

Request for Change in Status from Minor to Major

To:
The Trustees,
HSBC Mutual Fund

Name of the Applicant (unitholder who is requesting for change of status from MINOR to MAJOR)																			
Mr./Ms.																			
Date of Birth : <table border="1" style="display: inline-table; width: 150px; height: 20px;"><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	PAN <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
D	D	M	M	Y	Y	Y	Y												
Tax Status: <input type="checkbox"/> Resident Individual <input type="checkbox"/> NRI <input type="checkbox"/> PIO <input type="checkbox"/> Others (please specify) _____																			
<input type="checkbox"/> KYC Acknowledgment attached <input type="checkbox"/> KYC form attached <input type="checkbox"/> C-KYC Identification No. Please tick ✓ whichever is applicable																			
Name of the Guardian Mr./Ms. _____																			
Relationship with the applicant: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian																			

I, the above applicant, hereby request you to change my status from Minor to Major in the following Folios and delete the Guardian's name therein as I have since become a major, and update the details provided herein in your records.

Folio No(s).		
1)	2)	3)
4)	5)	6)
7)	8)	9)

Contact details of the Applicant	
Mobile No. _____	Tel. (Res./Offi.) _____
Mobile belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS	
^ E-mail - 1	Email ID to be filled in CAPITAL LETTERS
E-mail belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS	
^ E-mail - 2	Email ID to be filled in CAPITAL LETTERS
E-mail belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS	
<input type="checkbox"/> Yes <input type="checkbox"/> No ^ I / We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents by email. If unticked, by default the above will be sent on email.	

Address of the Applicant		
Address Line 1 _____		
Address Line 2 _____		
City _____	Pin _____	State _____

(Please note that address will be updated as per applicant's address on KYC form / KYC Registration Agency records)

Overseas address mandatory for NRI/PIO		
Address Line 1 _____		
Address Line 2 _____		
City _____	Pin _____	State _____

Bank Account Details of the Applicant	
Bank Name _____	
Account number : _____	IFSC Code (11 Digit): _____
A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____	MICR Code (9 Digit): _____
Name of bank branch _____	
City: _____	Pin _____
Please attach & tick ✓ <input type="checkbox"/> Cancelled cheque with applicant's name printed OR <input type="checkbox"/> Applicant's Bank Statement/Passbook	

Request for **Change in status from Minor to Major** from _____

for

Folio No.

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 (subject to verification of documents).

ISC Stamp & Signature

Additional KYC information (Please tick ✓ whichever is applicable)	
Occupation Details	
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Home Maker <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (Please specify) _____	
The applicant is <input type="checkbox"/> a Politically Exposed Person <input type="checkbox"/> Related to a Politically Exposed Person <input type="checkbox"/> Neither (not applicable)	
Gross Annual Income (₹) <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-1crore <input type="checkbox"/> >1 crore	

FATCA and CRS details		
Address type: <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office		
Country of Birth: _____ Place of Birth: _____ Nationality _____		
Are you a tax resident of any country other than India ? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, please mention all the countries in which you are resident for tax purposes and the associated Taxpayer Identification Number and its identification type in the column below:		
Country	Tax-Payer Identification Number	Identification Type

Nomination (Please ✓ one of the options below)	
<input type="checkbox"/> I wish to make a nomination and hereby nominate the person/s more particularly described in the Nomination Form attached herewith, to receive the Units held in my folio in the event of my death.	<i>{Recommended}</i>
<input type="checkbox"/> I DO NOT wish to make a nomination (Please tick ✓ if you do not wish to nominate anyone)	

Declaration and Signature of the Applicant

Declaration and Signature of the Applicant

I have attached herewith all the relevant / required documents as indicated below.

I confirm that the information provided above is true and correct to the best of my knowledge and belief.

I undertake to keep HSBC Mutual Fund / CAMS (RTA) informed about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required by the AMC / RTA.

I hereby authorize HSBC Mutual Fund and its RTA to share/disclose any of the information provided by me/us, including any changes in respect thereof to the Mutual Fund's Distributor / Investment Advisor and to such other service providers as may be necessary for any operational reason, including to verify/validate my / our bank account details. I / We also authorize the Mutual Fund & its AMC/RTA to provide/ share any of the information provided by me/us including my holdings in the Mutual Fund to any governmental or statutory or judicial authorities/agencies as required by law without any obligation of informing me/us of the same.

My signature hereinbelow has been attested by ☐ the Guardian on record ☐ My bankers ☐ Notary / JMFC

Place _____ X _____ X _____

Date _____ Signature of Applicant Signature of Joint Holder

Signature Attestation	
(To be attested by the Guardian (as registered in the folio of the applicant who has become a major) or a Notary or Judicial Magistrate First Class (JMFC) @	
Name of the Guardian / Stamp of the Notary/JMFC	The above signature of the applicant duly attested by me
	X _____ Signature

@ Alternatively, please attach banker's certification / attestation in the prescribed form as per Annexure 1

Documents attached:

☐ Copy of PAN Card of applicant (Self attested)

☐ KYC Acknowledgment OR ☐ KYC form of applicant

☐ Cancelled cheque with applicant's name pre-printed OR ☐ Applicant's Bank Statement/Passbook

☐ Annexure-I – Bankers Attestation of Signature of the applicant

☐ Nomination Form

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.

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

BANK ATTESTATION OF ACCOUNT DETAILS & ACCOUNT-HOLDER'S SIGNATURE

{To be issued on the Bank's Letter Head OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below }

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

TO WHOMSOEVER IT MAY CONCERN

This is to certify that Mr. / Ms. _____

is a customer of our bank, namely, _____, Name of the Bank

Branch _____ PAN _____

having the following Bank Account:

Account number : <input type="text"/>														
A/c Type (Pls ✓) : <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others (<i>Please specify</i>) _____														
MICR Code (9 Digit) : <input type="text"/>										IFSC Code (11 Digit) : <input type="text"/>				

His/her address, as per our Bank records, is as follows:

City	Pin	State

Signature Verification by Bankers:

**Signature of the above customer
in the box alongside, verified &
validated with his/her specimen
signature as per Bank's records**

**Signature of the bank official with
Bank's Seal**

✕

Name* of the attesting Bank Official	
Designation*	
Employee Code*	
Telephone Number*	

* *Mandatory*

Form for Fresh Nomination / Change of Existing Nomination / Cancellation of Nomination

Applicable for Individual Unitholders only - whether holding Units Singly or Jointly with other holders. Please read the instructions carefully before filling up this Form. Please fill up the Form in English in BLOCK LETTERS with black ink.

PERSONAL DETAILS

Sole / First Unitholder's Name	Mr./ Ms./ M/s																		
Folio No.																			
	Sole / First Unitholder					Second Unitholder					Third Unitholder								
KYC Identification No. (KIN)*																			
PAN/PEKRN**																			
Date of Birth*	D	D	M	M	Y	Y	Y	Y											
Mobile No.	+	9	1	-															
E-mail ID																			
E-mail belongs to :	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS																		

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year. ^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

REGISTRATION FOR FRESH NOMINATION / CHANGE OF EXISTING NOMINATION / CANCELLATION OF NOMINATION

☐ Fresh Nomination
 ☐ Change of Existing Nomination
 ☐ Cancellation of Nomination

I/We do hereby nominate the person(s) named below to receive the units allotted to my/our credit in my/our folio in the event of my/our death. I/We also understand that all payments and settlements made to Nominee(s), and signature(s) of the Nominee(s) acknowledging receipt thereof, will be noted as the valid discharge by the AMC/Mutual Fund/Trustee. This instruction supercedes all previous nominations made by me/us in respect of the folio indicated above.

	1st Nominee	2nd Nominee	3rd Nominee
Name of Nominee*			
PAN* of the Nominee			
Date of Birth of Nominee**	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Allocation %* to each Nominee (Aggregate should be 100%)			
Name of the Guardian**			
Guardian's Relationship with Nominee**	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Proof of Relationship\$	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Others
PAN of Guardian**			
Address of Nominee(s)/ Guardian	City _____ State _____ Country _____ PIN _____	City _____ State _____ Country _____ PIN _____	City _____ State _____ Country _____ PIN _____
Signature of Nominee/Guardian			

* Mandatory \$ Optional

**Mandatory & Applicable in case the Nominee is a Minor

SIGNATURE(S) [to be signed by all unit holders including joint holders, irrespective of mode of holding for section A and B]

Name and Signature(s)	Sole/First Applicant	Second Applicant	Third Applicant
Name of Applicant			
Signature of Applicant(s)	X	X	X

CANCELLATION OF NOMINATION

I/We do hereby cancel the nomination made by me/us in favour of the under mentioned in respect of units held by me/us in the above Folio:

Nominee 1 _____	Guardian Name _____
Nominee 2 _____	Guardian Name _____
Nominee 3 _____	Guardian Name _____

☐ I/We DO NOT wish to make a nomination. (Please tick ✓ if the unitholder does not wish to nominate anyone)

SIGNATURES (To be Signed by all Unitholders even if the Mode of Holding is Anyone or Survivor)

I/We have read and understood the instructions on nomination given below/overleaf and I/We hereby undertake to abide by the same. The instructions contained herein supercedes all previous nominations made by me/us in respect of the folio(s) mentioned above.

X	X	X
Sole/1st Unitholder	2nd Unitholder	3rd Unitholder

INSTRUCTIONS

1. The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
2. Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder **cannot nominate**.
3. Nomination is not allowed in a folio of a Minor unitholder.
4. If the units are held jointly (i.e., in case of multiple unitholders in the folio), all joint holders need to sign the Nomination Form (even if the mode of holding/operation is on "Anyone or Survivor" basis).
5. A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee needs to be provided.
6. Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
7. The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family or a Power of Attorney holder.
8. A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
9. **Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/share should be in whole numbers without any decimals, adding upto a total of 100%. If the total percentage of allocation amongst multiple nominees does not add up to 100%, the nomination request shall be treated as invalid and rejected. If the percentage of allocation/ share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees.
10. Every new nomination for a folio/account shall overwrite the existing nomination, if any.
11. Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
12. Nomination shall stand rescinded upon the transfer of units.
13. **Death of Nominee/s:** In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed equally amongst the surviving nominees.
14. Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
15. **Cancellation of Nomination:** The cancellation of nomination can be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination. The nomination shall stand rescinded on cancellation of the nomination and the AMC shall not be under any obligation to transfer / transmit the units in favour of the Nominee.
16. Unitholders who do not wish to nominate are required to confirm the same by indicating their choice in the space provided in the nomination form.
17. The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
18. In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.
19. Where Nominee details and Non intention to nominate both are mentioned, Non intention to nominate will be considered as **"Default"**. Folio in such case will be updated without Nominee.

CALL US AT

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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

VSTIS
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