

## **Common Application Form**

(To be Filled in BLOCK LETTERS only)

Broker Name & ARN code / RIA code Sub	o-broker ARN code Sub	code	Branch Code	EUIN	App. No.:	
					NO.;	
^ I/We hereby confirm that by mentioning RIA cor (RIA) the details of my/our transactions in the sche I/We hereby confirm that the EUIN box has been interaction or advice by the employee/relationship the advice of in-appropriateness, if any, provided by	emes(s) of HSBC Mutual Fund. intentionally left blank by me/u manager/sales person of the abo	s as this ve distrib	transaction is executor/sub broker o	cuted without any	For Office Use	Only
Sole/First Applicant/Authorised Signatory Seco	nd Applicant/Authorised Signatory	TI	nird Applicant/Autho	oricad Signatory		
1 TRANSACTION CHARGES (Plea					tion sharges applicability)	
I AM A FIRST TIME MUTUAL FU!  (₹ 150 will be deducted as transaction cha	ND INVESTOR	•	I AM AN	EXISTING INVE	STOR IN MUTUAL FUND action charge for per purchase of ₹	10,000 and more)
2 APPLICANT'S INFORMATION [PI	lease fill in your Folio No. below. In c	ase of exis	ting folio, furnish on	nly KYC and PAN deta	ails below (if not provided earlier) an	d proceed to Section 3
Folio No.	Plea	ise note	that applicant det	tails and mode of l	holding will be as per existing	Folio Number.
SOLE/FIRST APPLICANT'S PERSONA	AL DETAILS		Are you a residen	nt of USA/Canada? (	Yes No <sup>‡‡</sup> (** Default i	f not ticked)
Name <sup>£</sup> Mr Ms M/s						
Date of Birth ~‡£ (Mandatory) D D M	M Y Y Y Y			d (✓) ☐ Birth Cerssued by HSC State	tificate School Leaving Certi Board Others	ficate Passport (please specify)
KYC Identification No. (KIN) ‡‡						
PAN** <sup>£</sup> (Mandatory)			Proof to be encl	losed (✓) ☐ PAN c	card Copy	
Nationality‡			Country of Res			
GUARDIAN NAME (if Sole/First applied Mr Ms M/s	cant is a Minor) Contact Pers	on (in c	ase of Non-indiv	idual Investors only	y <mark>)</mark>	
KYC Identification Number (KIN) ‡‡						
PAN** (Mandatory)			Proof to be enc	losed (✓) ☐ PAN	card Copy	
Father Mother  * Document evidencing relationship with Guardia  Status of Sole/1st Applicant (*): Reside		dian, pleas	e submit attested cop	py of the court appoint	ment letter, affidavit etc. to support.	ola) Non Pasidant
- Minor (Repatriable)  Non-Resident – Minor Limited Co. Body Corporate Partnership Society LLP PIO Non Profit Org	or (Non-Repatriable) Bank Driem Trust NPS Trust DI	FPIs 🔲 ( Fund of Fu	QFI/EFI AOP [ and Gratuity Fu	HUF FPI S and Pension and Re	Sole-Proprietor Private Limited etirement Fund Government Bo	Company Public
3 KYC DETAILS [Mandatory (Details			/1			
a. Occupation (✓): □Private Sector Service □I				A oriculturist Retir	red Housewife Student Do	octor Forey Dealer
Business [Nature of Business]				_	ender Pawn Broker Others	
b. Gross Annual Income (Please ✓):	Below ₹ 1 Lac	₹5-	10 Lacs	0-25 Lacs	Lacs - ₹ 1 Crore	re
<b>OR Net-worth in Rupees</b> (Mandatory for N	on-Individuals) ₹ Net-wor	th should	not be older than	1 year as on (d	ate) D D M M Y Y	YY
<b>For Individuals</b> [Tick (✓) if applicable]:	For Non-Individual Investors	s (Compa	nies, Trust, Parti	nership etc.) :		
Politically Exposed Person (PEP)				sted Company or Co	ontrolled by a Listed Company	Yes No
c. Related to a Politically Exposed	(If No, please attach manda II. Foreign Exchange/Money					Yes No
Person (PEP)  Not Applicable	III. Gaming/Gambling/Lotter					Yes No
Not Applicable	IV. Money Lending/Pawning	-				Yes No
For Non Individual Investors - Identification of Beneficial Ownership	Mandatory UBO Declaration				ontrolled by a Listed Company)	Yes No
* W.e.f. January 1, 2008, PAN number is Mandatt Instructions for filling up the Application Form.  ‡ W.e.f. January 1, 2011, all the applicants need to are required to complete the uniform KYC proceunder KRA (KYC Registration Agency) regime a Please note that information sought here will be a Transactions subject to rejection if minor has turne As per KRA details.	be KYC Compliant irrespective o ess (for details refer point 10 unde nd whose KYC is not registered o obtained from KRA also. In case o	f the amo r Importa r verified f any diff	unt invested (incluent Instructions). Which the KRA system berences, the KRA is	ding switch). W.e.f. J (e.f. February 1, 2017) a will be required to f input will apply.	anuary 1, 2012, applicants who ar 7, New individual investors who hall the new CKYC form while inv	re not KYC complian have never done KYC esting with the Fund
V. 100.00		Δ	CKNOWLED	GEMENT SLIP	(To be filled by the Applic	
HSBC Mutual Fund	This Ac				Information provided on the form	
eceived from Mr. Ms. M/s.						
olio No.	application for Units of Scher		Charm /DDN		App.	
lanOption/Sub-optio	na	iongwith	Cheque/DD No		No.:	
ated Drawn on (Bank) .  SIP Investment STP SWP Free	sh Nomination Change of	Existing	Amount (₹) \ \ Nomination \[ \begin{array}{c} \text{Nomination} \end{array}	Cancellation of N	Nomination	
	Amount (₹)	g	Date D		2 2 2 2	Signature & Date
lease Note : All purchase are subject to realisation	of instruments. All transaction	processin	g is subject to fin	al verification		<u> </u>

Address for Co	rresp	onde	nce‡	[P.C	). Box	Add	ress	is N	OT s	suffic	cient]	(Sh	ould b	be sa	me a	is in	KR.	A reco	ords)											
																	Ci	ty												
																								Piı	1 Cod	e				
State														Cour	ntry															
<b>Contact Details</b>																														
Mobile No.																-	Гel,	(Res./	Offi.	)							T			_
Mobile belongs to	. 🗆 5	Self	Spor	ise	Guar	dian	(to N	linor	inves	stmen	t) 🔲	Den	endan	ıt Chi	ldren		Dene	ndant	Parer	nts	De	nenda	nt S	ihling	s C	ustod	lian [	PC	) A	ī
+E-mail - 1			Jopou				(10 11			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·)	Dep					- ope		- 41-01						in CA					_
					7.0							_				_	_		_											_
E-mail belongs to	: S	elf	Spou	ise _	Guar	dıan	(to N	1inor	inves	stmen	t)	Dep	endan	t Chi	ldren	ı I	Эере	endant	Parer											
+E-mail - 2																				En	nail	ID to	be	filled	in CA	PITA	L LE	TTEF	RS	
E-mail belongs to	: 🗌 S	elf _	Spou	ise 🗌	Guar	dian	(to N	linor	inves	stmen	t) 🗌	Dep	endan	t Chi	ldren	ı 🗌 1	Depe	endant	Parer	nts	De	penda	nt S	ibling	s C	ustod	lian [	PC	A [	
Yes No	<b>+</b> I /	We. v	wish t	o rec	eive s	chen	ne w	ise a	nnua	al rer	ort o	r an	abrid	ged s	sumr	narv	ther	eof /	accou	ınt st	aten	nents	/ sta	atutor	v & 01	ther d	locu	ments	s by	e
If unticked, by de											,011 0		uorra		,			0017		50		101100			,				, 0 )	Ĭ
Overseas Address	s/Reg	istere	d Add	dress	in cas	se of	Non	-Indi	ividı	ual in	vesto	ors (I	Vlandat	tory in	case	of N	RI/FI	Pl appli	cant ir	ı addir	tion t	o maili	ng a	ddress	s) (Shou	ıld be :	same	as in	KRA	re
	TĬ													Ť									Ť				Т			_
		+																City									+			_
State		+								(	Count	trv (1	Manda	atory)									+	Ziı	Cod	e	+			_
	O A B	ITC	15 /	\ N.I.\	/ A B I	D T		ים ו	DET									11												
JOINT APPLI	CAN	15,	IF F	AIN 1	AN	ו ט	HE	IK I	JE I	AIL	. <b>5</b> (I	'leas	se tici	<b>k</b> (▼)	) wh	erev	er a	pplica	able)											
MODE OF HOL					Single						,		ılt if 1				/					or Su		vor						
NAME OF SEC															nd S	econ	d Ap	plicar	t can	not b	e a l	Minor	)							
Are you a reside	nt of	USA/	Cana	da?	(√) <b>Y</b>	es	No	)** [	(‡:	‡Defa	ult if	not	ticked	1.)																
Mr MsM/s																														_
Date of Birth D	DV	f M	YY	Y	Y							1	KYC	Idoni	ifico	tion	Nine	abou (	LIN	++		_				_	Ť	$\overline{}$		=
		IVI	1 1 1	1 1				_				_																		_
PAN** (Mandator	y)	Ш										I	Proof	to be	enc	close	d ( <b>√</b>	) 🔲	PAN	card	Cop	by								
Nationality												_   (	Count	try of	Res	iden	ce													
a. Occupation	(pleas	e √):		Priva	ate Sec	ctor S	Servi	ce [	Pu	blic S	Secto							ervice	□ P	rofes	sioi	nal 🗍	Ag	ricult	urist	Re	etire	d 🔲 :	Hou	isc
Student																		aler [	Mo	oney	lend	ler _	Ca	isino (	Owner	r 🔲 2	Arm	s mai	nufa	ct
Gambling															e spe	cify]		<b>X</b> Y .			_		_		0 1	- ·				
b. Gross Annu															OR		1	Net-	wort						y for I			/idual	s)	ı
₹ 5-10 La											_					-										iaii i y	Cai			_
C. Others (plea																_	_						Ap	plicat	ole					_
NAME OF THIF															Thi	rd A <sub>l</sub>	pplic	ant ca	nnot	be a	Min	or)								
Are you a reside	nt of	USA/	Cana	da?	(V) Y	es _	No	)" [	(,	*Defa	ult 1f	not	ticked	1.)												, , ,				_
Mr Ms M/s																														
Date of Birth D	D M	i M	Y Y	Y	Y							1	KYC I	Ident	ifica	tion	Nun	nber (	KIN)	‡‡	T				T		T			
		$\overrightarrow{\Box}$	$\pm$	<del> </del>								_	Proof									)V								-
PAN** (Mandator	у)											I	1001			1030	u (*	, 🗀	1 1 1 1 N	Juiu	CU	, y								_
Nationality													Count																	_
a. Occupation							Servi	ce 🗌	Pu	blic S	Secto	r Sei																		
Student							, ,	7 -		D '		10.						x Deal	er _	∫Mor	ney l	ender		Casin	o Owi	ner _	_Arı	ms ma	anufa	a
Gambling															e spe	city	_	Nat	Wow!	h in 1	D	00c (N	Mon	datar	y for l	-	(ndi-	ridue1	c)	_
b. Gross Annu  ₹ 5-10 La													5 Lac		OR			Net-	wort						y tor t older th			ruual	5)	ı
										_	_															1 )	· out			_
C. Others (plea																						Not	Ap	pucat	oie					_
POA HOLDER I		ILS (I	If the	inve	stment	is be	eing 1	made	by a	a Con	stitut	ed A	ttorne	ey ple	ase f	urnis	h de	tails o	f PoA	hold	ler).									_
Name Mr Ms M	/s																													
Date of Birth D	D M	ı M	YY	Y	Y							I	KYC	Ident	ifica	tion	Nun	nber (	KIN)	<b>‡</b> ‡							T			
		++	$\pm$		<u> </u>		1					+	Proof								Co	W								=
40 B B B B B B B B B B B B B B B B B B B	у)	$\perp \perp$										_  I	1001	w be	enc	iose	u (*	<i>)</i> 🗀 -	rAN	card	COJ	уy								
PAN** (Mandator													Count																	
Nationality																														
Nationality									Pu	blic S	Secto	r Sei	rvice	G	over	nme	nt S	ervice	P	rofes	sioi	nal 🗌	Ag	ricult	urist [	Re	etire	d 🔲 :	Hou	ISC
Nationality  a. Occupation Student	Bu	usines	s [Na	ature	of Bu	sines	s] _									Doct	or	Fo	rex I	rofes Deale	sior r [	nal _ Moi	Ag ney	ricult lende	urist [ r	Re Casir	etireo no O	d 🔃 i	Hou	
Nationality  a. Occupation  Student  manufactures	Bur C	usines Sambli	s [Na ling se	ature ervic	of Bu	sines: erer [	s] _ <b>N</b>	lone	y len	nder	Pa	awn	Broke	er _		Doct	or	Fo se spe	rex [	Deale	r	Moı	ney	lende	r 🔲	Casir	no O	wner		] /
Nationality  a. Occupation Student	Bu Bu Bu Bu Bu Bu Bu Bu Bu Bu Bu Bu Bu B	usines Sambli <b>come</b>	ing se	ature ervic ase	of Bues offe	sines:	s] _ N Belo	Ioney ow ₹	y len	nder	Pa	awn ₹ 1-	Broke 5 Lac	er C		Doct	or	Fo se spe	rex [	Deale	r _	Moi	ney Man	lende	urist [ or  or  or  or  or  or  or  or  or  or	Casir Non-I	no O Indiv	wner		] 1

## ...continued on next page 🗘

## CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent: Computer Age Management System.

## **TOLL FREE NUMBERS**

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

State   Address	Bank Name Branch Address    City	
Branch Addiess    City	Branch Address  City Pin Code  State Country Pin Code  State Country NEFT IFSC Code For I ss than Runes  MICR Code of dest number next to your Cheque No RTGS IFSC Code For Runes I wo I a k h s and above NEFT IFSC Code For I ss than Runes  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, elect Incase of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"  INVESTMENT & SOURCE OF FUNDS DETAILS (Please (*) Scheme/Plan/Option/Sub-Option/Dividend Frequency)  Scheme 1 Scheme 2 Scheme  Scheme Name HSBC HSBC  Plan Regular Direct Regular Direct Regular Direct Regular Dorotons/Sub-Option Growth (default) Reinvestment of IDCW Payout of IDCW Potnightly Weekly Quarterly Fortnightly Half Yearly Quarterly Fortnightly Pearly Pearly Pearly	
City	City Pin Code  State Country NEFT IFSC Code For Rulee's Two lacks and above NEFT IFSC Code For less than Rulee's 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, elect Incase of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"  INVESTMENT & SOURCE OF FUNDS DETAILS (Please (*) Scheme/Plan/Option/Sub-Option/Dividend Frequency)  Scheme 1 Scheme 2 Scheme  Scheme Name HSBC HSBC HSBC  Plan Regular Direct Regular Di	
State    MICR Code   data denie destruction   Change   RTGS ISSC Code   For Particle   Provided   Provided   RTGS ISSC Code   For Particle   Provided   RTGS   RT	State   Country    MICR Code 9 deit number next to your Cheque No. RTGS IFSC Code For Runees Two Iakh sand above NEFT IFSC Code For less than Runees  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, elect Incase of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"  INVESTMENT & SOURCE OF FUNDS DETAILS (Please (*) Scheme/Plan/Option/Sub-Option/Dividend Frequency)  Scheme 1 Scheme 2 Scheme  Scheme Name HSBC HSBC  Plan Regular Direct Regular	
State    MICR Code   data denie destruction   Change   RTGS ISSC Code   For Particle   Provided   Provided   RTGS ISSC Code   For Particle   Provided   RTGS   RT	State   Country    MICR Code   9 dgit number next to your Cheque No. RTGS IFSC Code   For   Rune es   Two   a k h s and above   NEFT IFSC Code   For   less   than   Rune es    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, elect Incase of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"  INVESTMENT & SOURCE OF FUNDS DETAILS (Please (*) Scheme/Plan/Option/Sub-Option/Dividend Frequency)  Scheme 1   Scheme 2   Scheme    Scheme Name   HSBC   HSBC   HSBC    Plan   Regular   Direct   Regular   Direct   Regular   Direct   Regular   Dottons/Sub-Option    Options/Sub-Option   Growth (default)   Reinvestment of IDCW   Growth (default)   Reinvestment of IDCW    Payout of IDCW   Payout of IDCW   Payout of IDCW   Daily   Weekly    Options/Sub-Option   Daily   Weekly   Monthly   Daily   Weekly   Monthly    Quarterly   Fortnightly   Half Yearly   Quarterly   Fortnightly   Half Yearly    Yearly   Yearly   Yearly   Yearly    NEFT IFSC Code   For less than Rupe    NEFT IFSC Code   For less than Rupe	
MCR Cede	MICR Code 9 deit number next to your Cheque No. RTGS IFSC Code For Runees Two I a k h s and above NEFT IFSC Code For Tess than Runees 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, elect Incase of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"  INVESTMENT & SOURCE OF FUNDS DETAILS (Please (*) Scheme Plan/Option/Sub-Option/Dividend Frequency)  Scheme 1 Scheme 2 Scheme  Scheme Name HSBC HSBC  Plan Regular Direct Regular Direct Regular Direct Regular Direct Regular Depoins/Sub-Option Growth (default) Reinvestment of IDCW Growth (default) Reinvestment of IDCW Payout of I	
Present provide a cancelled change leaf with your name and IFSC code pre-presented. This will help us transfer the amount to your bank account quicker, electronically beane of applications on behalf of bilancy failing refer or burnteeting for presented. This will help us transfer the amount to your bank account quicker, electronically beane of applications for Filing by the Application for Filing by the Bank for Filing by the Application for Filing by	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, electronicase of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"  INVESTMENT & SOURCE OF FUNDS DETAILS (Please ( / ) Scheme/Plan/Option/Sub-Option/Dividend Frequency)  Scheme 1 Scheme 2 Scheme  Scheme Name HSBC HSBC  Plan	
Increase of application on behalf of Minor, kindly refer to "Instruction for "Inling Up the Application Form"	INVESTMENT & SOURCE OF FUNDS DETAILS (Please ( ) Scheme / Plan / Option / Sub-Option / Dividend Frequency)  Scheme 1 Scheme 2 Scheme  Scheme Name HSBC HSBC HSBC  Plan Regular Direct Direct Regular Direct Direct Regular Direct Direct Regular Direct	Γwo lakh
Scheme Name    HSBC	Scheme Name  HSBC  HSBC  HSBC  Regular Direct Regul	nically.
Scheme Name	Scheme Name  HSBC  Regular Direct Regular Direct Regular Direct Regular Douglar Regular Regular Regular Regular Regular Regula	
Plan   Regular   Direct   Regular   Direct   Regular   Direct   Options/Sub-Option   Growth (default)   Reinvestment of IDCW   Growth (default)   Reinvestment of IDCW   Payout	Plan     Regular     Direct     Regular     Direct     Regular     Direct       Options/Sub-Option     Growth (default)	
Options / Sub-Option   Growth (default)   Reinvestment of IDCW   Payout of	Options / Sub-Option  Growth (default)	
Payout of IDCW	Payout of IDCW	
Delly	IDCW Frequency  Daily Weekly Monthly Daily Weekly Monthly Quarterly Fortnightly Half Yearly Yearly  Daily Yeekly Monthly Daily Weekly Monthly Quarterly Fortnightly Half Yearly Yearly	vestment of
The seleme rame mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units well be allotted as per the name mentioned on the application only linease of application on behalf of Minor, kindly refer to point 2 in "Instruction for Filling Up the Application Form"  Payment Mode   NFFT   One Time Mandate (OTM)   NFFT   NFF	Yearly Yearly Yearly	Mont
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 name mentioned on the application only. Incase of application on behalf of Minor, kindly refer to point 2 in "Instruction for Filling Up the Application Form"  Payment Mode   Cheque   DD   RTGS   Cheque   DD   RTGS		Half
name mentioned on the application only. Incase of application no hebalf of Minor, kindly refer to joint 2 in "Instruction for Filling Up the Application Form"  Cheque DD RTGS Payment Mode   Cheque DD RTGS   Che		
Payment Mode   NEFT   One Time Mandate (OTM)   NEFT   One Time Mandate   NEED		
Payment Mode	Cheque DD RTGS Cheque DD RTGS Cheque DD	RTGS
Cheque / RTGS / NEFT / DD / M M / Y Y Y DD M M M M Y Y Y D M M Y Y Y Y	Payment Mode	Mandate (
DD/FT Date Cheque/DD/RTGS / NEFT No.  Payment from Bank A/c. No.  UMRN for One Time Mandate  Investment Amount (%) (i + ii)  Dc charges (%) (ii)  Dc charges (%) (ii)  Drawn on: Bank Name  Branch City  Current   Savings   NRO*   NRE*   Current   Savings   NRO*   NRE*   FCNR*   Others   FCNR*   O		
Cheque/DD / RIGS / Name		Y Y Y
Payment from Bank A/c. No.    No. No.   No	Cheque/DD/RTGS/	
UMRN for One Time Mandate  Investment Amount (\$)(i)  DD charges (\$) (ii)  DT charges (\$) (ii)  Drawn on: Bank Name  Branch  City  Current Savings NRO* NRE* Current Savings NRO* NRE*  FCNR* Others FCNR* Others  (* For NRI Investors)  (* For NRI Investors)  City in words)  Documents attached to avoid Third Party Payment Rejection where applicable:   Third Party Declarations Bank Certificate for Pre-funded Instruments MADATORY DECLARATION: The details of the bank account provided above pertain to my/our own bank account in my/our amme   Yes   No.  If no, my relationship with the bank account holder (*)   Employee   Custodian   Others   Plan: Regular   Direct    Option: Sub-Option: Growth (default)   Reinvestment of IDCW   Payout o	Payment from Bank	
Investment Amount (₹)(i)  DD charges (₹) (ii)  Total Amount (₹) (i + ii)  Drawn on: Bank Name  Branch  City    Current   Savings   NRO*   NRE*   Current   Savings   NRO*   NRE*   Current   Savings   NRO*   PCNR*   Others   (* For NRI Investors)   (* For NRI Investors)   (* For NRI Investors)   (* in words)  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   'es   No.  If no, my relationship with the bank account bolder (*)   Employee   Custodian   Others   (Please specify); and the Third Party declaration is instruction No. 10 on the Third Party Payments).  SYSTEMATIC WITHDRAWAL PLAN (SWP)^^ (To be submitted 7 days prior to the SWP date in case of Registration)   Registration   SYSTEMATIC WITHDRAWAL PLAN (SWP)   Monthly   Quarterly   Formightly   Half Yearly   Yearly  Withdrawal Options:   Fixed Amount   Capital Appreciation* (Ist Business Day of the month) (Redemption amount will equal appreciation)  Period of enrolment:   From   M   M   M   M   M   M   M   Withdrawal preference: Amount Rs.   Gapital Appreciation*   SNP: For Liquid & Overnight Scheme - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re. 1/- thereafter or 1 unit or in multiples of Re.	UMRN for One Time	
Total Amount (\$) (i + ii)  Drawn on: Bank Name  Branch  City  Current   Savings   NRO*   NRE*   Current   Savings   NRO*   NRE*	Investment Amount (₹)(i)	
Drawn on: Bank Name   Branch   City   Current   Savings   NRO*   NRE*   Current   Savings   NRO*   NRO*   Current   Savings   NRO*   NRO*   Current   Savings   NRO*   NRO*	DD charges (₹) (ii)	
City	Total Amount (₹) (i + ii)	
City    Current   Savings   NRO*   NRE*   Current   Savings   NRO*   NRE*   Current   Savings   NRO*     FCNR*   Others   FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   Current   Savings   NRO*     FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   Current   Savings   NRO*     FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   Current   Savings   NRO*     FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   For NRI Investors     FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   For NRI Investors     FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   For NRI Investors     FCNR*   Others   For NRI Investors     (* For NRI Investors)   For NRI Investors     Courrent   Savings   NRO*   NRE*   For NRI Investors     FCNR*   Others   For NRI Investors     (* For NRI Investors)   For NRI Investors     Feron NRI Investors   For NRI Investors     Courrent   Savings   NRO*   NRE*   For NRI Investors     For NRI Investors   For NRI Investors     Courrent   Savings   NRO*   NRE*   For NRI Investors     Courrent   Savings   NRO*   NRE*   For NRI Investors     For NRI Investors   For NRI Investors     For NRI Investors   For NRI Investors     Courrent   Savings   NRO*   NRE*   For NRI Investors     For NRI Investors   For NRI Investors     Courrent   Savings   NRO*   NRO*   NRO*     For NRI Investors   For NRI Investors     For NRI Investors   For NRI Investors     For NRI Investors	Drawn on: Bank Name	
City    Current   Savings   NRO*   NRE*   Current   Savings   NRO*   NRE*   Current   Savings   NRO*     FCNR*   Others   FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   Current   Savings   NRO*     FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   Current   Savings   NRO*     FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   Current   Savings   NRO*     FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   For NRI Investors     FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   For NRI Investors     FCNR*   Others   FCNR*   Others     (* For NRI Investors)   (* For NRI Investors)     Courrent   Savings   NRO*   NRE*   For NRI Investors     FCNR*   Others   For NRI Investors     (* For NRI Investors)   For NRI Investors     Courrent   Savings   NRO*   NRE*   For NRI Investors     FCNR*   Others   For NRI Investors     (* For NRI Investors)   For NRI Investors     Feron NRI Investors   For NRI Investors     Courrent   Savings   NRO*   NRE*   For NRI Investors     For NRI Investors   For NRI Investors     Courrent   Savings   NRO*   NRE*   For NRI Investors     Courrent   Savings   NRO*   NRE*   For NRI Investors     For NRI Investors   For NRI Investors     For NRI Investors   For NRI Investors     Courrent   Savings   NRO*   NRE*   For NRI Investors     For NRI Investors   For NRI Investors     Courrent   Savings   NRO*   NRO*   NRO*     For NRI Investors   For NRI Investors     For NRI Investors   For NRI Investors     For NRI Investors	Branch	
Current	City	
A/c. Type (*)	·	NRO*
(* For NRI Investors) (* For NRI Investors) (* For NRI Investors)    (* For NRI Investors) (* For NRI Investors) (* For NRI Investors)		NRO _
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		
MANDATORY DECLARATION: The details of the bank account provided above pertain to my/our own bank account in my/our name	(₹ in words)	
MANDATORY DECLARATION: The details of the bank account provided above pertain to my/our own bank account in my/our name	Documents attached to avoid Third Party Payment Rejection where applicable : Third Party Declarations Rank Certificate for Pre-funded	instruments
form is attached (Refer important instruction No. 10 on the Third Party Payments).  SYSTEMATIC WITHDRAWAL PLAN (SWP)^^ (To be submitted 7 days prior to the SWP date in case of Registration) Registration  Scheme: Plan: Regular Direct  Option: Sub-Option: Growth (default) Reinvestment of IDCW Payout of IDCW Frequency Daily Weekly Monthly Quarterly Fortnightly Half Yearly Yearly  SWP Frequency: Monthly (Default) Quarterly (10th) Half-Yearly Yearly  Withdrawal Options: Fixed Amount Capital Appreciation (1st Business Day of the month) (Redemption amount will equal appreciation)  Period of enrolment: From M M Y Y Y Y TO M M Y Y Y Y  Withdrawal preference: Amount Rs. OR Units (Redemption amount will equal appreciation)  Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.  SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th		11011 411101110
SYSTEMATIC WITHDRAWAL PLAN (SWP)^^ (To be submitted 7 days prior to the SWP date in case of Registration)    Registration		Party decla
Scheme:  Sub-Option: Growth (default) Reinvestment of IDCW Payout of IDCW Frequency Daily Weekly Monthly Quarterly Fortnightly Half Yearly Yearly  SWP Frequency: Monthly (Default) Quarterly (10th) Half-Yearly Yearly  Withdrawal Options: Fixed Amount Capital Appreciation (1st Business Day of the month) (Redemption amount will equal appreciation)  Period of enrolment: From MMYYYYY  Withdrawal preference: Amount Rs.  OR  Units (Redemption amount will equal appreciation)  Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.  SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th	`	
Option: Sub-Option: Growth (default) Reinvestment of IDCW Payout of IDCW Frequency Daily Weekly Monthly Quarterly Fortnightly Half Yearly Yearly  SWP Frequency: Monthly (Default¶) Quarterly (10th) Half-Yearly Yearly  Withdrawal Options: Fixed Amount Capital Appreciation  Period of enrolment: From M M Y Y Y Y To M M Y Y Y Y  Withdrawal preference: Amount Rs. OR Units (Redemption amount will equal appreciation)  Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.  SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th	SYSTEMATIC WITHDRAWAL PLAN (SWP)^^ (To be submitted 7 days prior to the SWP date in case of Registration)	Regist
IDCW Frequency Daily Weekly Monthly Quarterly Fortnightly Half Yearly Yearly  SWP Frequency: Monthly (Default) Quarterly (10th) Half-Yearly Yearly  Withdrawal Options: Fixed Amount Capital Appreciation (1st Business Day of the month) (Redemption amount will equal appreciation)  Period of enrolment: From MMYYYYY  Withdrawal preference: Amount Rs. OR Units (Redemption amount will equal appreciate Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.  SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th	Scheme: Plan: Regular	Direct
SWP Frequency: Monthly (Default) Quarterly (10th) Half-Yearly Yearly  Withdrawal Options: Fixed Amount Capital Appreciation (1st Business Day of the month) (Redemption amount will equal appreciation)  Period of enrolment: From MMYYYYY  Withdrawal preference: Amount Rs. OR Units (Redemption amount will equal appreciate Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.  SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th	Option: Sub-Option: Growth (default) Reinvestment of IDCW	Payout of
Withdrawal Options: Fixed Amount Capital Appreciation (1st Business Day of the month) (Redemption amount will equal appreciation)  Period of enrolment: From MMYYYYY  Withdrawal preference: Amount Rs. OR Units (Redemption amount will equal appreciate Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.  SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th	IDCW Frequency Daily Weekly Monthly Quarterly Fortnightly Half Yearly Yearly	
Period of enrolment: From M M Y Y Y Y To M M Y Y Y Y  Withdrawal preference: Amount Rs. OR Units (Redemption amount will equal appreciat Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.  SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th	SWP Frequency: Monthly (Default¶) Quarterly (10th) Half-Yearly Yearly	
Period of enrolment: From M M Y Y Y Y To M M Y Y Y Y  Withdrawal preference: Amount Rs. OR Units (Redemption amount will equal appreciat Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.  SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th	Withdrawal Options: ☐ Fixed Amount ☐ Capital Appreciation ¥ (1st Business Day of the month) (Redemption amount will equal appre	iation)
Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.  SWP Date		
Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in multiples of All other Schemes - Rs. 500 and in multiples of Re. 1/- thereafter or 50 units or in multiples of 1 unit.  SWP Date	Withdrawal preference: Amount Rs OR Units (Redemption amount will ease	l appreciati
SWP Date         1st         2nd         3rd         4th         5th         6th         7th         8th         9th         10th (Default)         11th         12th         13th         14th         15th	Minimum Amount for SWP: For Liquid & Overnight Schemes - Rs. 1,000 and in multiples of Re. 1/- thereafter or 1 unit or in	* *
	• • •	

Transfer Scheme N								Transfer To Scheme Na								
Plan		Legular			Direct			Plan	inc	Re	gular		Direc	et .		
		Growth	Rein	vestment o		Payout	of IDCW	Options/Si	ıh-Ontio		owth [	Reinvect	ment of		Payout	t of IDCW
IDCW Fr		Daily	Weel		Fortnigh			IDCW Free				Weekly	_	nightly		
IDCW II		Quarterly		Yearly	Yearly	itiy ivi	Ollully	IDCW HC	lucite		arterly	Half Yea		ingiitiy	Yearly	,
STP Freq		Daily		dy (Defau	 lt^)	Fo	ortnightly	Mon	thly (Defa			Quarterl				
STP Day:		Monday	Tues			day (Defau		Thursday	• .		iday	Quarter	J (10th)			
Transfer		ixed Am		suay	_	- '		usiness Day			iuay					
	<u> </u>			1 1	Capitai	Appreciation	on (1st b	1								
Transfer	Amount: Amount	per instal	lment Rs.					(Minimum tr	anster amo	unt Rs. 50	0 except L	.iquid & Ove	rnight: Fo	r Lıquıd (	& Overnigh	nt Rs. 1000)
Installme	ent commencing:	From	MM	YY	YY	To	M M	YYY	Υ							
STP Date		d 3re	d 4th		6th	7th	8th [		Oth (Defau	′ 🗀			3th	14th 30th	15th 31st	16th
\$ Minimu	ım 6 installments fo	or registra	ation. The	minimum	amount red	quired unde	er the sou	rce scheme i	for registe	ring STF	o is ₹ 6,0	00.				
¶ If no de	ebit date is mention	ned defau	ılt date wo	ould be con	nsidered as	10th of ev	ery montl	/quarter.	C		Ź					
	STP facility shall													ay will	be the de	fault day.
	d the Key Informat				* *					uency of	the respo	ective sche	mes.			
0 DEMAT	ACCOUNT	DETAII	LS (Plea	se provid	de Demat <sub>I</sub>	proof to v	erify dei	nat details)								
Please pro	ovide details of yo	our Depo	sitory Pa	rticipant i	f you wish	to hold u	nits in D	emat Form.								
				NSDL								CDSL				
DP Name	;															
	IN															
DP ID	1 14															_
Beneficiar	ry Account No.															
1 NOMIN	ATION DETA	ILS (M	andatory	for new	folios of	Individua	al Unith	olders only	- wheth	er hold	ing Uni	ts Singly	or Join	tly with	h other l	holders)
	/We wish to Nom		•					·				0.				,
1 / -	hereby nominate the		n(s) name	d below to	o receive th	e units alle	otted to r	nv/our cred	it in my/a	our folio	in the e	vent of my	/our dea	ıth I/W	/e also un	derstand
that all pa	ayments and settle	ments m	ade to No	ominee(s)	, and signar	ture(s) of t	the Nom	nee(s) ackno	owledging	g receipt	t thereof	, will be n	oted as t			
AMC/Mu	utual Fund/Truste	e. This ir	nstruction	superced	es all previ	ous nomin	ations m	ade by me/u	is in respe	ect of the	e folio in	dicated ab	ove.			
				1st	Nominee			2n	d Nomin	ee			3rc	l Nomi	nee	
Name of	Nominee*															
PAN* of t	the Nominee															
		*	D D	/ M	M / V	V V V	D	D / M	M / N	V V	V V	D D	/ M	M /	V V	V V
Date of B	Birth of Nominee*		D D	/ M	M / Y	Y Y Y	D	D / M	M / Y	Y Y	Y Y	D D	/ M	M /	Y Y	Y Y
Date of B Allocation		ninee	D D	/ M	M / Y	Y Y Y	D	D / M	M / Y	Y Y	Y Y	D D	/ M	M /	Y Y	Y Y
Date of B Allocation (Aggregat	Birth of Nominee*	ninee	D D	/ M	M / Y	Y Y Y	D	D / M	M / N	Y Y	Y Y	D D	/ M	M /	Y Y	Y Y
Date of B Allocation (Aggregat Name of t	Birth of Nominee*  n %* to each Non te should be 100% the Guardian**	ninee 6]														
Date of B Allocation (Aggregat Name of	Birth of Nominee*  n %* to each Non te should be 100% the Guardian**	ninee 6]	Mothe	er 🗌 Fath	ner 🗌 Lega	al Guardia	n	other 🗌 Fa	ther 🗌 I	Legal Gu	uardian	Mothe	er 🗌 Fa	ther _	Legal G	uardian
Date of B Allocation (Aggregat Name of the Guardian' Nominee*	Birth of Nominee*  n %* to each Non te should be 100% the Guardian**	ninee 6]	☐ Mothe	er  Fath	e P	al Guardia assport	n D	other ☐ Fa	ther I	Legal Gu	uardian	☐ Moth	er  Far	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of t Guardian' Nominee*	tirth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi Relationship\$	ninee 6]	☐ Mothe	er  Fath	ner 🗌 Lega	al Guardia assport	n D	other 🗌 Fa	ther I	Legal Gu	uardian	☐ Moth	er  Far	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of t Guardian' Nominee*	tirth of Nominee*  n %* to each Non te should be 100% the Guardian**  s Relationship wi	ninee 6]	☐ Mothe	er  Fath	e P	al Guardia assport	n D	other ☐ Fa	ther I	Legal Gu	uardian	☐ Moth	er  Far	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of t Guardian' Nominee*	tirth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi Relationship\$	ninee 6]	☐ Mothe	er  Fath	e P	al Guardia assport	n D	other ☐ Fa	ther I	Legal Gu	uardian	☐ Moth	er  Far	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of t Guardian' Nominee*	tirth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi Relationship\$	ninee 6]	☐ Mothe	er  Fath	e P	al Guardia assport	n D	other ☐ Fa	ther I	Legal Gu	uardian	☐ Moth	er  Far	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of G Guardian' Nominee* Proof of F	Birth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi  Relationship\$  Guardian**	ninee (6)	Mothe Birth Schoo	er  Fath	e P	al Guardia assport	n M	fother  Fa irth Certific chool Leavi	ther I	Legal Gu	uardian	☐ Mothe	er  Far	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of G Guardian' Nominee* Proof of F PAN of G	tirth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi Relationship\$	ninee 6	☐ Mothe ☐ Birth ☐ Schoo	er  Fath	e P	al Guardia assport	n M Bers S City	other ☐ Fa irth Certific chool Leavi	ther I	Legal Gu	uardian	☐ Motho ☐ Birth ☐ School	er  Far	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of Guardian' Nominee* Proof of B PAN of G	Birth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi  Relationship\$  Guardian**	ninee 6]	Mothee Birth Schoo	er	e P	al Guardia assport	n Bers S	other ☐ Fa irth Certific chool Leavi	ther I	Legal Gu	uardian	☐ Motho ☐ Birth ☐ School	er	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of Guardian' Nominee* Proof of B PAN of G	Birth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi  Relationship\$  Guardian**	ninee 6	Mothe Birth Schoo	er	e P	al Guardia assport	n Mers S	other ☐ Fa irth Certific chool Leavi	ther I	Legal Gu	uardian	Mother   Birth   School	er	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of G Guardian' Nominee*  Proof of I PAN of G Address of Guardian	Birth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi  Relationship\$  Guardian**	ninee 6]	Mothee Birth Schoo	er	e P	al Guardia assport	n Bers S	other ☐ Fa irth Certific chool Leavi	ther I	Legal Gu	uardian	☐ Motho ☐ Birth ☐ School	er	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of G Guardian' Nominee*  Proof of B PAN of G Address of Guardian	Birth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi  Relationship\$  Guardian**	ninee 6]	Mothe Birth Schoo	er	e P	al Guardia assport	n Mers S	other ☐ Fa irth Certific chool Leavi	ther I	Legal Gu	uardian	Mother   Birth   School	er	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of G Guardian' Nominee* Proof of B PAN of G Address of Guardian Signature	birth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi **  Relationship\$  Guardian**  of Nominee(s)/	ninee 6]	Mothe Birth Schoo	er  Fath Certificate Il Leaving	e P.g Certificate	al Guardia assport e  Othe	n	other ☐ Fa irth Certific chool Leavi	ther I I ate Ing Certifi	Legal Gu Passpicate	uardian	Mother   Birth   School	er	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of G Guardian' Nominee*  Proof of F PAN of G  Address of Guardian  Signature  * M	sirth of Nominee*  n %* to each Non te should be 100% the Guardian**  S Relationship wi  Relationship\$  Guardian**  of Nominee(s)/  of Nominee/Gua  Jandatory  S Call Comments  Comments	ninee 6] th urdian Optional	☐ Mothe ☐ Birth ☐ Schoo  City State Country PIN	er Fath Certificate Il Leaving	e Pg Certificate	al Guardia assport e  Othe	n	fother  Fa	ther I I ate Ing Certifi	Legal Gu Passpicate	uardian	Mother   Birth   School	er	ther _	Legal G	uardian oort
Date of B Allocation (Aggregat Name of the Second S	sirth of Nominee*  n %* to each Non te should be 100% the Guardian**  s Relationship wi  **  Buardian**  of Nominee(s)/  of Nominee/Gua  andatory  \$ C  We do not wish to	ninee 6] th urdian Optional	☐ Mothed☐ Birth ☐ School  City ☐ State ☐ Country PIN ☐	er Fath Certificate I Leaving **Mand nination	e Pg Certificate	al Guardia assport e Othe	n M Bers S City State Cour PIN	fother Fa	ther I	Legal Gu Passpicate	ort Others	Motho	er  Fau	ther the	Legal G	uardian ort Others
Date of B Allocation (Aggregat Name of the Guardian' Nominee* Proof of B PAN of G  Address of Guardian  Signature  * M B) I/ I/We here in non app document	sirth of Nominee*  n %* to each Nonte should be 100% the Guardian**  S Relationship wi  Relationship\$  Guardian**  of Nominee(s)/  of Nominee/Gua  dandatory  \$ C  We do not wish to eby confirm that L pointment of Nonts issued by Court	ninee  foliation  in the control of	Mothee Birth Schoo  City State Country PIN  mate (Non not wish to	**Mand nination (o appoint er are awanpetent Au	latory & Ap  OPT-OUT any Nomin are that in outhority, ba	al Guardia assport e Othe  pplicable i ): aee(s) for n case of deased on the	n Bers S	irth Certific chool Leavi	ther I I I I I I I I I I I I I I I I I I I	Passpicate   or  my/our r ), my/outual Fun	ort Others  mutual fi	Motho	er Fail Certifica I Leavin  nd under d need t	ther the mattern that t	Legal G Passp  P	uardian ort Others involved requisite
Date of B Allocation (Aggregat Name of the Guardian' Nominee* Proof of B PAN of G  Address of Guardian  Signature  * M B) I/ I/We here in non app document	sirth of Nominee*  n %* to each Nonte should be 100% the Guardian**  S Relationship wi  Relationship\$  Guardian**  of Nominee(s)/  of Nominee/Gua  andatory  We do not wish to eby confirm that L pointment of Nonts issued by Court here Nominee det	ninee  foliation  in the control of	Mothee Birth Schoo  City State Country PIN  mate (Non not wish to	**Mand nination (o appoint er are awanpetent Au	latory & Ap  OPT-OUT any Nomin are that in outhority, ba	al Guardia assport e Othe  pplicable i ): aee(s) for n case of deased on the	n Bers S	irth Certific chool Leavi	ther I I I I I I I I I I I I I I I I I I I	Passpicate   or  my/our r ), my/outual Fun	ort Others  mutual fi	Motho	er Fail Certifica I Leavin  nd under d need t	ther the mattern that t	Legal G Passp  P	uardian ort Others involved requisite
Date of B Allocation (Aggregat Name of B Guardian' Nominee*  Proof of B PAN of G  Address of Guardian  Signature  * M B)	sirth of Nominee*  n %* to each Non te should be 100% the Guardian**  s Relationship wi  **  Guardian**  of Nominee(s)/  of Nominee/Gua andatory \$ C  We do not wish to eby confirm that L pointment of Non ts issued by Court here Nominee det annee.	ninee  th  priori an  optional  to Nomir  We do n  ninee(s) a  or other  ails and l	Mothed Birth School City State Country PIN nate (Non not wish te and furth such Corr Nomination	**Mand nination appoint are awaypetent Au on Opt-Out	latory & Ap OPT-OUT any Nomin are that in outhority, ba- ut both are	al Guardia assport e Othe  Oplicable i ): ee(s) for n case of des sed on the mentioned	n Bers S City State Cour PIN n case the	irth Certific chool Leavi	is a Mino	Drasspicate Passpicate or my/our in high my/our in	mutual fi ur legal d folio.	City State Country PIN	er Fail Certificate I Leavin	ther the mattern that t	Legal G Passp  P	uardian ort Others involved requisite
Date of B Allocation (Aggregat Name of B Guardian' Nominee' Proof of B PAN of G  Address of Guardian  Signature  * M B)	sirth of Nominee*  n %* to each Nonte should be 100% the Guardian**  S Relationship wi  Relationship\$  Guardian**  of Nominee(s)/  of Nominee/Gua  andatory  We do not wish to eby confirm that L pointment of Nonts issued by Court here Nominee det	ninee  th  priori an  optional  to Nomir  We do n  ninee(s) a  or other  ails and l	Mothed Birth School City State Country PIN nate (Non not wish to and further such Com Nomination	**Mand nination of pappoint er are awanpetent Au on Opt-Outlit holder	latory & Ap OPT-OUT any Nomin are that in outhority, ba- ut both are	al Guardia assport e Othe  Oplicable i ): ee(s) for n case of des sed on the mentioned	n Bers S City State Cour PIN n case the	fother Fa irth Certific chool Leavi  htty e Nominee Il Fund units the account assets held i ation Opt-O	is a Mino	Degal Gu Passpicate  pr pr my/our i n, my/our stual Fun e consider	mutual fi ur legal d folio.	City State Country PIN	er Fair Fair Fair Fair Fair Fair Fair Fai	ther tate and Certification of the control of the c	Legal G Passp ificate  he issues it all the	uardian ort Others involved requisite
Date of B Allocation (Aggregat Name of S Guardian' Nominee* Proof of B PAN of G  Address of Guardian  Signature  * M B)  I/ I/We here in non ap document Note: W without N SIGNAT Name an	sirth of Nominee*  n %* to each Nonte should be 100% the Guardian**  s Relationship wi  Relationship  Guardian**  of Nominee(s)/  of Nominee(s)/  of Nominee Gua  andatory  (We do not wish to be yeonfirm that Lypointment of Nonte is issued by Court there Nominee det and Signature(s)  TURE(S) [to be and Signature(s)]	ninee  th  priori an  poptional  to Nomin  We do n  ninee(s) a  or other  ails and l	Mothed Birth School City State Country PIN nate (Non not wish to and further such Com Nomination	**Mand nination appoint are awaypetent Au on Opt-Out	latory & Ap OPT-OUT any Nomin are that in outhority, ba- ut both are	al Guardia assport e Othe  Oplicable i ): ee(s) for n case of des sed on the mentioned	n Bers S City State Cour PIN n case the	fother Fa irth Certific chool Leavi  htty e Nominee Il Fund units the account assets held i ation Opt-O	is a Minor in the Muut will be	Degal Gu Passpicate  pr pr my/our i n, my/our stual Fun e consider	mutual fi ur legal d folio.	City State Country PIN	er Fair Fair Fair Fair Fair Fair Fair Fai	ther the mattern that t	Legal G Passp ificate  he issues it all the	uardian ort Others involved requisite
Date of B Allocation (Aggregat Name of S Guardian' Nominee* Proof of B PAN of G  Address of Guardian  Signature  * M B)  I/ I/We here in non ap document Note: W without N SIGNAT Name an	sirth of Nominee*  n %* to each Non te should be 100% the Guardian**  s Relationship wi  Relationship  Guardian**  of Nominee(s)/  of Nominee(s)/  We do not wish to eby confirm that L pointment of Non ts issued by Court here Nominee det Jominee.  TURE(S) [to be	ninee  th  priori an  poptional  to Nomin  We do n  ninee(s) a  or other  ails and l	Mothed Birth School City State Country PIN nate (Non not wish to and further such Com Nomination	**Mand nination of pappoint er are awanpetent Au on Opt-Outlit holder	latory & Ap OPT-OUT any Nomin are that in outhority, ba- ut both are	al Guardia assport e Othe  Oplicable i ): ee(s) for n case of des sed on the mentioned	n Bers S City State Cour PIN n case the	fother Fa irth Certific chool Leavi  htty e Nominee Il Fund units the account assets held i ation Opt-O	is a Minor in the Muut will be	Degal Gu Passpicate  pr pr my/our i n, my/our stual Fun e consider	mutual fi ur legal d folio.	City State Country PIN	er Fair Fair Fair Fair Fair Fair Fair Fai	ther tate and Certification of the control of the c	Legal G Passp ificate  he issues it all the	uardian ort Others involved requisite

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]

13

Date

FATCA/CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL/NRI/ON BEHALF OF MINOR/PROPRIETORSHIP FIRM)												
	Sole/First App	licant Guardian	Second Applica	nt	Third Applicant							
Place and Country of Birth	Place		Place		Place							
	Country		Country		Country							
Address Type [for KYC address]	Residential Registered Office	Business	Residential B	Business	Residential Business Registered Office							
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	Yes	☐ No	☐ Yes ☐ N	No	Yes No							
If 'Yes' please fill for all countries (oth	er than India) in which yo	ou are a Resident for tax pu	irpose i.e. where you are Citizen/R	Resident/Green Ca	ard Holder/Tax Resident in the respective countries							
Country of Tax Residency#												
Tax Identification Number (TIN) or Functional Equivalent												
Identification Type (TIN or Other, please specify)												
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	_ A :	В С	□ A □ B	С	□ A □ B □ C							
Reason A – The country where the		1 2										
Reason B – No TIN required [Sel	•	r the authorities of the	respective country of tax resid	dence do not req	uired the TIN to be collected]							
Reason C – Others - Please specif		/ 1 1 1 1	CTTC A									
# To also include USA, where th ^ In case Tax Identification Num		-										
	IFICATION FOR	NON-INDIVIDUA		HEIR ULTIM	ATE BENEFICIAL OWNER (UBO)							
Please complete Annexure	A & B											
DECLARATION AND SIGNA		f ioint holding, signs	atures of all unit holders ar	re mandatory)								
FATCA/CRS DECLARATION		· J · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·								
I acknowledge and confirm that the information provided with respect to FATCA/CRS is true and correct to the best of my knowledge and belief. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA/CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission/updation. I also undertake to keep the Fund informed in writing about any changes/modification/updation to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.												
OTHER DECLARATIONS	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 notify the AMC, in which event					Incase of change to this status, I/We shall							
We confirm that we have not issued subsequently.	sued any bearer share	es or share warrants.	We also confirm that we will	inform the AM	AC if bearer shares or share warrants are							
×		×		×								
Sole/First Applicant/G	uardian/PoA	Secon	nd Applicant/ PoA		Third Applicant/PoA							
		Please write Application	n Form No./Folio No. on the reve	rse of the Cheque	/Demand Draft. Default options will be applied							

in cases where the information provided is either ambiguous or has any discrepancy.