

Transaction Form for Existing Investors

This Form is for use by existing Unitholders of all funds of HSBC Mutual Fund only
Please use a separate Form for each Transaction

Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub code	EUIN
ARN -98471			E115901

No. CT

^ 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/1st applicant / Authorised Signatory	2nd applicant / Authorised Signatory	3rd applicant / Authorised Signatory
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1 UNITHOLDER INFORMATION (Refer above note on ‘Transaction Charges’. For details refer page 94 of the Common Scheme Information Document)

Sole / First Unitholder's Name	Mr./ Ms./ M/s													
Folio No.		Date of Birth*‡	D	D	M	M	Y	Y	Y	Y	Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No <input type="checkbox"/> # (# Default)			
	Sole / First Unitholder	Guardian / POA	Second Unitholder				Third Unitholder							
KYC Identification No. (KIN) ‡‡														
PAN ** (Mandatory)														
Proof enclosed (✓)	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy				<input type="checkbox"/> PAN Card Copy							

** 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). ‡‡ 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. 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. ~ 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. ‡ Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

2 ADDITIONAL PURCHASE (Please ✓ your choice of Scheme / Plan / Option / Sub-option) (See instruction 1-4)

Scheme	Scheme 1		Scheme 2		Scheme 3	
Plan						
Sub-Option	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout
Dividend Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly
Investment Amount (₹) (i)						
DD Charges (₹) (ii)						
Total Amount (₹) (i+ii)						
Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS/NEFT
Cheque/DD No.						
Cheque Dated						
A/c. No.						
A/c. Type (✓)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others (* For NRI Investors)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <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"/> Others (* For NRI Investors)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <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"/> Others (* For NRI Investors)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others (* For NRI Investors)
Drawn on Bank						
Branch	City	City	City	City	City	City

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 the section on Third Party Payments in the SAI).

3 REDEMPTION (Please ✓ your choice of Scheme / Plan / Option / Sub-option) (See instruction 1, 2, 3 & 5)

Scheme	Plan	Option	<input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus
Sub-Option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout	Dividend Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly	<input type="checkbox"/> Amount (₹ in figures) <input type="checkbox"/> No. of Units <input type="checkbox"/> All Units	

4 BANK DETAILS FOR THE ABOVE REDEMPTION

FOR INVESTORS WHO HAVE REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY
The redemption should be processed into the following registered bank account as per the payout mechanism indicated by me/us:
Bank A/C No A/c. Type (✓) ☐ Current ☐ Cash Credit ☐ Others
Bank Name
MICR Code IFSC Code
Important Note: The Bank account details mentioned above should be pre-registered as a valid bank mandate. If the account details are not filled above OR incorrect, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.
FOR INVESTORS WHO HAVE NOT REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY : Please use the Multiple Bank Account Registration / Deletion Form.
Important Note : If unitholder(s) provides a new and unregistered bank mandate with a specific redemption request (with or without necessary documents) such bank account will not be considered for payment of redemption proceeds. The redemption proceed shall be paid to the existing bank account registered at the time of redemption payout. * HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to credit of redemption proceeds into any of the bank accounts registered with is the aforesaid folio. Please refer to SID / SAI for process of change of bank details along with / before redemption.

5 CHANGE OF ADDRESS / E-MAIL / CONTACT DETAILS (Address should be same as in KRA records)

FOR INVESTORS WHO ARE NOT KYC COMPLAINT : (For Proof of Identity & Proof of Address : Self attested with originals produced to AMC ISC for verification (or) Self-attested along with attestation by KYD compliant distributor or a competent authority as outlined in Uniform KYC guidelines)
New Address for correspondence : Address is (Please ✓) : ☐ Home ☐ Office

	City	Pin Code
State	Country	

Proof of address to be provided by Applicant: Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
☐ Passport ☐ Ration Card ☐ Registered Lease / Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ Latest Bank Statement/Passbook ☐ Latest Telephone Bill (only Land Line) ☐ Latest Electricity Bill ☐ Latest Gas Bill ☐ Others (Please specify) _____ (Not more than 3 months old)
Proof of Identity (Please enclose a duly attested copy of your PAN Card.) Proof of Identity submitted for PAN exempt cases (✓) (Refer point 9 under General Instructions.)
PAN ☐ UDI (Aadhar Card) ☐ Passport ☐ Voter Identity Card ☐ Driving License ☐ Others (Please specify) _____
Contact Details :
Phone O Extn. Fax R
Mobile E-mail*
☐ 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.
FOR INVESTORS WHO HAVE COMPLIED KYC Please submit Change of address request in the prescribed format alongwith supporting documents as outlined under uniform KYC guidelines

ACKNOWLEDGEMENT SLIP (To be filled by the investor) This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.

Folio No.	Name	Received from the above mentioned investor the following :		No. CT
		Total Amount (Rs.)		
<input type="checkbox"/> Additional Purchase Scheme				
Cheque No(s)	Drawn on	OR Units		
<input type="checkbox"/> Redemption or <input type="checkbox"/> Switch Amount (Rs.)				
<input type="checkbox"/> STP <input type="checkbox"/> SWP <input type="checkbox"/> Change of Address <input type="checkbox"/> Nomination				

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

ISC Stamp, Signature & Date

6	SYSTEMATIC WITHDRAWAL PLAN (SWP)	<input type="checkbox"/> Registration <input type="checkbox"/> Cancellation
Scheme <input style="width: 400px;" type="text"/> Plan <input style="width: 100px;" type="text"/>		
Option <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus Dividend 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		
Frequency (✓) <input checked="" type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly (10th) Sub-Option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout		
Withdrawal Options <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation (1st Business Day of the month)		Withdrawal Amount (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter)
SWP 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 All dates		Rs. <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> Redemption amount will equal appreciation.
		Period of enrolment <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> To <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
To be submitted 10 days prior to the SWP date in case of Registration & 14 days incase of Cancellation.		

7	SWITCH (Please your choice of Scheme / Plan / Option / Sub-option) KYC MANDATORY w.e.f. January 1, 2011. Please enclose KYC acknowledgement.									
Switch From: Scheme Name <input style="width: 100%;" type="text"/>					Switch To: Scheme Name <input style="width: 100%;" type="text"/>					
Plan <input style="width: 100%;" type="text"/> Option <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus					Plan <input style="width: 100%;" type="text"/>					
Sub-option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout					Sub-option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout					
Dividend Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly					Dividend 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"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly					
<input type="checkbox"/> Amount (Rs. in figures) <input style="width: 100%;" type="text"/>					<input type="checkbox"/> OR <input type="checkbox"/> No. of Units <input style="width: 100%;" type="text"/>					
					<input type="checkbox"/> All Units					

8	SYSTEMATIC TRANSFER PLAN (STP)		<input type="checkbox"/> Registration	<input type="checkbox"/> Cancellation
Transfer From: Scheme Name : <input style="width: 150px;" type="text"/> Plan <input style="width: 50px;" type="text"/>				
Option <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus Sub-option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout Dividend 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				
STP Frequency (✓) <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly (10th) Installment commencing From <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> To <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>				
To be submitted 10 days prior to the STP date incase of Registration & 14 days incase of Cancellation.				
Transfer To: Scheme Name : <input style="width: 150px;" type="text"/> Plan <input style="width: 50px;" type="text"/>				
Sub-option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout Dividend 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 Transfer Options <input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation (1st Business Day of the month)				
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 <input type="checkbox"/> All dates				
Transfer Amount Amount per instalment Rs. <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> <input style="width: 50px;" type="text"/> (Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)				
Please read the Key Information Memorandum for details of the applicable Plan, Sub option and Dividend Frequency of the respective schemes. * If no debit date is mentioned default date would be considered as 10th of every month / quarter.				

9	DEMAT ACCOUNT 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.																				

10 REGISTRATION / CHANGE / CANCELLATION OF NOMINATION [Strike out what is not applicable, refer instruction (2)]			
<input type="checkbox"/> I/WE DO NOT WISH TO NOMINATE (Mandatory for Folios of Individuals where mode of holding is single and who do not wish to nominate)			
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)	X	X	X
	Sole/First Applicant	Second Applicant	Third Applicant

OR

I / We* 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). All Joint holders should sign, even in case of 'Anyone or Survivor'.

Where Nominee details and Non intention to nominate both are signed, Non intention to nominate will be considered as Default.

<input type="checkbox"/> I/WE WISH TO NOMINATE AS UNDER: (Mandatory for Folios of Individuals where mode of holding is single) (ref. Instructions for Nomination)				
Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%)†
	(To be furnished in case the Nominee is a Minor)			
Nominee 1				
Nominee 2				
Nominee 3				

† Proportion (%) in which the units will be shared by each Nominee, the aggregate total should be 100%

11	DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)						
OTHER DECLARATIONS							
The Trustees, HSBC Mutual Fund 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 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.							
SIGNATURE(S) Signature should be in Black or Blue ink only.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; vertical-align: middle;"> × </td> <td style="width: 33%; text-align: center; vertical-align: middle;"> × </td> <td style="width: 33%; text-align: center; vertical-align: middle;"> × </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;"> Sole / First Unitholder / Guardian / PoA </td> <td style="text-align: center; vertical-align: middle;"> Second Unitholder / PoA </td> <td style="text-align: center; vertical-align: middle;"> Third Unitholder / PoA </td> </tr> </table>	×	×	×	Sole / First Unitholder / Guardian / PoA	Second Unitholder / PoA	Third Unitholder / PoA
×	×	×					
Sole / First Unitholder / Guardian / PoA	Second Unitholder / PoA	Third Unitholder / PoA					
Date <input style="width: 150px;" type="text"/>	Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.						

INSTRUCTIONS

GENERAL INSTRUCTIONS : (1) This Form is for use by existing unitholders of all funds of HSBC Mutual Fund only. Please use a separate Form for each transaction. (2) If any alteration is made, then a countersign is mandatory. (3) Investors should refer to the Scheme Information Document, Statement of Additional Information, Addenda and KIM of the respective Scheme(s) carefully before filling the Application Form. (4) Please refer to the Scheme Information Document, Statement of Additional Information for cut-off timings, available product features, additions and dividend frequency, minimum additional purchase amounts etc., bank charges for Demand draft. The amount in words and figures on the cheque should not be in local languages. (5) In case of multiple holders, the dividend (if applicable) and redemption amount will be paid to the first holder. (6) Additional Purchases - Cheque/DD must be drawn in the name of the Scheme as applicable and crossed "Account payee only". Outstation cheques will not be accepted. (7) The AMC will not entertain any request for refund of demand draft charges. Outstation cheques / outstation demands draft will not be accepted. (8) Redemption amounts should not be less than minimum repurchase amounts. (9) Guidance for other proofs : Identity card / document with applicant's Photo, issued by any of the following: Central / State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards / Debit cards issued by Banks.

INSTRUCTIONS FOR NOMINATION: Applicants applying for Units singly / jointly can also make the nomination at the time of initial investment. Investors are advised to consider availing nomination facility in their own interest. **(a)** The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. **(b)** Where a folio has joint holders, all joint holders should sign the request for nomination/cancellation of nomination, even if the mode of holding is not "joint". Nomination form cannot be signed by Power of attorney (PoA) holders. **(c)** There can be no nomination in a folio held in the name of minor. **(d)** The investors / Unitholders are requested to note that a maximum of three nominees can be registered for a Folio. In case of multiple nominees, the 'Share / Ratio' of nomination has to be clearly specified in the nomination form / request letter. If the 'Share / Ratio' of nomination is not explicitly stated, then the nomination shall be treated at 'Equal Share / Ratio'. **(e)** A minor can be nominated and in that event, the name and address of the Guardian of the minor nominee shall be provided by the Unitholder. **(f)** The Nominee shall not be a trust, (other than a religious or charitable trust) society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time. Nomination can also be made in favour of the Central Government, State Government, Local Authority, any person designated by virtue of his office or a religious or charitable trust. **(g)** Nomination in respect of the Units stands rescinded upon the transmission of Units. **(h)** Transmission of Units in favour of a Nominee shall be valid discharge by the AMC / Mutual Fund / Trustees against the legal heir. **(i)** The cancellation of nomination can be made only by those individuals who hold Units on their own behalf singly or jointly and who made the original nomination. **(j)** On cancellation of the nomination, the nomination shall stand rescinded and the AMC / Mutual Fund / Trustees shall not be under any obligation to transmit the Units in favour of the Nominee. **(k)** The rights in the units will rest in the Nominee(s) only upon death of all Unitholders. **(l)** Every new nomination for a folio / account will overwrite the existing nomination. **(m)** Nomination shall be mandatory for new folios / accounts opened by individual especially with sole holding and no new folios/ accounts for individuals in single holding should be opened without nomination. **(n)** In case of investors opting to hold the Units in demat form, the nomination details provided by the investor to the depository participant will be applicable.