

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

Broker Name & ARN code	Sub-broker ARN code	Sub code	EUIN
ARN-90531			E086029

Application No. : **D**

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.

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
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For Office Use Only

**1 TRANSACTION CHARGES** (Please tick any one of the below. Refer point 5 on page 20 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 AS APPEARING ON PAN CARD** Are you a resident of Canada? (✓) Yes  No  "Default if not ticked.

Name [Mr/Ms/M's] \_\_\_\_\_

Date of Birth <sup>†</sup> [D][D][M][M][Y][Y][Y][Y] 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)

Nationality <sup>†</sup> \_\_\_\_\_ Country of Residence <sup>†</sup> \_\_\_\_\_

**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.

**Status of Sole / 1st Applicant (Please ✓) :**  Resident Individual  Resident Minor (through Guardian)  Non-Resident (Repatriable)  Non-Resident (Non-Repatriable)  Non-Resident - Minor (Repatriable)  Non-Resident - Minor (Non-Repatriable)  Bank  FIIs  QFI/EFI  AOP  HUF  FPI  Sole-Proprietor  Private Limited Company  Public Limited Company  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  Others [Specify] \_\_\_\_\_  Foreign Nationals [Specify category] \_\_\_\_\_

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

To check your KRA KYC compliance status, please follow these steps:

▶ Login to the website of the KYC Registration Agency(KRA) ▶ Go to section "KYC enquiry" and check your KYC status by entering your PAN

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

Date KYC submitted	Current KYC status	What is required ?
Upto 24 June 2014	Verified by KRA	Sections 3a, 3b & 3c is <b>not</b> mandatory. Please complete in case of any change in information
	KYC in progress/KYC submitted	Sections 3a, 3b & 3c is <b>not</b> mandatory. Please complete in case of any change in information
	KYC verified by CVL-MF	Submit the following with the investment application: - Section B of the KYC change details form & - Sections 3a, 3b & 3c
	KYC on hold	Submit the pending documents/information to the intermediary where KYC form was submitted earlier
Post 24 June 2014 (w.e.f 25 June 2014)	Verified by KRA	Sections 3a, 3b & 3c are <b>mandatory</b>
	KYC in progress/KYC submitted	Sections 3a, 3b & 3c are <b>mandatory</b>

**3a. Occupation Details (Please ✓) :**  Private Sector Service  Public Sector Service  Government Service  Professional  Agriculturist  Retired  Housewife  Student  Business [Nature of Business] \_\_\_\_\_  Doctor  Forex Dealer  Casino Owner  Arms manufacturer  Gambling services offerer  Money lender  Pawn Broker  Others [Please specify] \_\_\_\_\_

**3b. 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]

Source of funds (for this investment) \_\_\_\_\_ Source of Wealth (for eg: Salary, Business income, Gift, Ancestral property etc.) \_\_\_\_\_

\* 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 9 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 8 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.

...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 No. : **D**

Folio No. \_\_\_\_\_ application for Units of Scheme \_\_\_\_\_

Plan \_\_\_\_\_ Option \_\_\_\_\_ alongwith Cheque/DD No. \_\_\_\_\_

Dated \_\_\_\_\_ Drawn on (Bank) \_\_\_\_\_ Amount (₹) \_\_\_\_\_

SIP Investment  Total Cheques   ECS (Debit / Direct Debit Facility) Total Amount (₹) \_\_\_\_\_ ISC Stamp, Signature & date

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.

<b>3c. For Individuals</b> [Tick (✓) if applicable] :	<b>For Non-Individual Investors (Companies, Trust, Partnership etc.) :</b>
<input type="checkbox"/> Politically Exposed Person (PEP)	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) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Related to a Politically Exposed Person (PEP)	II. Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Applicable	III. Gaming / Gambling / Lottery/ Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	IV. Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

**3d. Identification of Beneficial Ownership**

Please attach the mandatory UBO declaration form to provide the beneficial owner details. In case there is NO UBO, please declare that the entity does not have anyone holding beneficial interest by completing the UBO form.

**4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS**

**Address for Correspondence<sup>†</sup>** [P.O. Box Address is NOT sufficient] (Should be same as in KRA records, please refer to point 9 under Important Instructions)

City		Pin Code	
State		Country	
Contact Details	Phone	O	Extn.
		R	
			Fax
			Mobile
e-mail*			

\* On providing e-mail id investors shall receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents and marketing material by email

**Overseas Address / Registered Address in case of Non-Individual investors**

(Mandatory in case of NRI / FI/ applicant in addition to mailing address) (Should be same as in KRA records, please refer to point 9 under Important Instructions)

City		Zip Code	
State		Country (Mandatory)	

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

**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 resident of Canada? (✓) Yes  No  <sup>††</sup> Default if not ticked.

Mr/Ms/M/s									
PAN** (Mandatory)	Enclosed (✓) <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> KYC Compliance Proof* Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
a. Occupation (please ✓): <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify]									
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 <b>Net-worth in Rupees</b> (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year								
c. Others (please ✓): <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable									

**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 Canada? (✓) Yes  No  <sup>††</sup> Default if not ticked.

Mr/Ms/M/s									
PAN** (Mandatory)	Enclosed (✓) <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> KYC Compliance Proof* Date of Birth <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
a. Occupation (please ✓): <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify]									
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 <b>Net-worth in Rupees</b> (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year								
c. Others (please ✓): <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable									

**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 (✓) <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> KYC Compliance Proof* PoA copy notarised or the original copy of PoA needs to be submitted in case of Investment through PoA.
a. Occupation (please ✓): <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify]	
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 <b>Net-worth in Rupees</b> (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year
c. Others (please ✓): <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable	

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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** : No. 30, 2nd Floor, Rajaji Salai, Chennai 600 001 • **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 within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our customer care centre.

▶ Contact us at [hsbcmf@hsbc.co.in](mailto:hsbcmf@hsbc.co.in)

▶ Visit us at [www.assetmanagement.hsbc.com/in](http://www.assetmanagement.hsbc.com/in)

**6 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 \_\_\_\_\_ RTGS IFSC Code \_\_\_\_\_ NEFT IFSC Code \_\_\_\_\_

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.

**7 INVESTMENT & PAYMENT DETAILS** (Please (✓) Scheme / Plan / Option / Sub-Option / Dividend Frequency) (refer Important Instruction No. 10 on Third Party Payments)

Scheme (✓)  HMIP-R  HMIP-S  HIF  HGF  HFRF  HCF  HUSBF  HFDF

Plan \_\_\_\_\_ Sub-option (✓)  Growth (default)  Dividend Reinvestment  Dividend Payout

Dividend Frequency  Daily\*\*  Weekly†  Monthly#  Quarterly<sup>5</sup>  Fortnightly<sup>^</sup>  Half Yearly††

The scheme name mentioned on the application form and the cheque has to be same. In case of any discrepancy between the two, units will be allotted as per scheme name mentioned on the cheque only.

\*\* Applicable for HCF & HUSBF only. † Applicable for HIF-ST, HGF, HFRF-LT, HCF & HUSBF only. Dividend Payout in case of HFRF-LT is done only for dividend amount equal to or greater than 1 lacs. # Applicable for HMIP-R, HMIP-S, HIF-ST, HGF, HFRF-LT, HCF, HUSBF & HFDF only. <sup>5</sup> Applicable for HMIP-R, HMIP-S, HIF-IP and HFDF only. <sup>^</sup> Applicable for HFRF-LT, HFDF. †† Applicable for HFDF only. Please note that dividend payout is available only in the Monthly, Quarterly & Half Yearly Sub-Options.

**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. 10 on the Third Party Payments).

**B) 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 \_\_\_\_\_

**8 SYSTEMATIC TRANSFER PLAN (STP)** (For investors in Scheme(s) where applicable)

Transfer from Scheme:  HIF  HGF  HMIP-R  HMIP-S  HFRF  HCF  HUSBF  HFDF

Transfer to Scheme:  HEF  HIOF  HUOF  HPTF  HMEF  HEMF  HTSF  HSCF  HDF  HBF

Option  Growth  Dividend Reinvestment  Dividend Payout

Plan \_\_\_\_\_ Amount per instalment (Rs.) \_\_\_\_\_

Option  Regular  Institutional  Institutional Plus (Minimum transfer amount Rs.1000/- and in multiples of Re.1/- thereafter)

Sub-option  Growth  Dividend Reinvestment  Dividend Payout

Dividend Frequency  Daily  Weekly  Monthly  Quarterly  Fortnightly  Half Yearly

STP Date (✓)  3rd  10th  17th  26th  30th\*\*  All Dates

\*\* Last Business Day of the month for February

Instalment commencing: From  To

**9 DEMAT ACCOUNT DETAILS**

Please ensure that unit holders are given an option to hold the units in demat form in addition to account statement as per current practice and the sequence of names as mentioned in the application form matches with the Depository Participant.

	NSDL	CDSL
DP Name	_____	_____
DP ID	<input type="text" value="IN"/> _____	_____
Beneficiary Account No.	_____	_____

**10 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
_____	_____	_____	_____

**OR**

**NOMINATION DETAILS** (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 14)

I/We \_\_\_\_\_ (Unit holder 1), \_\_\_\_\_ (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%.

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**CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FOR DETERMINING US PERSON STATUS****[Mandatory for all investors including Unit holder (Guardian in case of minor) and Joint holder(s)]**

Please provide a response common to all holders in the folio(s). For eg : If the answer to any one of the question for any one of the holder is "Yes", please tick on "Yes" against the question

<b>FATCA DECLARATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)</b>		
<b>FATCA Compliance Confirmation Indicia</b>	<b>"Yes" or "No" please (✓)</b>	
Are you a resident or Citizen of the United States ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is US your place of birth ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a US telephone number in the capacity of a resident / citizen of US ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold any residence / mailing address / 'C/o address' / hold mail address / PO Box address in the US ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your POA holder based out of US or hold US residence / citizenship ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you pay tax in the US ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold an Identification Number or any identification that indicates US residence / citizenship ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>FATCA DECLARATION FOR NON-INDIVIDUAL INVESTORS (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.)</b>		
<b>FATCA Compliance Confirmation Indicia</b>	<b>"Yes" or "No" please (✓)</b>	
Does your organisation / entity hold a mailing address / communication address in the US	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the country of incorporation - US ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a US telephone number ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have a US beneficiary	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your Director / Promotor / Authorised signatory / POA holder based out of US or holds US residence / citizenship ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have one or more US beneficial owners /shareholders with more than 10% ownership on vote or value of stock ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation have partners (of US) owning more than a 10% profit or capital interest in a partnership ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any US "owner" of a grantor trust or, to the extent provided in regulations, a more than 10% beneficial interest in a trust ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your organisation / entity pay tax in the US?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p><b>Declaration :</b> Investor agrees to provide the fund with any documentation or information requested relating to individual or entity tax status. To the extent required by the fund, investor hereby consents to the disclosure and reporting of any tax related information obtained or held by the fund to any local or foreign regulatory or tax authority ("Tax Authority"). Upon request by the fund, investor hereby agrees to obtain a written waiver or consent from the entity's "substantial owners" or "controlling persons" and to provide those consents to the fund to permit it to disclose and report tax and account specific financial information to any local or foreign Tax authority. The terms "substantial owners" and "controlling persons" shall have the meaning as defined under local or foreign tax laws, regulatory guidance or inter governmental cooperation agreements. The potential consequences for failure to comply with requests for tax information, failure to respond to requests for waivers or consents for tax information disclosure, and/or failure to respond to requests to obtain waivers or consents from substantial owners or controlling persons, include, but are not limited to: (a) Fund has the right to carry out actions which are necessary to comply with the local or foreign tax reporting obligations; (b) Fund has the ability to withhold taxes that may be due from certain payments made to the investor's account; (c) Fund has the right to pay relevant taxes to the appropriate tax authority; (d) Fund has the right to refuse to provide certain services; and (e) Fund has the discretion to close investor accounts. The investor agrees to inform, or respond to any request from, the fund, if there are any changes to tax information previously provided.</p>		

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

<p>Having read and understood the contents of the Combined 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 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).</p> <p><b>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).</b></p> <p><b>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.</b></p>	Sole / First Applicant Guardian / PoA	
	Second Applicant / PoA	
	Third Applicant / PoA	
	Date	
<p><b>Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.</b></p>		

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