D D M M Y Y Y Y

§ Proof Enclosed (✓) ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Marksheet issued by HSC State Board ☐ Others _____ (please specify)

Gender ☐ Male ☐ Female ☐ Third Gender

KYC Identification No. (KIN) ‡‡

PAN (Mandatory*)

Proof to be enclosed (✓) ☐ PAN card Copy

LEI Code

Nationality‡ _____

Country of Residence _____

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

Mr Ms M/s (Name as per PAN CARD)

Date of Birth of Guardian‡ (Mandatory*) D D M M Y Y Y Y

KYC Identification Number (KIN) ‡‡

PAN ** **(Mandatory*)**

Proof to be enclosed (✓) ☐ PAN card Copy

☐ Father ☐ Mother ☐ Legal Guardian++ (court appointed Guardian)

+ Document evidencing relationship with Guardian ++ In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

Status of Sole / 1st Applicant (✓): ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ Non-Resident (Repatriable) ☐ Non-Resident (Non-Repatriable) ☐ Non-Resident - Minor (Repatriable) ☐ Non-Resident – Minor (Non-Repatriable) ☐ Bank ☐ FPIs ☐ QFI/EFI ☐ AOP ☐ HUF ☐ FPI ☐ Sole-Proprietor ☐ Private Limited Company ☐ Public Limited Co. ☐ Body Corporate ☐ Partnership Firm ☐ Trust ☐ NPS Trust ☐ Fund of Fund ☐ Gratuity Fund ☐ Pension and Retirement Fund ☐ Government Body ☐ NGO ☐ BOI ☐ Society ☐ LLP ☐ PIO ☐ Non Profit Organisation ☐ Global Development Network ☐ Foreign Nationals [Specify Country] _____ ☐ Others [Specify] _____

2 KYC DETAILS [Mandatory* (Details of Guardian in case the unitholder is a minor)]

Investors are requested to complete the KYC section for Joint holders & POA also, as applicable

a. **Occupation(✓):** ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Doctor ☐ Forex Dealer ☐ Business [Nature of Business] _____ ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [specify] _____

b. **Gross Annual Income (Please ✓):** ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore

OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ (Net-worth should not be older than 1 year) as on (date) D D M M Y Y Y Y

c.

For Individuals [Tick (✓) if applicable] :	For Non-Individual Investors (Companies, Trust, Partnership etc.) :	
☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable	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)	☐ Yes ☐ No
	II. Foreign Exchange / Money Changer Services	☐ Yes ☐ No
	III. Gaming / Gambling / Lottery / Casino Services	☐ Yes ☐ No
	IV. Money Lending / Pawning	☐ Yes ☐ 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)**	☐ Yes ☐ 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 CKYC 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 (₹)

☐ **SIP Investment** ☐ **STP** ☐ **Fresh Nomination** ☐ **Change of Existing Nomination** ☐ **Cancellation of Nomination**

☐ **ECS (Debit / Direct Debit Facility)** Total Amount (₹) Date D D M M Y Y Y Y

ISC Stamp, Signature & Date

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

3 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Address 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.

4 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 **PAN**** (Mandatory*) Proof enclosed (✓) ☐ PAN card Copy

Gender ☐ 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 Crore

c. **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 ☐ PMS

E-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 **PAN**** (Mandatory*) Proof enclosed (✓) ☐ PAN card Copy

Gender ☐ 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 Crore

c. **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 ☐ PMS

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

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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

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 (✓) ☐ PAN card Copy

Nationality _____ **Country of Residence** _____

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 Crore

OR **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. Others (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

5 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 (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE* * 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 6 are different or Fund transfer is submitted.

6 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	☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ One Time Mandate (OTM) ☐ Electronic Transfer	
Cheque/DD/ RTGS/NEFT Details	Cheque/DD/RTGS/UMRN/NEFT No.	
	Instrument Date D D / M M / Y Y Y Y DD Charges, if any (₹)	
Payment from Bank A/c. No.		
A/c. Type (✓)	☐ Current ☐ Savings ☐ NRO* ☐ NRE* ☐ FCNR* ☐ 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 : ☐ Third Party Declarations ☐ Bank Certificate for Pre-funded Instruments

For Minor investment, if Funds are from Parent/Legal Guardian, enclose Relationship Proof ☐ Birth Certificate ☐ Passport ☐ School Leaving Certificate ☐ Court Order

MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account in my/our name ☐ Yes ☐ No.

If no, my relationship with the bank account holder (attach the Third Party declaration Form) (Please ✓) ☐ Employee ☐ Custodian ☐ AMC ☐ Corporate

7 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:	☐ Daily^ ☐ Weekly^ ☐ Fortnightly ☐ Monthly (Default¶) ☐ Quarterly (10th)	**STP Day:**	☐ Monday ☐ Tuesday ☐ Wednesday (Default^) ☐ Thursday ☐ Friday
Transfer Options:	☐ Fixed Amount ☐ 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 To M M Y Y Y Y OR ☐ Until Canceled (Default)♠

STP 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

$ 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.

...continued overleaf

8 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)

	Sole/First Applicant Guardian	Second Applicant	Third Applicant/POA holder
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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]	☐ A ☐ B ☐ C	☐ A ☐ B ☐ C	☐ A ☐ B ☐ 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

9 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. ☐ **NSDL** ☐ **CDSL**

Depository Participant Name _____ DP ID | I | N | | | | | | | | | | | | | |

Beneficiary Account No. | | | | | | | | | | | | | | | |

10 NOMINATION DETAILS (Mandatory for new folios of Individual Unitholders only - whether holding Units Singly or Jointly with other holders)

A) ☐ 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.

(Fill the separate nomination form).

B) ☐ 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.

11 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/updation. I also undertake to keep the Fund informed in writing about any changes/modification/updation 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. Incase 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.**