

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Broker Name & ARN Code / RIA Code	Sub-broker ARN Code	Sub Code	EUN	Branch Code

Time Stamp

**Transaction Charges: SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs. 10,000/-.**  
 If this is the first time, you are investing in any mutual fund, please tick here

Investor's Declaration where EUN is not furnished: I/We confirm that the EUN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction

Sole / 1st Applicant / Authorised Signatory <input checked="" type="checkbox"/>	2nd Applicant / Authorised Signatory <input checked="" type="checkbox"/>	3rd Applicant / Authorised Signatory <input checked="" type="checkbox"/>
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### 1 APPLICANT INFORMATION

Name of Sole / 1st Unit Holder	First Name	Middle Name	Last Name
Folio No.	Mobile No. + 9 1		
	First Unit Holder	Second Unit Holder	Third Unit Holder
PAN/PEKRN**			
KIN^			
Date of Birth^	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Email ID^			

*KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. \*\*PEKRN required for Micro investments upto Rs. 50,000 in a year. ^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).*

### 2 OTM DEBIT MANDATE FOR NACH/ECS/AUTO DEBIT

UMRN  F O R O F F I C E U S E O N L Y Date  D D M M Y Y Y Y

Sponsor Bank Code   Create  Modify  Cancel

Utility Code  I/We hereby authorize **HSBC Mutual Fund**

To debit (✓)  SB  CA  CC  SB-NRE  SB-NRO  Others Bank Account No.

with Bank  Name of customers bank IFSC/MICR

An amount of Rupees  In Words ₹  In Figures

Debit Type :  Fixed Amount  Maximum Amount Frequency:  Monthly  Quarterly  Half Yearly  Yearly  As & when presented

Reference 1  Folio No. Reference 2  Application Number

Mobile No.  Email ID

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.

PERIOD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
From	<input type="text"/> D D M M Y Y Y Y	Signature of Primary Bank Account Holder	Signature of Bank Account Holder
To	<input type="text"/> D D M M Y Y Y Y	Name as in bank records	Name as in bank records
Or	<input type="checkbox"/> Until Cancelled	Name as in bank records	Name as in bank records

### ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.

Received from \_\_\_\_\_ Folio No./Application No.

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option/Sub-option \_\_\_\_\_

New SIP Registration  SIP Renewal  Update New OTM Debit Mandate  OTM Debit Mandate to be registered in the folio.

OTM Debit Mandate is already registered in the folio.

SIP Amount Rs. \_\_\_\_\_ Frequency  Weekly  Monthly  Quarterly

STP Top Up Amount Rs. \_\_\_\_\_ Frequency  Half Yearly  Yearly

Acknowledgement  
Stamp & Date

...continued on next page ⇨

## 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)
Toll Free Number	1800-4190-200 / 1800-200-2434	1800-419-9800	1800-4190-200 / 1800-200-2434	+ 91 44 39923900
Email ID	<a href="mailto:investor.line@mutualfunds.hsbc.co.in">investor.line@mutualfunds.hsbc.co.in</a>	<a href="mailto:partner.line@mutualfunds.hsbc.co.in">partner.line@mutualfunds.hsbc.co.in</a>	<a href="mailto:onlinemf@mutualfunds.hsbc.co.in">onlinemf@mutualfunds.hsbc.co.in</a>	<a href="mailto:investor.line@mutualfunds.hsbc.co.in">investor.line@mutualfunds.hsbc.co.in</a>

**3 SIP & INVESTMENT DETAILS (Mandatory. If left blank, the Application is liable to be rejected)**

- New SIP Registration     SIP Renewal     Update new OTM debit mandate for already registered SIP (If selected, move to Section 4)  
 OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)  
 OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)

Debit Bank Name \_\_\_\_\_ A/C No. \_\_\_\_\_

**INVESTMENT DETAILS (For more than 1 scheme please issue cheque favouring "HSBC MF Multi Scheme SIP")**

Scheme	Scheme 1	Scheme 2	Scheme 3
Scheme Name	<b>HSBC</b>	<b>HSBC</b>	<b>HSBC</b>
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
Option / Sub-Option	<input type="checkbox"/> Growth* <input type="checkbox"/> Reinvestment of IDCW@ <input type="checkbox"/> Payout of IDCW@	<input type="checkbox"/> Growth* <input type="checkbox"/> Reinvestment of IDCW@ <input type="checkbox"/> Payout of IDCW@	<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"/> 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
<b>First Instalment Details:</b>			
Instrument No.	_____	_____	_____
Instrument Date	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Drawn on	Bank _____ Branch _____ City _____	Bank _____ Branch _____ City _____	Bank _____ Branch _____ City _____
A/c. Type (✓)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others
UMRN for One Time Mandate	_____	_____	_____
SIP Amount	₹ _____	₹ _____	₹ _____
SIP Frequency	<input type="checkbox"/> Weekly <sup>Δ</sup> <input type="checkbox"/> Monthly <sup>Δ^</sup> <input type="checkbox"/> Quarterly (10th)	<input type="checkbox"/> Weekly <sup>Δ</sup> <input type="checkbox"/> Monthly <sup>Δ^</sup> <input type="checkbox"/> Quarterly (10th)	<input type="checkbox"/> Weekly <sup>Δ</sup> <input type="checkbox"/> Monthly <sup>Δ^</sup> <input type="checkbox"/> Quarterly (10th)
SIP Day	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
SIP Period	From M M Y Y To M M Y Y OR <input type="checkbox"/> Until Cancelled [If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)]		
SIP Debit 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		
Reason for your SIP (✓)	<input type="checkbox"/> Children's Education <input type="checkbox"/> Children's Marriage <input type="checkbox"/> House <input type="checkbox"/> Car <input type="checkbox"/> Retirement <input type="checkbox"/> Others		

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.

Top Up Amount ₹ \_\_\_\_\_ Amount in multiples of ₹ 500 only

Top Up Frequency  Half Yearly     Annual (Default) ^

Top Up to continue till SIP amount reaches ^^ ₹ \_\_\_\_\_

OR Top Up to continue till # D D M M Y Y Y Y

**Notes:**

\* Default Option/Sub-Option if not selected.

\* For NRI Investors.

@ IDCW stands for 'Income Distribution cum Capital Withdrawal option'. The amounts can be distributed out of investors' capital (Equalization Reserve), which is part of the sale price that represents realized gains, as may be declared by the Trustees at its discretion from time to time (subject to the availability of distributable surplus as calculated in accordance with the Regulations).

^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Minimum gap of 21 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered.

^^ SIP Top Up will cease once the mentioned amount is reached.

# It is the date from which SIP Top-Up amount will cease. Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment.

**4 DECLARATION, CONSENT & SIGNATURES (Mandatory. If left blank, the application is liable to be rejected)**

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of HSBC Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through participation in Electronic Debit arrangement/NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution or any of their appointed service providers or representatives responsible. I/We will also inform HSBC Mutual Fund about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

I/We hereby accord my/our consent to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/ us to the group companies of HSBC Mutual Fund for any valid business purposes including marketing or sales promotion or with any statutory or judicial authorities, without any prior intimation to me/us, until notified by me/us otherwise.

**SIGNATURE/S (To be signed as per Mode of Holding)**

X	X	X
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.