

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Broker Name & ARN Code/RIA Code	Sub-broker ARN Code	Sub Code	EUIIN	Branch Code

Time Stamp

Transaction Charges: SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs. 10,000/-.

If this is the first time, you are investing in any mutual fund, please tick here

Investor's Declaration where EUIIN is not furnished: I/We confirm that the EUIIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction

Sole/1st Applicant / Authorised Signatory <input checked="" type="checkbox"/>	2nd Applicant / Authorised Signatory <input checked="" type="checkbox"/>	3rd Applicant / Authorised Signatory <input checked="" type="checkbox"/>
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New SIP Registration SIP Renewal Update new OTM debit mandate for already registered SIP OTM Debit Mandate to be registered in the folio.
 OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)

1 APPLICANT INFORMATION

Name of Sole/1st Unit Holder		First Name	Middle Name	Last Name
Folio No.		PAN		
Contact Details				
Mobile No.	+ 9 1	Tel. (Res./Office)		
Mobile belongs to :	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependant Children	<input type="checkbox"/> Dependant Parents
	<input type="checkbox"/> Guardian (to Minor investment)	<input type="checkbox"/> POA	<input type="checkbox"/> PMS	<input type="checkbox"/> Dependant Siblings
				<input type="checkbox"/> Custodian
*E-mail		Email ID to be filled in CAPITAL LETTERS		
E-mail belongs to :	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependant Children	<input type="checkbox"/> Dependant Parents
	<input type="checkbox"/> Guardian (to Minor investment)	<input type="checkbox"/> POA	<input type="checkbox"/> PMS	<input type="checkbox"/> Dependant Siblings
				<input type="checkbox"/> Custodian

2 OTM DEBIT MANDATE FOR NACH/ECS/AUTO DEBIT

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

Sponsor Bank Code Create Modify Cancel

Utility Code I/We hereby authorize **HSBC Mutual Fund**

To debit (✓) SB CA CC SB-NRE SB-NRO Others Bank Account No.

with Bank Name of customers bank IFSC/MICR

An amount of Rupees In Words ₹ In Figures

Debit Type : Fixed Amount Maximum Amount Frequency: Monthly Quarterly Half Yearly Yearly As & when presented

Reference 1 Folio No. Reference 2 Application Number

Mobile No. Email ID

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.

PERIOD* Mandatory Maximum period of validity of this mandate is 40 years only.

From × ×

To × ×

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
Name as in bank records	Name as in bank records	Name as in bank records

Maximum period of validity of this mandate is 40 years only.

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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

Received from Folio No./Application No.

Scheme Plan Option/Sub-option

New SIP Registration SIP Renewal Update New OTM Debit Mandate OTM Debit Mandate to be registered in the folio.
 OTM Debit Mandate is already registered in the folio.

SIP Amount Rs. Frequency Weekly Monthly Quarterly
 STP Top Up Amount Rs. Frequency Half Yearly Yearly

Acknowledgement
Stamp & Date

3 SIP & INVESTMENT DETAILS (For more than One Scheme please issue cheque favouring "HSBC Multi SIP Collection Account")

First SIP Details

Instrument No. Dated Cheque Amount ₹

Bank Name A/C No.

Branch City

A/c. Type Current Savings NRO* NRE* Others **UMRN for One Time Mandate**

Reason for your SIP (✓) Children's Education Children's Marriage House Car Retirement Others

1 Scheme 1 Name Plan Option/Sub option

IDCW Frequency

SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th
 9th 10th (Default*) 11th 12th 13th 14th 15th 16th
 17th 18th 19th 20th 21st 22nd 23rd 24th 25th
 26th 27th 28th 29th 30th 31st

SIP period From To
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]

SIP Frequency Weekly* Monthly*^ Quarterly (10th) SIP Day Monday Tuesday Wednesday* Thursday Friday

SIP Amount (figures) ₹ (words)

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.

Top Up Amount ₹ Amount in multiples of ₹ 500 only Top Up Frequency Half Yearly Annual (Default) ^

Top Up to continue till SIP amount reaches^^ ₹ OR Top Up to continue till #

2 Scheme 2 Name Plan Option/Sub option

IDCW Frequency

SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th
 9th 10th (Default*) 11th 12th 13th 14th 15th 16th
 17th 18th 19th 20th 21st 22nd 23rd 24th 25th
 26th 27th 28th 29th 30th 31st

SIP period From To
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]

SIP Frequency Weekly* Monthly*^ Quarterly (10th) SIP Day Monday Tuesday Wednesday* Thursday Friday

SIP Amount (figures) ₹ (words)

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.

Top Up Amount ₹ Amount in multiples of ₹ 500 only Top Up Frequency Half Yearly Annual (Default) ^

Top Up to continue till SIP amount reaches^^ ₹ OR Top Up to continue till #

3 Scheme 3 Name Plan Option/Sub option

IDCW Frequency

SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th
 9th 10th (Default*) 11th 12th 13th 14th 15th 16th
 17th 18th 19th 20th 21st 22nd 23rd 24th 25th
 26th 27th 28th 29th 30th 31st

SIP period From To
 [If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]

SIP Frequency Weekly* Monthly*^ Quarterly (10th) SIP Day Monday Tuesday Wednesday* Thursday Friday

SIP Amount (figures) ₹ (words)

SIP Top Up (Optional) – Available only for investments effected through Auto Debit.

Top Up Amount ₹ Amount in multiples of ₹ 500 only Top Up Frequency Half Yearly Annual (Default) ^

Top Up to continue till SIP amount reaches^^ ₹ OR Top Up to continue till #

* For NRI Investors. * If the day for Weekly SIP is not selected, Wednesday will be the default day ^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Minimum gap of 21 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above. ^^ SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top-Up amount will cease. Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment.

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

OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order)

I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of HSBC Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred above through participation in 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 or any of their appointed service providers or representatives responsible. I/We will also inform HSBC Mutual Fund about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We hereby accord my/our consent to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/ us to the group companies of HSBC Mutual Fund for any valid business purposes including marketing or sales promotion or with any statutory or judicial authorities, without any prior intimation to me/us, until notified by me/us otherwise.

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

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent : Computer Age Management System.

TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+ 91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in