## **Common Application Form for Equity Schemes DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units) Global Asset Management Distributor / Broker ARN Sub-Broker / Bank Branch Code ARN -Application No.: For Office Use Only Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor. Any correction of Broker Code requires investor's authentication TRANSACTION CHARGES (Please refer point 5 on page 19 regarding transaction charges applicability) Existing Investor<sup>‡‡</sup> - I am an Existing Mutual Fund Investor (<sup>‡‡</sup>Default if not ticked) New Investor - I am a First time Mutual Fund Investor (INR.150 deductible as transaction charge and payable to the distributor) (INR.100 deductible as transaction charge and payable to the distributor) In case the purchase / subscription amount is Rs. 10,000 or more and your Distributor has opted to receive Transaction Charges, the same is deductible as above from the investment amount and payable to the Distributor. Units will be issued against the balance amount invested. APPLICANT'S INFORMATION [Please fill in your Folio No. below. In case of existing folio, furnish only KYC and PAN details below (if not provided earlier) and proceed to Section 3] Folio No. Please note that applicant details and mode of holding will be as per existing Folio Number. SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON PAN CARD Are you a U.S. person / resident of Canada? (V) Yes No Default if not ticked Name $|M_r|M_S|M/S$ Date of Birth~# PAN\*\* Enclosed (✓) PAN Card Copy KYC Compliance Proof\* (Mandatory for Minors) (Mandatory) ~ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Marksheet issued by HSC/State Board Passport Others (please specify) Occupation<sup>‡</sup> (✓) ☐ Public Sector / Government Service Private Sector Service Business Professional Agriculturist Others (Please specify) Student ☐ Forex Dealer Proprietorship Guardian Name (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Mr Ms M/s Legal Guardian<sup>++</sup> (court appointed Guardian) PAN\*\* (Mandatory) Natural Guardian + (Father or Mother) ++ In case of Legal Guardian, please Document evidencing relationship with Guardian Enclosed (✓) ☐ PAN Card Copy KYC Compliance Proof\* submit attested copy of the court appointment letter, affidavit etc. to support. PAN/KYC not required for contact person but required for Guardian of Minor. Country of Residence<sup>‡</sup> Address for Correspondence [P.O. Box Address is NOT sufficient] (Should be same as in KRA records, please refer to point 8 under Important Instructions) City Pin Code State Country **Contact Details** Phone O Extn. R Mobile Overseas Address (Mandatory in case of NRI / FII applicant in addition to mailing address) (Should be same as in KRA records, please refer to point 8 under Important Instructions) City Country State Zip Code (Mandatory) Status (🗸) 🗆 Resident Individual 🗎 Minor 🗀 Partnership 🗀 Company 🗀 HUF 🗀 FII 🗀 NRI 🗀 Trust 🗀 Society 🗀 AOP / BOI 🗀 Others **Mode of Holding** (✓) ☐ Single ☐ Joint (Default if not mentioned) ☐ Anyone or Survivor Name of Second Applicant (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor) Are you a U.S. person / resident of Canada? (\*) Yes # Default if not ticked Mr Ms M/s PAN\*\* Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof\* Date of Birth (Mandatory) Name of Third Applicant (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor) Are you a U.S. person / resident of Canada? (1) Yes H Default if not ticked Mr Ms M/s PAN\*\* Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof\* Date of Birth PoA Holder Details\* (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder) Mr Ms M/s PAN\*\* (Mandatory) Enclosed (✓) ☐ PAN Card Copy KYC Compliance Proof\* PoA copy notorised or the original copy of PoA needs to be submitted in case of Investment through PoA 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 (for details refer point 8 under Important Instructions). \*\* W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs). Please see point 6 under Important Instructions. However, for Micro SIP Investment Please see Instruction 4C. Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply. ‡‡ Default if not ticked. ...continued overleaf ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) Application No. : Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final Received from Mr Ms M/s Folio No. application for Units of Scheme Option / Sub-option Lumpsum investment alongwith Cheque / DD No. Drawn on (Bank) Dated Amount (Rs.) ☐ SIP Investment ☐ Total Cheques ☐ ☐ ECS (Debit Clearing)/Direct Debit Facility Total Amount (Rs.) Please Note: All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.

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## **CALL US AT**

HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:

• Bengaluru: No. 7, HSBC Center, M.G. Road, Bengaluru 560 001 • Chennai: 96, Radhakrishnan Salai, 2nd Floor, Mylapore, Chennai 600 004 • Kolkata: Jasmine Tower, 1st Floor, 31, Shakespeare Sarani, Kolkata 700 017 • Mumbai: 314, D. N. Road, Fort, Mumbai 400 001 • New Delhi: 3rd Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi 110 001.

TOLL FREE NUMBER: 1800 200 2434 (can be dialled from all phones)

## **AUTO DEBIT FORM - For SIP Investments DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units) Distributor / Broker ARN Sub-Broker / Bank Branch Code M.O. Code **Application No.:** ARN -For Office Use Only Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor. Any correction of Broker Code requires investor's authentication. ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) (Cheque should be drawn on bank, details provided below or please attach cancelled Cheque copy.) I/We hereby authorise HSBC Asset Management (India) Pvt. Ltd., Investment Manager to HSBC Mutual Fund acting through their authorised service providers to debit my / our following bank account by ECS (Debit Clearing) / Direct Debit Facility or any other facility for collection of SIP payments Name of the Account Middle Name Holder as in Bank Records Folio No. Application No. Scheme Name Name of the Bank Branch Address City Account Number □ Current □ Savings □ NRO\* □ NRE\* \* For NRI Investors Monthly Debit Amount MICR Code ∢ (9 digit number next to your Cheque No.) ☐ 30th ## SIP Date (✓) **Monthly** (Default^): $\square$ 3rd $\square$ 10th (Default^) $\square$ 17th $\square$ 26th All Dates Quaterly (10th) Start Date M M Y Y End Date M M Y Y March 2025 ^ SIP Period ## Last Business Day of the month for February There should be a minimum time gap of 25 Business Days for the first instalment of SIP through ECS (Debit Clearing) or Direct Debit. Minimum 12 instalments under Monthly SIP and 4 quarters for Quarterly SIP. AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by the Account Holder(s)] This is to inform I / we have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit Facility and that my / our payment towards my / our investment in HSBC Mutual Fund shall be made from my / our below mentioned bank account number with your bank. I / We authorise HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), acting through their service providers and representative carrying this ECS mandate / Direct Debit Facility Form to get it verified & executed. Mandate verification charges, if any, maybe charged to my / our account. SIGNATURE(S) (As In Bank Records) Account Number Third Account Holder Sole/First Account Holder Second Account Holder AUTO DEBIT FORM - For MICRO SIP Investments (refer instruction 4C on page 19 **DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units) Global Asset Management Distributor / Broker ARN Sub-Broker / Bank Branch Code M.O. Code **Application No.:** ARN -For Office Use Only Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor. Any correction of Broker Code requires investor's authentication. ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) (Cheque should be drawn on bank, details provided below or please attach cancelled Cheque copy.) I / We hereby authorise HSBC Asset Management (India) Pvt. Ltd., Investment Manager to HSBC Mutual Fund acting through their authorised service providers to debit my / our following bank account by ECS (Debit Clearing) / Direct Debit Facility or any other facility for collection of SIP payments. Name of the Account Holder as in Bank Records Folio No. Application No Scheme Name Name of the Bank Branch Address City Account Number A/c. Type (✓) □ Current □ Savings □ NRO\* □ NRE\* \* For NRI Investors Monthly Debit Amount MICR Code ∢ (9 digit number next to your Cheque No.) Monthly (Default^): ☐ 3rd ☐ 10th (Default^) ☐ 17th ☐ 26th ☐ 30th ## ☐ All Dates ☐ Quaterly (10th) SIP Date (✓) SIP Period Start Date M M Y Y End Date M M Y Y March 2025 M ## Last Business Day of the month for February ^ Refer instruction 4b(f) ^^ Refer instruction 4b(g) There should be a minimum time gap of 25 Business Days for the first instalment of SIP through ECS (Debit Clearing) or Direct Debit. Minimum 12 instalments under Monthly SIP and 4 quarters for Quarterly SIP. AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by the Account Holder(s)] This is to inform I / we have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit Facility and that my / our payment towards my / our investment in HSBC Mutual Fund shall be made from my / our below mentioned bank account number with your bank. I / We authorise HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), acting through their service providers and representative carrying this ECS mandate / Direct Debit Facility Form to get it verified & executed. Mandate verification charges, if any, maybe charged to my / our account. SIGNATURE(S) (As In Bank Records)

Sole/First Account Holder

Second Account Holder

Third Account Holder

Account Number