

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	EUIN	Branch Code	For Office Use Only Date and Time of Receipt

Initial Commission will be paid by the investor directly to the distributor, based on assessment of various factors including the service rendered by the Distributor.

Investor's Declaration where EUIN is not furnished: I/We confirm that the EUIN 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	2nd applicant / Authorised Signatory	3rd applicant / Authorised Signatory
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1 UNIT HOLDER INFORMATION

Sole/First Unitholder's Name	Mr./Ms./M/s	First Name	Middle Name	Last Name
Folio No.			Date of Birth [^]	D D M M Y Y Y Y
	Sole/First Unitholder	Second Unitholder	Third Unitholder	
KYC Identification No. (KIN) [^]				
PAN/PEKRN**				

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).

2 SIP MODIFICATION DETAILS[‡]

	Existing SIP details	New SIP details (Mention below only the details to be changed)
Scheme Name	HSBC	HSBC
Plan/Option/Sub-Option	Plan / Option / Sub-Option	Plan / Option / Sub-Option
IDCW Frequency		
SIP Debit Date	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default [^]) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default [^]) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st
SIP Frequency	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly (10th)	<input type="checkbox"/> Weekly [±] <input type="checkbox"/> Monthly [^] <input type="checkbox"/> Quarterly (10th)
SIP Day (in case of weekly SIP)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday [±] <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
SIP Amount	(figures) ₹ <input type="text"/> (words) <input type="text"/>	(figures) ₹ <input type="text"/> (words) <input type="text"/>

[‡] Modification will be applicable subject to minimum installment and aggregate amount criteria is met. [±] 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. 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.

3 DECLARATION & SIGNATURES (Mandatory. If left blank, the application is liable to be rejected)

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 direct debit/participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold HSBC Mutual Fund, their Investment Manager - HSBC Asset Management Limited, or any of their appointed service providers or representatives responsible. I/We will also inform HSBC Asset Management Limited about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

SIGNATURE/S AS PER HSBC MUTUAL FUND (To be signed as per Mode of Holding)

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

4 CHANGE OF AUTO DEBIT BANK

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	D D M M Y Y Y Y									
Sponsor Bank Code											<input type="radio"/> Create <input type="radio"/> Modify <input type="radio"/> Cancel										
Utility Code											I/We hereby authorize HSBC Mutual Fund										
To debit (✓)	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Others	Bank Account No.														
with Bank	Name of customers bank										IFSC/MICR										
An amount of Rupees	In Words										₹	In Figures									
Debit Type:	<input checked="" type="checkbox"/> Fixed Amount		<input checked="" type="checkbox"/> Maximum Amount								Frequency:	<input checked="" type="checkbox"/> Monthly		<input checked="" type="checkbox"/> Quarterly		<input checked="" type="checkbox"/> Half Yearly		<input checked="" type="checkbox"/> Yearly		<input checked="" type="checkbox"/> 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	D D M M Y Y Y Y										X	X	X
To	D D M M Y Y Y Y										Signature of Primary Bank Account Holder Name as in bank records		
											Signature of Bank Account Holder Name as in bank records		
											Signature of Bank Account Holder Name as in bank records		

GENERAL INSTRUCTIONS

Please read the below instructions carefully before filling the form. Please fill up the form in English in BLOCK LETTERS with black ink. All information sought in the form is mandatory except where it is specifically indicated as optional. All instructions & notes are subject to SEBI & AMFI guidelines as amended from time to time.

1. Please furnish the Folio Number, Name and PAN of Sole/First Applicant in Section 1 of the Form.
2. Investors who wish to modify their existing SIP can fill this form. Investors should fill separate forms for separate schemes, separate transactions.
3. Modification to your existing SIP will lead to cancellation of existing registration and new registration will be done basis the details provided in the form.
4. All requests for registering the modification of SIP shall be subject to an advance notice of 21 calendar days.
5. All requests will be accepted subject to verification. Invalid, ambiguous or incomplete requests are liable to be rejected post acceptance and verification.
6. Declarations & Signatures: Unit holders need to sign here in accordance to the Mode of Holding provided to us.

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".

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

CALL US AT				Self-service request at your Fingertips	
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 No.	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	

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