

Common Application Form for Equity Schemes

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units)

Distributor / Broker ARN	Sub-Broker / Bank Branch Code	M.O. 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.

1 TRANSACTION CHARGES (Please refer point 5 on page 19 regarding transaction charges applicability)

New Investor - I am a First time Mutual Fund Investor (INR.150 deductible as transaction charge and payable to the distributor) **Existing Investor**** - I am an Existing Mutual Fund Investor (**Default if not ticked) (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.

2 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? (✓) Yes No** **Default if not ticked.

Name Mr Ms M/s _____

Date of Birth~† (Mandatory for Minors) DDMMYYYY PAN** (Mandatory) _____ Enclosed (✓) PAN Card Copy KYC Compliance Proof*

~ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Marksheet issued by HSC/State Board Passport Others _____ (please specify)

e-mail _____

Occupation† (✓) Private Sector Service Public Sector / Government Service Business Professional Agriculturist Retired Housewife Student Proprietorship Forex Dealer Others (Please specify) _____

Guardian Name (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only)

Mr Ms M/s _____

Natural Guardian* (Father or Mother) Legal Guardian** (court appointed Guardian) PAN** (Mandatory) _____

* Document evidencing relationship with Guardian ** In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support. Enclosed (✓) PAN Card Copy KYC Compliance Proof* PAN/KYC not required for contact person but required for Guardian of Minor.

Nationality† _____ Country of Residence† _____

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. _____ Fax _____

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 _____

State _____ Country (Mandatory) _____ Zip Code _____

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 No** **Default if not ticked.

Mr Ms M/s _____

PAN** (Mandatory) _____ Enclosed (✓) PAN Card Copy KYC Compliance Proof* Date of Birth DDMMYYYY

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? (✓) Yes No** **Default if not ticked.

Mr Ms M/s _____

PAN** (Mandatory) _____ Enclosed (✓) PAN Card Copy KYC Compliance Proof* Date of Birth DDMMYYYY

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 notarised 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)

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

Application No. :

Received from Mr Ms M/s _____

Folio No. _____ application for Units of Scheme _____

Option / Sub-option _____ Lumpsum investment alongwith Cheque / DD No. _____

Dated _____ Drawn on (Bank) _____ Amount (Rs.) _____

SIP Investment Total Cheques ECS (Debit Clearing)/Direct Debit Facility Total Amount (Rs.) _____

Date DD / MM / YYYY Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.

ISC Stamp, Signature & date

3 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines) (refer Instruction No. 3 for Multiple Bank Account Registration details)

Core Banking A/c No. A/c. Type Current Savings NRO* NRE* * For NRI Investors
 Bank Name
 Branch Address
 MICR Code (9 digit number next to your Cheque No.) RTGS IFSC Code (For Rupees One lakh and above) NEFT IFSC Code (For less than Rupees One lakh)
 Please also provide a cancelled cheque leaf of the same bank account as mentioned above. Mentioning your 11 digit RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us transfer the amount to your bank account quicker, electronically.

4 INVESTMENT & PAYMENT DETAILS (Please Scheme / Option / Sub-Option) (refer Instruction No. 9 on Third Party Payments)

Scheme HEF HIOF HPTF HMEF HTSF HDF HEMF HUOF HSCF HBF Option / Sub-option Growth (default) Dividend Reinvestment** Dividend Payout
 The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the cheque only. ** Not applicable in case of HTSF
 A) ONE TIME LUMP SUM INVESTMENT (Please fill the details hereunder. Do not submit SIP Auto Debit Form)
 Payment Mode Cheque DD RTGS NEFT Fund Transfer Cheque/RTGS/NEFT/DD/FT Date / / / / /
 Cheque/DD/RTGS/NEFT No. Payment from Bank A/c. No.
 Investment Amount (Rs.) (i) Bank Name
 DD charges (Rs.) (ii) Branch
 Total Amount (Rs.) (i + ii) A/c. Type Current Savings NRO* NRE* FCNR* Others _____ (* For NRI Investors)
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 important instruction No. 9 on the Third Party Payments).

B) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (All cheques should be of same date of the months/quarters)

First SIP Cheque Details: Drawn on Bank A/c. No.
 Cheque No. Bank Name
 Cheque Date / / / / /
 Branch
 SIP Date Monthly (Default^): 3rd 10th(Default^*) 17th 26th 30th ** All Dates Quarterly (10th) ** Last Business Day of the month for February
 SIP Period Start Date / / / End Date / / / March 2025 (Default^^) ^ Refer instruction 4b(g) ^^ Refer instruction 4b(h)
 Each SIP Amount (Rs.) Cheque Nos. From To
 Drawn on Bank A/c. Bank Branch

C) SIP : SYSTEMATIC INVESTMENT PLAN (For SIP through ECS Debit Clearing) (Please fill up SIP Auto Debit Form and attach with this)

First SIP Cheque/DD Details: Cheque/DD No. Cheque/DD Date / / / / /
 Drawn on Bank A/c. No. Bank Name & Branch

MICRO SIP (Refer Note No. 4C on Page 19)
 Date of Birth / / / / / Supporting Document type* Reference No. (if available)

*For the permissible list of applicable documents please refer to Page 19.

5 NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

Please 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) Sole/First Applicant Second Applicant Third Applicant

NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 12)

I/ We _____ (Unit holder 1) and _____ (Unit holder 2) and _____ (Unit holder 3) *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)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian (To be furnished in case the Nominee is a Minor)	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1				
Nominee 2				
Nominee 3				

* the aggregate total should be 100%.

6 DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)

The Trustees, HSBC Mutual Fund
 Having read and understood the contents of the Combined Scheme Information Document, SAI and Addenda of the Scheme(s) issued till date, I/ We hereby apply under Direct / AMFI Certified empanelled distributors to the Trustees of HSBC Mutual Fund for units of the Scheme / Plan / Option as indicated above and agree to abide by the terms, conditions, rules and regulations of 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 hereby authorise HSBC Mutual Fund, its Investment Manager and its Agents to disclose details of my / our investment 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. I/We hereby declare that the particulars given above are correct and 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 HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform HSBC Asset Management (India) Pvt. Ltd., 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. 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) of HSBC Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time.
***Applicable to NRI**
 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 / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. (Applicable for Micro SIP investments only.)
 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).

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

Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.

Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.

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)

Contact us at hsbcmf@hsbc.co.in

Visit us at www.assetmanagement.hsbc.com/in

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
ARN -		

Application No. :

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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.

1 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	First Name	Middle Name	Last Name
Folio No.	Application No.		
Scheme Name			
Name of the Bank			
Branch Address	City		
Account Number	A/c. Type (✓)	<input type="checkbox"/> Current	<input type="checkbox"/> Savings
Monthly Debit Amount	MICR Code	◀ (9 digit number next to your Cheque No.)	
SIP Date (✓)	Monthly (Default [^]): <input type="checkbox"/> 3rd <input type="checkbox"/> 10th (Default [^]) <input type="checkbox"/> 17th <input type="checkbox"/> 26th <input type="checkbox"/> 30th ^{##} <input type="checkbox"/> All Dates <input type="checkbox"/> Quarterly (10th)		
SIP Period	Start Date	End Date	March 2025 ^{^^}
	^{##} 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.

2 AUTHORIZATION 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			
	Sole/First Account Holder	Second Account Holder	Third 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)

Distributor / Broker ARN	Sub-Broker / Bank Branch Code	M.O. Code
ARN -		

Application No. :

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Folio No.	Application No.		
Scheme Name			
Name of the Bank			
Branch Address	City		
Account Number	A/c. Type (✓)	<input type="checkbox"/> Current	<input type="checkbox"/> Savings
Monthly Debit Amount	MICR Code	◀ (9 digit number next to your Cheque No.)	
SIP Date (✓)	Monthly (Default [^]): <input type="checkbox"/> 3rd <input type="checkbox"/> 10th (Default [^]) <input type="checkbox"/> 17th <input type="checkbox"/> 26th <input type="checkbox"/> 30th ^{##} <input type="checkbox"/> All Dates <input type="checkbox"/> Quarterly (10th)		
SIP Period	Start Date	End Date	March 2025 ^{^^}
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SIGNATURE(S) (As In Bank Records)

Account Number			
	Sole/First Account Holder	Second Account Holder	Third Account Holder