

Broker Name & ARN code / RIA code [^]	Sub-broker ARN code	Sub code	Branch Code	EUIN
ARN-118251				
[^] 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 scheme(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		

App.
No.:

For Office Use Only

1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 7 regarding transaction charges applicability under Instructions)	
<input type="checkbox"/> I AM A FIRST TIME MUTUAL FUND INVESTOR (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)	<input type="checkbox"/> 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. _____ 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 [£] Mr Ms M/s _____	
Date of Birth [§] (Mandatory) _____	§ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Passport Marksheet issued by HSC State Board Others (please specify)
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender	KYC Identification No. (KIN) ^{††} _____
PAN [£] (Mandatory) _____	Proof to be enclosed (✓) PAN card Copy
Nationality [†] _____	Country of Residence _____
GUARDIAN NAME (if Sole/First applicant is a Minor) Contact Person (in case of Non-individual Investors only)	
Mr Ms M/s _____	
KYC Identification Number (KIN) ^{††} _____	
PAN ^{**} (Mandatory) _____	Proof to be enclosed (✓) PAN card Copy
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> 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 (✓) : <input type="checkbox"/> Resident Individual <input type="checkbox"/> Resident Minor (through Guardian) <input type="checkbox"/> Non-Resident (Repatriable) <input type="checkbox"/> Non-Resident (Non-Repatriable) <input type="checkbox"/> Non-Resident - Minor (Repatriable) <input type="checkbox"/> Non-Resident - Minor (Non-Repatriable) <input type="checkbox"/> Bank <input type="checkbox"/> FPIs <input type="checkbox"/> QFI/EFI <input type="checkbox"/> AOP <input type="checkbox"/> HUF <input type="checkbox"/> FPI <input type="checkbox"/> Sole-Proprietor <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Trust <input type="checkbox"/> NPS Trust <input type="checkbox"/> Fund of Fund <input type="checkbox"/> Gratuity Fund <input type="checkbox"/> Pension and Retirement Fund <input type="checkbox"/> Government Body <input type="checkbox"/> NGO <input type="checkbox"/> BOI <input type="checkbox"/> Society <input type="checkbox"/> LLP <input type="checkbox"/> PIO <input type="checkbox"/> Non Profit Organisation <input type="checkbox"/> Global Development Network <input type="checkbox"/> Foreign Nationals <input type="checkbox"/> Others	
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"/> 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"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> 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	
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) ₹ _____ as on (date) _____	
For Individuals [Tick (✓) if applicable] :	For Non-Individual Investors (Companies, Trust, Partnership etc.) :
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No II. Foreign Exchange/Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No 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

** 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.
£ As per KRA details.

...continued overleaf ⇨

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

App.
No.:

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS**Address for Correspondence[†]** [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

City		
State	Country	Pin Code

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		
State	Country (Mandatory)	Zip Code

Contact Details

Mobile No.	Tel. (Res./Offi.)
Mobile belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS	
*E-mail - 1	Email ID to be filled in CAPITAL LETTERS
E-mail belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> 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** (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

Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
PAN** (Mandatory)	KYC Identification Number (KIN) ‡‡
Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy	
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) <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore ₹	
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	

NAME OF THIRD APPLICANT (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

Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
PAN** (Mandatory)	KYC Identification Number (KIN) ‡‡
Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy	
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) <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore ₹	
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	

POA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).

Name Mr Ms M/s

Date of Birth	KYC Identification Number (KIN) ‡‡
PAN** (Mandatory)	Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy
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) <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore ₹	
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	

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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

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 (✓) ☐ 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 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. <input type="text"/>	
	Instrument Date <input type="text"/> DD Charges, if any (₹) <input type="text"/>	
Payment from Bank A/c. No.	<input type="text"/>	
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 <input type="text"/> Branch & City <input type="text"/>	

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

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/Sub-option *	<input type="text"/>	Plan/Option/Sub-option *	<input type="text"/>
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. <input type="text"/>
Installment commencing:	From <input type="text"/> To <input type="text"/>	(Minimum Transfer Amount for Liquid & Overnight Schemes - Rs. 1,000. All other Schemes - Rs. 500)	
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. ^^ Minimum 6 installments for Liquid and Overnight and 12 installments for all other Schemes for registration. The minimum amount required under the source scheme for registering STP is ₹ 6,000. * Default Option Date may 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.

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)**

	Sole/First Applicant Guardian	Second Applicant	Third Applicant/POA holder
Place and Country of Birth	Place <input type="text"/> Country <input type="text"/>	Place <input type="text"/> Country <input type="text"/>	Place <input type="text"/> Country <input type="text"/>
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#	<input type="text"/>
Tax Identification Number (TIN) or Functional Equivalent^	<input type="text"/>
Identification Type (TIN or Other, please specify)	<input type="text"/>
If TIN is not available, please tick ✓ the reason [as defined below]	<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**

...continued overleaf ➞

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.										NSDL	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) I/We wish to Nominate: I/We do hereby nominate the person(s) more particularly described hereunder to receive the Units held in my/our Folio 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 Folio.											
	1st Nominee			2nd Nominee			3rd Nominee				
Name of Nominee*											
PAN of the Nominee [§]											
Allocation % to each Nominee* #											
Nominee Relationship with 1st Holder*											
If Nominee is a Minor											
Name of the Guardian**											
PAN of Guardian [§]											
Date of Birth of Nominee**	D D / M M / Y Y Y Y			D D / M M / Y Y Y Y			D D / M M / Y Y Y Y				
Guardian's Relationship with Nominee**	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian				
Proof of Relationship [§]	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others			<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others			<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others				
Signature of Nominee/ Guardian [§]											
Address of Nominee(s)/ Guardian [§]											
	City _____			City _____			City _____				
	State _____			State _____			State _____				
	Country _____			Country _____			Country _____				
	Pin _____			Pin _____			Pin _____				
* Mandatory § Optional **Mandatory & Applicable in case the Nominee is a Minor # Aggregate should be 100%											
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 units 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/ 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 (<i>Applicable to NRI</i>).											
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 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.								