



#### 4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

**Address for Correspondence<sup>‡</sup>** [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

[illegible]

## Contact Details

[illegible]

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

†E-mail - 1	Email ID to be filled in CAPITAL LETTERS
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E-mail belongs to : ☐ Self ☐ Spouse ☐ Guardian (to Minor investment) ☐ Dependant Children ☐ Dependant Parents ☐ Dependant Siblings ☐ Custodian ☐ POA ☐ PMS

†E-mail - 2	Email ID to be filled in CAPITAL LETTERS
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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.

**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)

[illegible]

**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<sup>\*\*</sup> ☐ (\*\*Default if not ticked.)

[illegible][illegible][illegible]

Nationality	Country of Residence
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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>b. Gross Annual Income</b> (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	<b>OR</b>	<b>Net-worth in Rupees</b> (Mandatory for Non-Individuals) ₹ _____ <small>Net-worth should not be older than 1 year</small>
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**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 USA/Canada? (✓) Yes ☒ No\*\* ☐ (\*\*Default if not ticked.)**

[illegible][illegible]

<b>PAN**</b> (Mandatory)										Proof to be enclosed (✓)    PAN card Copy
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Nationality _____	Country of Residence _____
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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>b. Gross Annual Income</b> (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		<b>OR</b>	<b>Net-worth in Rupees</b> (Mandatory for Non-Individuals) ₹ _____ <i>Net-worth should not be older than 1 year</i>
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**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 details of PoA holder).

[illegible][illegible]

<b>PAN**</b> (Mandatory)											Proof to be enclosed (✓)      PAN card Copy
--------------------------	--	--	--	--	--	--	--	--	--	--	---

Nationality _____	Country of Residence _____
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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>b. Gross Annual Income</b> (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	<b>OR</b>	<b>Net-worth in Rupees</b> (Mandatory for Non-Individuals) ₹ <div style="border: 1px solid black; padding: 2px; display: inline-block;">Net-worth should not be older than 1 year</div>
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**C. Others** (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

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**CALL US AT**

Please visit our website [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://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)
<b>Toll Free Number</b>	1800-4190-200/1800-200-2434	1800-419-9800	<b>1800-4190-200/1800-200-2434</b>	+91 44 39923900
<b>Email ID</b>	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

## (refer Instruction No. 3 for Multiple Bank Account Registration details)

Please provide a cancelled cheque leaf with your name and IFSC code pre-printed. This will help us transfer the amount to your bank account quicker, electronically.  
Incase of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"

	Scheme 1	Scheme 2	Scheme 3
Scheme Name	HSBC	HSBC	HSBC
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Options / Sub-Option	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
IDCW Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

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. In case of application on behalf of Minor, kindly refer to point 2 in "Instruction for Filling Up the Application Form"

<b>Payment Mode</b>	<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	<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	<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
<b>Cheque / RTGS / NEFT / DD/FT Date</b>	<div> <div>D</div> <div>D</div> <div>/</div> <div>M</div> <div>M</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>/</div> <div>M</div> <div>M</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>/</div> <div>M</div> <div>M</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
<b>Cheque/DD / RTGS / NEFT No.</b>			
<b>Payment from Bank A/c. No.</b>			
<b>UMRN for One Time Mandate</b>			
<b>Investment Amount (₹)(i)</b>			
<b>DD charges (₹)                      (ii)</b>			
<b>Total Amount (₹) (i + ii)</b>			
<b>Drawn on: Bank Name</b>			
<b>Branch</b>			
<b>City</b>			
<b>A/c. Type (✓)</b>	<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)	<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)	<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)
<b>(₹ in words)</b>			

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 ☒ Employee ☐ Custodian ☐ Others \_\_\_\_\_ (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 10 on the Third Party Payments).

## Registration

Scheme: <input type="text"/>										Plan: <input type="checkbox"/> Regular <input type="checkbox"/> Direct									
Option: <input type="checkbox"/> <input type="text"/>										Sub-Option: <input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW									
IDCW Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly																			
SWP Frequency: <input type="checkbox"/> Monthly (Default <sup>¶</sup> ) <input type="checkbox"/> Quarterly (10th) <input type="checkbox"/> Half-Yearly <input type="checkbox"/> Yearly																			
Withdrawal Options: <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation <sup>¥</sup> (1st Business Day of the month) (Redemption amount will equal appreciation)																			
Period of enrolment: From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
Withdrawal preference: Amount Rs. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										OR <input type="text"/> Units (Redemption amount will equal appreciation)									
<b>Minimum Amount for SWP:</b> For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of 1 unit. All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.																			
<b>SWP Date</b> <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																			

^^ Minimum 6 installments for registration. The minimum amount required under the source scheme for registering SWP is ₹ 6,000. ¶ If no debit date is mentioned default date would be considered as 10th of every month/quarter. ¥ Available for Growth Plan only. Minimum Amount for Liquid & Overnight Schemes - Rs. 1,000. All other Schemes - ₹ 500.

...continued overleaf ➡

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SYSTEMATIC TRANSFER PLAN (STP)<sup>§</sup> (To be submitted 7 days prior to the STP date incase of Registration)

Registration

Transfer From: Scheme Name		Transfer To: Scheme Name	
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Options / Sub-Option	<input type="checkbox"/> Growth <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	Options / Sub-Option	<input type="checkbox"/> Growth <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
IDCW Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	IDCW Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly
STP Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly (Default <sup>¶</sup> ) <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default <sup>¶</sup> ) <input type="checkbox"/> Quarterly (10th)		
STP Day:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default <sup>¶</sup> ) <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"/> (Minimum transfer amount Rs. 500 except Liquid & Overnight: For Liquid & Overnight Rs. 1000)		
Installment commencing:	From <input type="text"/> To <input type="text"/>		
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		

<sup>§</sup> Minimum 6 installments for registration. The minimum amount required under the source scheme for registering STP is ₹ 6,000.  
<sup>¶</sup> If no debit date is mentioned default date would be considered as 10th of every month/quarter.  
<sup>^</sup> 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.  
Please read the Key Information Memorandum for details on STP applicable Plan, Sub option and IDCW Frequency of the respective schemes.

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
DP Name	
DP ID	
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 <sup>§</sup>			
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
Allocation % to each Nominee* (Aggregate should be 100%)			
Nominee Relationship with 1st Holder*			
Name of the Guardian**			
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 <sup>§</sup>	<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
PAN of Guardian <sup>§</sup>			
Address of Nominee(s)/ Guardian <sup>§</sup>	City State Country PIN	City State Country PIN	City State Country PIN
Signature of Nominee/ Guardian <sup>§</sup>			

\* Mandatory

<sup>§</sup> Optional

\*\*Mandatory & Applicable in case the Nominee is a Minor

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.

**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
Place and Country of Birth	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 <sup>#</sup>			
Tax Identification Number (TIN) or Functional Equivalent <sup>^</sup>			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick ✓ the reason A, B or C [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 _____			

<sup>#</sup> To also include USA, where the individual is a citizen/green card holder of USA.

<sup>^</sup> 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

**13 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. 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 primary email ID provided belongs to self or a family member.

**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.**

<b>X</b>	<b>X</b>	<b>X</b>
<b>Sole/First Applicant/Guardian/PoA</b>	<b>Second Applicant/ PoA</b>	<b>Third Applicant/PoA</b>
Date <input type="text"/>	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.	