

Common Application Form for Equity and Fund of Funds Schemes

(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 |
|--|---------------------|----------|------|
| | | | |

Application No. : **E**

[^] 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 5 on page 26 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 Should match with PAN Card

Date of Birth ^{~‡} (Mandatory) ~ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Passport Marksheet issued by HSC State Board Others (please specify)

KYC Identification Number (KIN) ^{‡‡} PAN** (Mandatory) Enclosed (✓) PAN Card Copy KYC Compliance Proof*.

Nationality[‡] Country of Residence

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

KYC Identification Number (KIN) ^{‡‡} PAN** (Mandatory)

Natural Guardian* (Father or Mother) Legal Guardian** (court appointed Guardian) Enclosed (✓) PAN Card Copy KYC Compliance Proof*.

⁺ Document evidencing relationship with Guardian ^{‡‡} In case of Legal Guardian, please 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

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 FPIs 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 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

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)

| 3c. For Individuals [Tick (✓) if applicable] : | For Non-Individual Investors (Companies, Trust, Partnership etc.) : |
|---|--|
| <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. 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) <input type="checkbox"/> Yes <input type="checkbox"/> No |

* 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 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.

†† 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.

...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.

Received from

Application No. : **E**

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

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

Address for Correspondence[‡] [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

| | | | |
|-------|---------|----------|--|
| City | | Pin Code | |
| State | Country | | |

| | | | | | | | |
|------------------------|-------|--------|--|-------|--|--------|--|
| Contact Details | Phone | O R | | Extn. | | 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 / FPI applicant in addition to mailing address) (Should be same as in KRA records)

| | | | |
|-------|---------------------|------|----------|
| State | Country (Mandatory) | City | Zip Code |
|-------|---------------------|------|----------|

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[‡] [‡]Default if not ticked.

| | | | |
|-----------|----------------------------|--|--|
| Mr Ms M/s | Should match with PAN Card | | |
|-----------|----------------------------|--|--|

| | | | | | | | | | |
|--|----------------------|---|---|---|---|---|---|---|---|
| KYC Identification Number (KIN) [‡] | PAN** (Mandatory) | | | | | | | | |
| Date of Birth <table border="1" style="width:100%; text-align:center;"> <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 | Enclosed (✓) <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> KYC Compliance Proof*. |
| D | D | M | M | Y | Y | Y | Y | | |
| Nationality | Country of Residence | | | | | | | | |

- a. Occupation (please ✓):** Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please 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
- c. Others (please ✓):** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) 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[‡] [‡]Default if not ticked.

| | | | |
|-----------|----------------------------|--|--|
| Mr Ms M/s | Should match with PAN Card | | |
|-----------|----------------------------|--|--|

| | | | | | | | | | |
|--|----------------------|---|---|---|---|---|---|---|---|
| KYC Identification Number (KIN) [‡] | PAN** (Mandatory) | | | | | | | | |
| Date of Birth <table border="1" style="width:100%; text-align:center;"> <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 | Enclosed (✓) <input type="checkbox"/> PAN Card Copy <input type="checkbox"/> KYC Compliance Proof*. |
| D | D | M | M | Y | Y | Y | Y | | |
| Nationality | Country of Residence | | | | | | | | |

- a. Occupation (please ✓):** Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please 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
- c. Others (please ✓):** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) 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 | Should match with PAN Card | | |
|-----------|----------------------------|--|--|

| | | | | | | | | | |
|---|--|---|---|---|---|---|---|---|---|
| KYC Identification Number (KIN) [‡] | Date of Birth <table border="1" style="width:100%; text-align:center;"> <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 | | |
| 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. | | | | | | | | | |
| Nationality | Country of Residence | | | | | | | | |

- a. Occupation (please ✓):** Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please 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
- c. Others (please ✓):** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

...continued on next page ⇨

CALL US AT

HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:
 ● Ahmedabad : Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● Bengaluru : No. 7, Hsbc Center, M.G. Road, Bengaluru - 560 001. ● Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 50082. ● Kolkata : Jasmine Tower, 1St Floor, 31, Shakespeare Sarani, Kolkata - 700 017. ● Mumbai : 16, V.N. Road, Fort, Mumbai - 400 001 ● New Delhi : 3Rd Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. ● Pune : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411011.
 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.

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 (9 digit number next to your Cheque No.) RTGS IFSC Code (For Rupees Two lakhs and above) NEFT IFSC Code (For less than Rupees Two lakhs)

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 & SOURCE OF FUNDS DETAILS (Please (✓) Scheme / Option / Sub-Option) (refer Important Instruction No. 11 on Third Party Payments)

Scheme (✓) HEF HIOF HIEF HMEF HTSF HDF HEMF HDYEF HBF HAPDF HGCOF
 HMS-Conservative HMS-Growth HMS - Moderate Plan _____

Option / Sub-option (✓) Growth (default) Dividend Reinvestment** Dividend Payout ** Not applicable in case of HTSF

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.

A) 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 DD / MM / YYYY
 Drawn on Bank A/c. No. Bank Name & Branch

MICRO SIP (Refer Note No. 4C on page 26) Date of Birth DD / MM / YYYY Supporting Document type* Reference No. (if available)

*For the permissible list of applicable documents please refer to Page 26.

B) 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 DD / MM / YYYY
 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. 11 on the Third Party Payments).

C) 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 DD / MM / YYYY 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 MM / YY End Date MM / YY March 2025 (Default^^) ^ Refer instruction 4b(f) ^^ Refer instruction 4b(g)
 Each SIP Amount (Rs.) Cheque Nos. From To
 Drawn on Bank A/c. Bank Branch

8 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 <input type="text"/> | <input type="text"/> |
| DP ID <input type="text"/> I N <input type="text"/> | <input type="text"/> N A <input type="text"/> |
| Beneficiary Account No. <input type="text"/> | <input type="text"/> |

9 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 15)

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 | Signature of Nominee / Guardian of Nominee (Optional) | Proportion (%) in which the units will be shared by each Nominee* |
|------------------------------|--|----------------------------|---|---|
| | (To be furnished in case the Nominee is a Minor) | | | |
| Nominee 1 | | | | |
| Nominee 2 | | | | |
| Nominee 3 | | | | |

* the aggregate total should be 100%.

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 / HUF / 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

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 / 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

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).

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).

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.

| | | |
|---|------------------------|-----------------------|
| Sole / First Applicant / Guardian / PoA | Second Applicant / PoA | Third Applicant / PoA |
| 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.

AUTO DEBIT FORM - For SIP Investments (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 |
|--|---------------------|----------|------|
| | | | |

Application No. : E

[^] By mentioning RIA code, I / we authorize 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.

| For Office Use Only |
|---------------------|
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|---|---|--|--|
| Sole / First Applicant / Authorised Signatory | Second Applicant / Authorised Signatory | Third Applicant / Authorised Signatory | |
|---|---|--|--|

REQUEST FOR (tick ✓ any one): Registration of SIP Registration of Micro SIP** Renewal of SIP

1 APPLICANT'S PERSONAL DETAILS (MANDATORY)

Application Form No. (For New Applicants) OR Folio No. (For Existing Unit holders)

Sole / 1st Unitholder F i r s t N a m e M i d d l e N a m e L a s t N a m e

Guardian's Name (in case of minor) E-mail ID

PAN 1st A p p l i c a n t 2nd A p p l i c a n t 3rd A p p l i c a n t

Enclose Attested PAN card KYC Letter Attested PAN card KYC Letter Attested PAN card KYC Letter

2 SIP DETAILS

Scheme Name Plan Option

SIP Date (✓) : Monthly (Default*) 3rd 10th (Default*) 17th 26th 30th# All Dates Quarterly (10th) Daily (only for HCF)

SIP period from M M Y Y to M M Y Y OR End date 0 3 9 9 If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)

SIP Amount (figures) ₹ (words)

First SIP Cheque No. Dated D D M M Y Y Y Y Cheque Amount

Drawn on bank name branch

[^] If no debit date is mentioned default date would be considered as 10th of every month / quarter. **Refer Section 4C for SIP under Micro Financial Product category. # Last Business Day of the month for February. Minimum 12 installments under Monthly SIP and 4 quarters for Quarterly SIP.

3 DECLARATION AND SIGNATURE (to be signed by all Unit Holders if Mode of Holding is 'Joint')

I / We declare that the particulars furnished here are correct. I / We authorize HSBC Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we would not hold the user institution responsible. I / We will also inform HSBC Mutual Fund about any changes in my bank account.

I / We have registered for making payment towards my investments in HSBC Mutual Fund by debit to my / our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). I / We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my / our account.

I also hereby agree to read the respective SID and SAI of the Mutual Fund before investing in any scheme of HSBC Mutual Fund using this facility.

| | | |
|---|---|---|
| <input checked="" type="checkbox"/> Sole / 1st Unit Holder / POA / Guardian | <input checked="" type="checkbox"/> 2nd Unit Holder | <input checked="" type="checkbox"/> 3rd Unit Holder |
|---|---|---|



Debit Mandate Form NACH / ECS / Direct Debit

UMRN F O R O F F I C E U S E O N L Y Date D D M M Y Y Y Y

Tick (✓)
 CREATE
 MODIFY
 CANCEL

I/We hereby authorize HSBC Mutual Fund **to debit (tick ✓)** SB CA CC SB-NRE SB-NRO Others

Bank a/c number

with Bank Name of customers bank IFSC or MICR

an amount of Rupees In Words ₹ In Figures

FREQUENCY Monthly Quarterly Half-Yearly Yearly As & when presented **DEBIT TYPE** Fixed Amount Maximum Amount

Reference 1 Folio Number Phone No.

Reference 2 Application Number Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD
 From D D M M Y Y Y Y
 To
 Or Until Cancelled

Signature Primary Account holder _____ Signature of Account holder _____ Signature of Account holder _____

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS: ● Account type ● Bank A/c number (core banking a/c no. only) ● Bank name ● IFSC code or MICR code (as per the cheque / pass book) ● Amount in words (maximum amount) ● Period start date and end date or until cancelled ● Account holder signature ● Account holder name as per bank record

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name

Scheme Name SIP period from M M Y Y to M M Y Y

Amount (in figures) ₹ Stamp & Signature

INSTRUCTION

1. Investors are advised to comply with applicable Know Your Customer (KYC) requirements from time to time and failure to comply with this requirement may result in the purchase application being rejected.
2. Please read the Scheme Information Document(s), Key Information Memorandum(s) of the scheme(s) and Statement(s) of Additional Information of the respective schemes and addenda issued for these documents carefully before investing.
3. Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.
4. Applications incomplete in any respect are liable to be rejected. AMC / RTA shall have absolute discretion to reject any such Application Forms.
5. Investors are advised to retain this acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC)/ CAMS.
6. Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.
7. If both Folio & Name of the Sole/Primary Holder are not mentioned, the transaction shall be liable for rejection.
8. A minimum gap of 25 days needs to be maintained between the first and second SIP installments.
9. All SIP installment cheques/payment instructions must be of the same amount and the same monthly debit date.
10. In case payment is made using "At Par" cheques, investors must mention the MICR number of his actual bank branch.
11. If the period is not specified by the unitholder then the SIP enrollment will be deemed to be for perpetuity and processed accordingly.
12. Mandatory fields for filling NACH mandate. In case any of these fields are not filled mandate will be rejected.

| |
|--|
| • Account Type |
| • Bank A/c. number |
| • Bank Name |
| • IFSC code or MICR code (As per the Cheque / Pass book) |
| • Amount in Words (Maximum amount) |
| • Amount in Figures (Maximum amount) |
| • Period Start Date and End date or until cancelled |
| • Account Holder Signature |
| • Account Holder Name as per Bank Record |

14. The SIP will be discontinued automatically if payment is not received for two successive installments.
15. Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar CAMS. Notice of such discontinuance should be received at least 25 days prior to the due date of the next installment / debit.
17. Please submit this form along with a copy of a cancelled cheque.

INSTRUCTIONS TO FILL ONE TIME DEBIT MANDATE FORM (OTM)

1. Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account (for SIP debits). However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
3. Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third party validation.
4. Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
5. Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
6. Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
7. For the convenience of investors, the frequency of the mandate mentioned "As and when presented".
8. There is no maximum duration for enrolment. Investor(s) has an option to fill 'End Date' or select the option "Until Cancelled".