## **Common Application Form**

(To be Filled in BLOCK LETTERS only)



DISTRIBUTOR INFORMATION (Onl Broker Name & ARN code / RIA code^	y empanelled Distributors / Bi Sub-broker ARN code		be permitted to	distribute Units) EUIN		Managemen
					App.	
^ I / We hereby confirm that by mentioning RI (RIA) the details of my / our transactions in th I / We hereby confirm that the EUIN box has interaction or advice by the employee / relation the advice of in-appropriateness, if any, provide	te schemes(s) of HSBC Mutual been intentionally left blank by ship manager / sales person of	Fund. y me / us a the above d	s this transaction istributor / sub b	is executed without any roker or notwithstanding	No.:	For Office Use Only
Sole / First Applicant / Authorised Signatory	Second Applicant / Authorised Sign	natory	Third Applicant	/ Authorised Signatory		
TRANSACTION CHARGES (Please ti	ck any one of the below Refe	er point 5 (	nn nage 36 rega	rding transaction charge	es annlicahil	ity)
☐ I AM A FIRST TIME MUTUAL FUN (₹ 150 will be deducted as transaction char	ND INVESTOR	-	☐ I AM A	N EXISTING INVESTO	OR IN MUT	•
APPLICANT'S INFORMATION [Please	fill in your Folio No. below. In ca	se of existing	g folio, furnish only	KYC and PAN details belo	w (if not provi	ided earlier) and proceed to Section 3
Folio No.		ase note th			U	as per existing Folio Number.
SOLE/FIRST APPLICANT'S PERSONA Name Mr Ms M/s	L DETAILS		Are yo	u a resident of USA/Cana	da? (✓) Yes	No <sup>#</sup> (*Default if not ticked.)
			~ Proof Enclose	d (✓) ☐ Birth Certificat	e School	Leaving Certificate Passport
Date of Birth ~ † (Mandatory) D D M M	YYYY			ssued by HSC State Board		(please specify)
KYC Identification No. (KIN) ‡‡						
PAN** (Mandatory)			Proof to be enc	losed (✓) ☐ PAN card C	Сору	
Nationality‡			Country of Res			
GUARDIAN NAME (if Sole / First appli	cant is a Minor) Contact Pe	erson (in c	ease of Non-indi	vidual Investors only)		
KYC Identification Number (KIN) ‡‡						
PAN** (Mandatory)			Proof to be enc	losed (✓) ☐ PAN card C	Сору	
- Minor (Repatriable) Non-Resident – Minor Limited Co. Body Corporate Partnership Society LLP PIO Non Profit Orga	Firm Trust NPS Trust anisation Global Developmen	Fund of Fund Network	nd Gratuity Fu Foreign Nationa	nd Pension and Retireme	ent Fund 🔲 (	
KYC DETAILS [Mandatory (Details of G						
Investors are requested to complete the KY  Occupation Details(*): Private Sector Service  Business Nature of Business	Public Sector Service Govern	nment Servic	e Professional	Agriculturist Retired offerer Money lender		_
	Below ₹ 1 Lac  ₹ 1-5 Lacs			-25 Lacs		>₹ 1 Crore
OR Net-worth in Rupees (Mandatory for No	m Individuala)		not be older than			
For Individuals [Tick (✓) if applicable]:	For Non-Individual Investor			3 ( )	D D M	1 M Y Y Y Y
Politically Exposed Person (PEP)	I. Is the company a Listed C	` .			ed by a Liste	d Company
Related to a Politically Exposed	(If No, please attach mand	datory ÚBC	Declaration)	1 7		Yes No
Person (PEP)	II. Foreign Exchange / Mone III. Gaming / Gambling / Lott					Yes No
Not Applicable	IV. Money Lending / Pawning	•	) Scivices			Yes No
For Non Individual Investors - Identification of Beneficial Ownership	Mandatory UBO Declaration (Not Required for a Listed C	on form du			llad by a List	Yes No
** W.e.f. January 1, 2008, PAN number is Mand Instructions for filling up the Application Form  the We.f. January 1, 2011, all the applicants need are required to complete the uniform KYC prounder KRA (KYC Registration Agency) regim  Please note that information sought here will be	atory for all investors (including n. to be KYC Compliant irrespectives (for details refer point 10 ue and whose KYC is not registere	g Joint Hold ve of the am under Impor- ed or verifie	ers, POA holder, on the count invested (included that Instructions).  d in the KRA syst	Guardian in case of Minor cluding switch). W.e.f Janua W.e.f February 1, 2017, No em will be required to fill the control of t	and NRIs). F ary 1, 2012, ap w individual	or Micro SIP Investment please re pplicants who are not KYC compli- investors who have never done KY
KNOWLEDGEMENT SLIP (To be filled at this Acknowledgement Slip is for your reference eived from Mr. Ms. M/s.		he form is co	onsidered final.		App.	
o No.	application for Units of So	cheme			No.:	
Option			que/DD No.			
ed Drawn on (Bank)		5	Amount (₹)			
SIP Investment Toal Cheques	ECS (Debit / Direct Debit Fa	cility) Tot	al 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.

CONTACT DETAILS AND CORRESPONDENCE ADDRESS  Address for Correspondence <sup>‡</sup> [P.O. Box Address is NOT sufficient] (Shoul					
Address for Correspondence. [1.0. Box Address is NOT sufficient] (Should	d be same as in KRA records)				
City	Pin Code				
City State	Country				
	Extn. Fax				
Contact Details Phone R	Extit.   Fax   Mobile				
e-mail <sup>+</sup>	14100110				
Yes No + I / We, wish to receive scheme wise annual report or an	abridged summary thereof / account statements / statutory & other documents by er				
If unticked, by default the above will be sent on email.					
Overseas Address / Registered Address in case of Non-Individual investors (Mandato	ry in case of NRI / FPI applicant in addition to mailing address) (Should be same as in KRA reco				
	City				
State Country (!					
JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) when	rever applicable)				
	alt if not mentioned) Anyone or Survivor				
NAME OF SECOND APPLICANT (Not applicable if Sole / First Applicant is a Minor an	d Second Applicant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes No <sup>#</sup> (#Default if not t				
Mr Ms M/s					
	VALCAL CC C N 1 (ZZD) ††				
Date of Birth DDMMYYYY	KYC Identification Number (KIN) ***				
PAN** (Mandatory)	Proof to be enclosed ( $\checkmark$ ) $\square$ PAN card Copy				
Nationality	Country of Residence				
•	Government Service Professional Agriculturist Retired Housewife Stu				
Business [Nature of Business] Do	ctor Forex Dealer Money lender Casino Owner Arms manufacturer				
Gambling services offerer Money lender Pawn Broker Others					
<b>b.</b> Gross Annual Income (please ✓): Below ₹ 1 Lac  ₹ 1-5 Lacs  ₹ 5-	10 Lacs OR Net-worth in Rupees (Mandatory for Non-Individuals)				
☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore	Net-worth should not be older than 1 year				
<b>C.</b> Others (please ✓): ☐ Politically Exposed Person (PEP) ☐ Related to a	<u> </u>				
	Third Applicant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes No <sup>‡</sup> (‡Default if not t				
Mr Ms M/s					
Date of Birth D D M M Y Y Y Y	KYC Identification Number (KIN) ‡‡				
PAN** (Mandatory)	Proof to be enclosed (✓) ☐ PAN card Copy				
	( ) — 17				
Nationality  Description (places V): Private Sector Service   Public Sector Service	Country of Residence   Government Service   Professional   Agriculturist   Retired   Housewife   Stu				
	ctor Forex Dealer Money lender Casino Owner Arms manufacturer				
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Gambling services offerer Money lender Pawn Broker Others					
Gambling services offerer  Money lender  Pawn Broker  Others <b>b.</b> Gross Annual Income (please ✓):  Below ₹ 1 Lac  ₹ 1-5 Lacs  ₹ 5-	Net-worth in Rupees (Mandatory for Non-Individuals)				
<b>b.</b> Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore	Net-worth in Rupees (Mandatory for Non-Individuals)				
<b>b.</b> Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore	10 Lacs OR Net-worth in Rupees (Mandatory for Non-Individuals)  Net-worth should not be older than 1 year  Politically Exposed Person (PEP) Not Applicable				
<ul> <li>b. Gross Annual Income (please ✓):  Below ₹ 1 Lac  ₹ 1-5 Lacs  ₹ 5-  ₹ 10-25 Lacs  ₹ 25 Lacs -₹ 1 Crore  &gt; ₹ 1 Crore</li> <li>c. Others (please ✓):  Politically Exposed Person (PEP)  Related to a</li> </ul>	10 Lacs OR Net-worth in Rupees (Mandatory for Non-Individuals)  Net-worth should not be older than 1 year  Politically Exposed Person (PEP) Not Applicable				
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b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-  ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore  C. Others (please ✓): Politically Exposed Person (PEP) Related to a POA HOLDER DETAILS (If the investment is being made by a Constituted Attorne NAME Mr Ms M/s  Date of Birth D D M M Y Y Y Y  PAN** (Mandatory)  Nationality  a. Occupation (please ✓): Private Sector Service Public Sector Service Business Nature of Business Money lender Pawn Broker Others  b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-  ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore  C. Others (please ✓): Politically Exposed Person (PEP) Related to a BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guideline Granch Address	Net-worth in Rupees (Mandatory for Non-Individuals) Net-worth should not be older than 1 year  Politically Exposed Person (PEP)  Not Applicable  Net-worth should not be older than 1 year  Net-worth of Residence  Government Service  Professional  Agriculturist  Retired  Housewife  Stuctor  Forex Dealer  Money lender  Casino Owner  Arms manufacturer  Net-worth in Rupees (Mandatory for Non-Individuals)  Net-worth should not be older than 1 year  Net-worth should not be older than 1 year  Politically Exposed Person (PEP)  Not Applicable  s) (refer Instruction No. 3 for Multiple Bank Account Registration details)  A/c. Type (✓)  Current  Savings  NRO*  NRE* * For NRI Investors  s Two 1a k h s and above  NEFT IFSC Code  For 1 less than Rupees Two 1akhs				

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. • 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 - 500082. • Kolkata :31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. • Mumbai : 16, V.N. Road, Fort, Mumbai - 400 001 • New Delhi : Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. • Pune : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411001.

7	<b>INVESTMENT &amp; SO</b>	OURCE OF FUNDS	S DETAILS (PI	lease (✓) S	cheme/Plan	/Option/Sub-C	Option/Div	idend Frequ	ency)		
$\neg$	LUMPSUM : Scheme		•	. ,		•	•	•			
İ	Plan										
	Sub-Option	Growth (default)	Dividend Reinv	vestment			vidend Re	investment			vidend Reinvestment
ŀ	Dividend Frequency	Dividend Payout Daily Weekly	Monthly	Quarterly		nd Payout Weekly	Monthly	Quartarly		d Payout	Monthly Quarterly
	Dividend Frequency	Fortnightly H		Quarterry		htly Half Y		Quarterry		tly Half Ye	
	The scheme name mentioned	on the application form an	d the cheque has to	be same. In ca	ase of any disc	crepancy between	the two, un	its will be allotte	ed as per schen	ne name mentione	ed on the application only.
	Payment Mode	Cheque DD R	TGS NEFT F	Fund Transfer	Cheque	DD RTGS	NEFT	Fund Transfer	Cheque	DD RTGS	NEFT Fund Transfer
	Cheque/RTGS/NEFT/DD/FT Date	D D / M M /	Y Y Y Y		DD/	M M / Y Y	YYY		D D /	MM/YY	YY
İ	Cheque/DD/RTGS/NEFT No.										
ŀ	Payment from Bank A/c. No.										
ŀ	•										
-	Investment Amount (Rs.) (i)										
	DD charges (Rs.) (ii)										
	Total Amount (Rs.) (i + ii)										
	Bank Name										
	Branch  Current Savings NRO* NRE* FCNR* Current Savings NRO* NRE* FCNR* Current Savings NRO* NRE*							0.1 - 1 m m t - m m t			
	A/c. Type (✓)	Current Savings Others		* FCNR* RI Investors)	Others			NRI Investors)		Savings NR	O* NRE* FCNR*  (* For NRI Investors)
ŀ	Documents attached to av									ments	( Torrita investors)
	MANDATORY DECLARA	ATION: The details of the	e bank account prov	vided above p	pertain to my	our own bank ac	count in my	/our name	Yes No.		
	If no, my relationship with t form is attached (Refer imp	he bank account holder ( )	) Parent Gra	andparent	Employee	Custodian C	thers		(Pleas	se specify); and the	e Third Party declaration
ŀ	· · ·				1 D 4 D	4 1 61	(DDC )I	/ A 33 - 3		1	
	SIP: SYSTEMAT		PLAN [FOr 8	e D D M	n Post Da		(PDCs)] Name	(All cheques	should be of	same date of th	e months/quarters)
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	Drawn on Bank A/c. No						Branch	Monthly	(Default) [	Overtarly (10	0+h)
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	22nd 23rd 24th				$\square$ 31st $\square$ .		criou .	_		End Bute	1 111 1 1
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## 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 App	licant Guardian	Second Applicant		Third Applicant		
Place and Country of Birth	Place		Place	Place	Place		
	Country		Country		Country		
Address Type	Residential	Business	Residential Busin		sidential Business		
[for KYC address]	Registered Office	;	Registered Office	Reg	gistered Office		
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	Yes	☐ No	Yes No	Yes	No No		
If 'Yes' please fill for all countries in the respective countries	s (other than India) in w	which you are a Reside	nt for tax purpose i.e. where you are	re Citizen / Resident	/ Green Card Holder / Tax Resident		
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]		В С		С	A		
Reason A – The country where the Reason B – No TIN required [Sel	e Account Holder is lia ect this reason only for	able to pay tax does not the authorities of the r	issue TIN to its residents. respective country of tax residence	do not required the 7	TIN to be collected]		
Reason C – Others - Please specif		. /	THOA				
# To also include USA, where th ^ In case Tax Identification Num	ber is not available, kir	ndly provide its function	nal equivalent.				
FATCA / CRS SELF (			AL INVESTORS AND THEIR DOIETY / PARTNERSHIP FIR		FICIAL OWNER (UBO)		
Please complete Annexure A &	k В						
DECLARATION AND SIGN	ATURES (In case of	f joint holding, signa	ntures of all unit holders are m	nandatory)			
FATCA / CRS DECLARATIO	`	<i>y 9</i> 9		• ,			
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							
Scheme(s) issued till date, I / We regulations of the Scheme and the my / our details including investre bank details provided by me / us, payments referred above through information, I / We would not ho our bank account. I / We have real I / We confirm that I am / we are I / Our NRE / NRO / FCNR Accour I / We confirm that the details prosources and is not held or designed on the specific tax implications a been induced by any rebate or githe form of trail commission or a recommended to me / us.	hereby apply to the True e above mentioned doc ment details to my / our or to disclose to such on a participation in ECS. Id the Fund, the AMC, and and agreed to the tern Non-Residents of India. Int (Applicable to NRI). wided by me / us are true do for the purpose of conto time. I / We acknow turising out of my / our fts, directly or indirectly ny other mode), payable	stees of HSBC Mutual numents of HSBC Mutual numents of HSBC Mutual bank(s) / HSBC Mutual other service providers of Direct Debit Facility its service providers of ms and conditions for land Nationality / Origin and correct. I / We he not a correct of any Act, ledge that the AMC has participation in the Scy, in making this invest le to him for the different	Fund for units of the relevant Sche all Fund. I / We hereby authorise I all Fund's Bank(s) and / or Distribut as deemed necessary for conduct of the transaction is delayed or not representatives responsible. I / WeCS / Direct Debit. and that the funds are remitted from the treby declare that the amount being Rules, Regulations or any other apples not considered my / our tax possibleme. I / We have understood the ment. I / We confirm that the ARN and competing Schemes of various	eme and agree to abide HSBC Mutual Fund, ator / Broker / Investro of business. I / We extend the effected at all for We will also inform the material abroad through approximate the end of the second through approximate the end of the second through approximate the end of the second through a provided the end of the second through a second through a second through a second through a second through the second through through the	nal Information and Addenda of the le by the terms, conditions, rules and the AMC and its Agents to disclose ment Advisor and to verify my / our xpress my / our willingness to make reasons of incomplete or incorrect he AMC, about any changes in my / proved banking channels or from my at the Scheme(s) is through legitimate fications issued by any governmental d that I / we should seek tax advice he and I / We have not received nor d to me / us all the commissions (in amongst which the Scheme is being of change to this status. I / We shall		
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			
Sole / First Applicant / G	Suardian / PoA	Secon	d Applicant / PoA	Th	hird Applicant / PoA		
Date							