



<b>3c. For Individuals</b> [Tick (✓) if applicable] :	<b>For Non-Individual Investors (Companies, Trust, Partnership etc.) :</b>
<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

**3d. Identification of Beneficial Ownership**  
Please attach the mandatory UBO declaration form to provide the beneficial owner details. In case there is NO UBO, please declare that the entity does not have anyone holding beneficial interest by completing the UBO form.

**4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS**

**Address for Correspondence** † [P.O. Box Address is NOT sufficient] (Should be same as in KRA records, please refer to point 10 under Important Instructions)

City	Pin Code
State	Country

<b>Contact Details</b>	Phone	O	Extn.	Fax
		R		
			Mobile	
<b>e-mail</b>				

† On providing e-mail id investors shall receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents and marketing material by email

**Overseas Address / Registered Address in case of Non-Individual investors**  
(Mandatory in case of NRI / FII applicant in addition to mailing address) (Should be same as in KRA records, please refer to point 10 under Important Instructions)

City	Zip Code
State	Country (Mandatory)

**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 Canada?** (✓) Yes  No † † Default if not ticked.

Mr Ms M/s	Should match with PAN Card
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<b>PAN**</b> (Mandatory)	Enclosed (✓) <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> KYC Compliance Proof*	Date of Birth	D D M M Y Y Y Y
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**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 **OR** **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year  ₹ 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

**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 Canada?** (✓) Yes  No † † Default if not ticked.

Mr Ms M/s	Should match with PAN Card
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<b>PAN**</b> (Mandatory)	Enclosed (✓) <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> KYC Compliance Proof*	Date of Birth	D D M M Y Y Y Y
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**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 **OR** **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year  ₹ 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

**POA HOLDER DETAILS\*** (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder)

Mr Ms M/s	Should match with PAN Card
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<b>PAN**</b> (Mandatory)	Enclosed (✓) <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> KYC Compliance Proof*	PoA copy notarised or the original copy of PoA needs to be submitted in case of Investment through PoA.
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**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 **OR** **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year  ₹ 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

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**CALL US AT**

HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:

• **Bengaluru** : No. 7, HSBC Center, M.G. Road, Bengaluru 560 001 • **Chennai** : No. 30, 2nd Floor, Rajaji Salai, Chennai 600 001 • **Kolkata** : Jasmine Tower, 1st Floor, 31, Shakespeare Sarani, Kolkata 700 017 • **Mumbai** : 314, D. N. Road, Fort, Mumbai 400 001 • **New Delhi** : 3rd Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi 110 001.

TOLL FREE NUMBER : 1800 200 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on + 91 44 39923900 to connect to our customer care centre.

Contact us at [hsbcmf@hsbc.co.in](mailto:hsbcmf@hsbc.co.in)

Visit us at [www.assetmanagement.hsbc.com/in](http://www.assetmanagement.hsbc.com/in)

**6 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines)** (refer Instruction No. 3 for Multiple Bank Account Registration details)

Core Banking A/c No.  A/c. Type  Current  Savings  NRO\*  NRE\* \* For NRI Investors  
 Bank Name   
 Branch Address   
 MICR Code  (9 digit number next to your Cheque No.) RTGS IFSC Code  (For Rupees One lakh and above) NEFT IFSC Code  (For less than Rupees One lakh)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above. Mentioning your 11 digit RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us transfer the amount to your bank account quicker, electronically.

**7 INVESTMENT & PAYMENT DETAILS (Please  Scheme / Option / Sub-Option)** (refer Important Instruction No. 11 on Third Party Payments)

Scheme  HEF  HIOF  HPTF  HMEF  HTSF  HDF  HEMF  HDYEF  HBF  HAPDF  HMS-Conservative  HMS-Growth  HMS- Moderate Plan   
 Option / Sub-option  Growth (default)  Dividend Reinvestment\*\*  Dividend Payout

\*\* Not applicable in case of HTSF  
 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 cheque only.

**A) ONE TIME LUMP SUM INVESTMENT (Please fill the details hereunder. Do not submit SIP Auto Debit Form)**  
 Payment Mode  Cheque  DD  RTGS  NEFT  Fund Transfer Cheque/RTGS/NEFT/DD/FT Date  /  /  /  /  /  /  /   
 Cheque/DD/RTGS/NEFT No.  Payment from Bank A/c. No.   
 Investment Amount (Rs.) (i)  Bank Name   
 DD charges (Rs.) (ii)  Branch   
 Total Amount (Rs.) (i + ii)  A/c. Type  Current  Savings  NRO\*  NRE\*  FCNR\*  Others  (\* For NRI Investors)

Documents attached to avoid Third Party Payment Rejection where applicable :  Third Party Declarations  Bank Certificate for Pre-funded Instruments  
**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  Parent  Grandparent  Employee  Custodian  Others  (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 11 on the Third Party Payments).

**B) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (All cheques should be of same date of the months/quarters)**

**First SIP Cheque Details :**  
 Cheque No.  Drawn on Bank A/c. No.   
 Cheque Date  /  /  /  /  /  /  /  Bank Name   
 Branch   
 SIP Date  Monthly (Default^):  3rd  10th (Default^)^  17th  26th  30th ##  All Dates  Quarterly (10th) ## Last Business Day of the month for February  
 SIP Period Start Date  /  /  /  End Date  /  /  /   March 2025 (Default^^) ^ Refer instruction 4b(g) ^^ Refer instruction 4b(h)  
 Each SIP Amount (Rs.)  Cheque Nos. From  To   
 Drawn on  Bank A/c.  Bank  Branch

**C) SIP : SYSTEMATIC INVESTMENT PLAN (For SIP through ECS Debit Clearing) (Please fill up SIP Auto Debit Form and attach with this)**

**First SIP Cheque/DD Details :** Cheque/DD No.  Cheque/DD Date  /  /  /  /  /  /  /   
 Drawn on Bank A/c. No.  Bank Name & Branch   
 MICRO SIP (Refer Note No. 4C on page 19) Date of Birth  /  /  /  /  /  /  /  Supporting Document type\*  Reference No. (if available)   
 \*For the permissible list of applicable documents please refer to Page 20.

**8 DEMAT ACCOUNT DETAILS**

Please ensure that unit holders are given an option to hold the units in demat form in addition to account statement as per current practice and the sequence of names as mentioned in the application form matches with the Depository Participant.

NSDL	CDSL
DP Name <input type="text"/>	<input type="text"/>
DP ID <input type="text"/> I N <input type="text"/>	<input type="text"/> N A <input type="text"/>
Beneficiary Account No. <input type="text"/>	<input type="text"/>

**9 NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)**

Please   I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

Signature(s)	Sole/First Applicant	Second Applicant	Third Applicant
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**OR**

**NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single)** (ref. Important Instruction 15)

I/We  (Unit holder 1),  (Unit holder 2)  
 and  (Unit holder 3) \*do hereby nominate the person(s) more particularly described hereunder/and\*/cancel the nomination made by me/us on the  day of  in respect of the Units under Folio No.  (\*strike out which is not applicable)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1		(To be furnished in case the Nominee is a Minor)		
Nominee 2				
Nominee 3				

\* the aggregate total should be 100%.

...continued overleaf ⇨

**CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FOR DETERMINING US PERSON STATUS**

[Mandatory for all investors including Unit holder (Guardian in case of minor) and Joint holder(s)]

Please provide a response common to all holders in the folio(s). For eg : If the answer to any one of the question for any one of the holder is "Yes", please tick on "Yes" against the question

**FATCA DECLARATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)**

FATCA Compliance Confirmation Indicia	"Yes" or "No" please (✓)	
Are you a resident or Citizen of the United States ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is US your place of birth ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a US telephone number in the capacity of a resident / citizen of US ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold any residence / mailing address / 'C/o address' / hold mail address / PO Box address in the US ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your POA holder based out of US or hold US residence / citizenship ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay tax in the US ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold an Identification Number or any identification that indicates US residence / citizenship ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**FATCA DECLARATION FOR NON-INDIVIDUAL INVESTORS (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.)**

FATCA Compliance Confirmation Indicia	"Yes" or "No" please (✓)	
Does your organisation / entity hold a mailing address / communication address in the US	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the country of incorporation - US ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a US telephone number ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have a US beneficiary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your Director / Promotor / Authorised signatory / POA holder based out of US or holds US residence / citizenship ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have one or more US beneficial owners /shareholders with more than 10% ownership on vote or value of stock ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have partners (of US) owning more than a 10% profit or capital interest in a partnership ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any US "owner" of a grantor trust or, to the extent provided in regulations, a more than 10% beneficial interest in a trust ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation / entity pay tax in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Declaration :** Investor agrees to provide the fund with any documentation or information requested relating to individual or entity tax status. To the extent required by the fund, investor hereby consents to the disclosure and reporting of any tax related information obtained or held by the fund to any local or foreign regulatory or tax authority ("Tax Authority"). Upon request by the fund, investor hereby agrees to obtain a written waiver or consent from the entity's "substantial owners" or "controlling persons" and to provide those consents to the fund to permit it to disclose and report tax and account specific financial information to any local or foreign Tax authority. The terms "substantial owners" and "controlling persons" shall have the meaning as defined under local or foreign tax laws, regulatory guidance or inter governmental cooperation agreements. The potential consequences for failure to comply with requests for tax information, failure to respond to requests for waivers or consents for tax information disclosure, and/or failure to respond to requests to obtain waivers or consents from substantial owners or controlling persons, include, but are not limited to: (a) Fund has the right to carry out actions which are necessary to comply with the local or foreign tax reporting obligations; (b) Fund has the ability to withhold taxes that may be due from certain payments made to the investor's account; (c) Fund has the right to pay relevant taxes to the appropriate tax authority; (d) Fund has the right to refuse to provide certain services; and (e) Fund has the discretion to close investor accounts. The investor agrees to inform, or respond to any request from, the fund, if there are any changes to tax information previously provided.

**DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)**

Having read and understood the contents of the Combined 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. I / We express my / our willingness to make payments referred above through participation in ECS / Direct Debit Facility. 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 have read and agreed to the terms and conditions for ECS / Direct Debit. 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 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 / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. (*Applicable for Micro SIP investments only*).

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.

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.