

Common Application Form

(To be Filled in BLOCK LETTERS only)

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

Broker Name & ARN code/RIA code [^]	Sub-broker ARN code	Sub code	EUIN
ARN-181211			E

App.
No.:

[^] I/We hereby confirm that by mentioning RIA code, I/We authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my/our transactions in the schemes(s) of HSBC Mutual Fund.

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Sole/First Applicant/Authorised Signatory Second Applicant/Authorised Signatory Third Applicant/Authorised Signatory

For Office Use Only

1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 6 on page 80 regarding transaction charges applicability)

☐ I AM A FIRST TIME MUTUAL FUND INVESTOR (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) ☐ I AM AN EXISTING INVESTOR IN MUTUAL FUND (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

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

Are you a resident of USA/Canada? (✓) Yes ☐ No ☐ (** Default if not ticked)

Name[£] Mr Ms M/s ~ Proof Enclosed (✓) ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport

Date of Birth ~[†] (Mandatory) D D M M Y Y Y Y ☐ Marksheet issued by HSC State Board ☐ Others (please specify)

KYC Identification No. (KIN) ^{††} Proof to be enclosed (✓) ☐ PAN card Copy

PAN^{**} (Mandatory) Proof to be enclosed (✓) ☐ PAN card Copy

Nationality[‡] Country of Residence

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

Mr Ms M/s KYC Identification Number (KIN) ^{††} Proof to be enclosed (✓) ☐ PAN card Copy

PAN^{**} (Mandatory) Proof to be enclosed (✓) ☐ PAN card Copy

☐ Natural Guardian* (Father or Mother)

☐ Legal Guardian** (court appointed Guardian)

* Document evidencing relationship with Guardian

** In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

Status of Sole/1st Applicant (✓): ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ Non-Resident (Repatriable) ☐ Non-Resident (Non-Repatriable) ☐ Non-Resident - Minor (Repatriable) ☐ Non-Resident - Minor (Non-Repatriable) ☐ Bank ☐ FPIs ☐ QFI/EFI ☐ AOP ☐ HUF ☐ FPI ☐ Sole-Proprietor ☐ Private Limited Company ☐ Public Limited Co. ☐ Body Corporate ☐ Partnership Firm ☐ Trust ☐ NPS Trust ☐ Fund of Fund ☐ Gratuity Fund ☐ Pension and Retirement Fund ☐ Government Body ☐ NGO ☐ BOI ☐ Society ☐ LLP ☐ PIO ☐ Non Profit Organisation ☐ Global Development Network ☐ Foreign Nationals [Specify Country] ☐ Others [Specify]

3 KYC DETAILS [Mandatory (Details of Guardian in case the unitholder is a minor)]

Investors are requested to complete the KYC section for Joint holders & POA also, as applicable

a. Occupation (✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Doctor ☐ Forex Dealer ☐ Business [Nature of Business] ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Pl. specify]

b. Gross Annual Income (Please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore

OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y

For Individuals [Tick (✓) if applicable]:

For Non-Individual Investors (Companies, Trust, Partnership etc.):

c. ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach mandatory UBO Declaration) ☐ Yes ☐ No

II. Foreign Exchange/Money Changer Services ☐ Yes ☐ No

III. Gaming/Gambling/Lottery/Casino Services ☐ Yes ☐ No

IV. Money Lending/Pawning ☐ Yes ☐ No

For Non Individual Investors - Identification of Beneficial Ownership

Mandatory UBO Declaration form duly filled and signed attached.

(Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) ☐ Yes ☐ No

** W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). For Micro SIP Investment please refer Instructions for filling up the Application Form.

^{††} 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 10 under Important Instructions). W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

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

~ Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID/SAI for instructions related to folios held in the name of Minor.

£ As per KRA details.

...continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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

Received from Mr. Ms. M/s. application for Units of Scheme

Plan Option/Sub-option alongwith Cheque/DD No. Date Drawn on (Bank) Amount (₹) ☐ SIP Investment ☐ STP ☐ SWP

☐ ECS (Debit/Direct Debit Facility) Total Amount (₹) Date D D M M Y Y Y Y

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

ISC Stamp, Signature & Date

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

[illegible]

☐ Yes ☐ No * I/We, wish to receive scheme wise annual report or an abridged summary thereof/account statements/statutory & other documents by email.
If unticked, by default the above will be sent on email.

[illegible]

5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)

NAME OF SECOND APPLICANT (Not applicable if Sole/First Applicant is a Minor and Second Applicant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes ☒ No ☐ (**Default if not ticked.)

Date of Birth	D	D	M	M	Y	Y	Y	Y
KYC Identification Number (KIN) ⇕⇕								

11111 (Mandatory) <input type="text"/>	
Nationality <input type="text"/>	Country of Residence <input type="text"/>

b. Gross Annual Income (please ✓): <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore		OR	Net-worth in Rupees (Mandatory for Non-Individuals) ₹
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NAME OF THIRD APPLICANT (Not applicable if Sole/First Applicant is a Minor and Third Applicant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes ☒ No ☐ (**Default if not ticked)[illegible]

Nationality _____	Country of Residence _____
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b. Gross Annual Income (please ✓): <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore		OR	Net-worth in Rupees (Mandatory for Non-Individuals) ₹ <i>Net-worth should not be older than 1 year</i>
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POA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).

[illegible]

Nationality	Country of Residence
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b. Gross Annual Income (please ✓) : <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore		OR	Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net worth should not be older than 1 year
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BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines) (refer Instruction No. 3 for Multiple Bank Account Registration details)

Core Banking A/c No.	<input type="text"/>	A/c. Type (✓)	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> NRO*	<input type="checkbox"/> NRE*	* For NRI Investors
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[illegible][illegible]

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, electronically.
Incase of application on behalf of Minor, kindly refer to point 2 in "Instruction for Filling Up the Application Form"

ALL US AT

● C MUTUAL FUND INVESTOR SERVICE CENTRES:
Medabad: Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● **Bengaluru:** No. 7, HSBC Center, M.G. Road, Bengaluru - 560 001. ● **Chandigarh:** SCO 1, Sector 9 D, Chandigarh - 160 017.
Chennai: No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● **Hyderabad:** 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082. ● **Kolkata:** 31 BBD Bagh, Pousie Square, Kolkata - 700 001. ● **Mumbai:** 52/60 Mahatma Gandhi Road, Fort, Mumbai 400001. ● **New Delhi:** Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, Delhi - 110 001. ● **Pune:** Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411 001.
Free Number : 1800 200 2434/1800 258 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our investor care centre.

 Contact us at hsbcmf@camsonline.com
 Visit us at www.assetmanagement.hsbc.co.in

7	INVESTMENT & SOURCE OF FUNDS DETAILS (Please (✓) Scheme/Plan/Option/Sub-Option/Dividend Frequency)								
LUMPSUM/SIP:		Scheme 1		Scheme 2		Scheme 3			
Scheme Name		HSBC		HSBC		HSBC			
Plan									
Options/Sub-Option		<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW		<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW		<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of 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"/> 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"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly			
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 application only. In case of application on behalf of Minor, kindly refer to point 2 in "Instruction for Filling Up the Application Form"									
Payment Mode		<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer		<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer		<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer			
Cheque/RTGS/NEFT/DD/FT 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			
Cheque/DD/RTGS/NEFT No.									
Payment from Bank A/c. No.									
Investment Amount (Rs.) (i)									
DD charges (Rs.) (ii)									
Total Amount (Rs.) (i + ii)									
Bank Name									
Branch									
A/c. Type (✓)		<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others (* For NRI Investors)		<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others (* For NRI Investors)		<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others (* For NRI Investors)			
Documents attached to avoid Third Party Payment Rejection where applicable : <input type="checkbox"/> Third Party Declarations <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No.									
If no, my relationship with the bank account holder (✓) <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Employee <input type="checkbox"/> Custodian <input type="checkbox"/> Others (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 10 on the Third Party Payments).									
8	SYSTEMATIC WITHDRAWAL PLAN (SWP)						<input type="checkbox"/> Registration		
Scheme:				Plan					
Option:		<input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus		Sub-Option:		<input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW			
Dividend Frequency		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly		SWP Frequency:		<input type="checkbox"/> Monthly (Default*) <input type="checkbox"/> Quarterly (10th)			
Withdrawal Options:		<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation [¥] (1st Business Day of the month)		Period of enrolment		M M Y Y Y Y To M M Y Y Y Y			
Withdrawal Amount:		(Minimum Rs. 1000 and in multiples of Re. 1/- thereafter) Rs.				Redemption amount will equal appreciation.			
SWP Date:		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st							
To be submitted 10 days prior to the SWP date in case of Registration.				¥ Redemption amount will equal appreciation.					
9	SYSTEMATIC TRANSFER PLAN (STP) (To be submitted 10 days prior to the STP date in case of Registration)						<input type="checkbox"/> Registration		
Transfer From: Scheme Name				Transfer To: Scheme Name					
Plan :		<input type="checkbox"/> Other than Direct+ (+Continuing Plans only) <input type="checkbox"/> Direct		Plan :		<input type="checkbox"/> Other than Direct+ (+Continuing Plans only) <input type="checkbox"/> Direct			
Options/Sub-Option		<input type="checkbox"/> Growth <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW		Options/Sub-Option		<input type="checkbox"/> Growth <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW			
Dividend Frequency		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly		Dividend Frequency		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly			
STP Frequency:		<input type="checkbox"/> Weekly (Default*) <input type="checkbox"/> Monthly (Default*) <input type="checkbox"/> Quarterly (10th)		STP Day:		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default*) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			
Transfer Options:		<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation (1st Business Day of the month)							
Transfer Amount:		Amount per instalment Rs.				(Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)			
Installment commencing:		From M M Y Y Y Y To M M Y Y Y Y							
STP Date		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st							
* If no debit date is mentioned default date would be considered as 10th of every month/quarter. * Weekly STP facility shall be available only under Fixed Amount Systematic Transfer Plan. If the day for Weekly STP is not selected, Wednesday will be the default day									
10	DEMAT ACCOUNT DETAILS								
Please provide details of your Depository Participant if you wish to hold units in Demat Form.									
NSDL				CDSL					
DP Name									
DP ID									
Beneficiary Account No.									

11 ☐ **I/WE DO NOT WISH TO NOMINATE** (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

Signature(s)	X	X	X
	Sole/First Applicant	Second Applicant	Third Applicant

OR

Where Nominee details and Non intention to nominate both are mentioned, Non intention to nominate will be considered as "Default". Folio in such case will be updated without Nominee

☐ **I/WE WISH TO NOMINATE AS UNDER:** (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 14)

Name of Nominee(s)	Date of Birth	Name & Address of Guardian (To be furnished in case the Nominee is a Minor)	Relationship with Nominee	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%

12 **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]

FATCA/CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL /NRI /ON BEHALF OF MINOR/ PROPRIETORSHIP FIRM)

	Sole/First Applicant Guardian	Second Applicant	Third Applicant
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are Citizen/Resident/Green Card 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]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Reason A – The country where the Account Holder is liable to pay tax does not issue TIN to its residents.			
Reason B –No TIN required [Select this reason only for the authorities of the respective country of tax residence do not required the TIN to be collected]			
Reason C –Others - Please specify the reason _____			
# To also include USA, where the individual is a citizen/green card holder of USA.			
^ In case Tax Identification Number is not available, kindly provide its functional equivalent.			

**FATCA/CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBO)
(COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.)**

Please complete Annexure A & B

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

FATCA/CRS DECLARATION

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/update. I also undertake to keep the Fund informed in writing about any changes/modification/update 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

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 not United States person(s) under the laws of United States or resident(s) of Canada. Incase of change to this status, I/We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

We confirm that we have not issued any bearer shares or share warrants. We also confirm that we will inform the AMC if bearer shares or share warrants are issued subsequently.

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

Date

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.