

(To be Filled in BLOCK LETTERS only)

Broker Name & ARN code / RIA code [^]	Sub-broker ARN code	Sub code	EUIN

No. _____

Date _____

[^] I/We hereby confirm that 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/1st applicant / Authorised Signatory	2nd applicant / Authorised Signatory	3rd applicant / Authorised Signatory
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Folio No. _____

Investor Name _____ First Name _____ Middle Name _____ Last Name _____

1 ADDITIONAL PURCHASE REQUEST (Please ✓ your choice of Scheme / Plan / Option / Sub-option)

Scheme Name: **HSBC** _____ Plan** Regular Direct

Option/Sub-Option** Growth (default) Reinvestment of IDCW Payout of IDCW

IDCW Frequency** Daily Weekly Monthly Quarterly Fortnightly Half Yearly Yearly

Amount (₹ in figures) _____ (₹ in words) _____

Mode of Payment Cheque DD RTGS NEFT One Time Mandate Electronic Transfer

Cheque/DD No. _____ Cheque/DD Dated DD MM YY YY YY

Drawn on: Bank _____ Branch _____ City _____

A/c. No _____ A/c. Type Current Savings NRO* NRE* FCNR* Others _____ (* For NRI)

Funds transferred to Fund's Bank A/c. No _____

Note : 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. I/We understand that if my/our balance is inadequate to meet the request, available units will be redeemed.

2 REDEMPTION REQUEST (Please ✓ your choice of Scheme / Plan / Option / Sub-option)

Scheme Name: **HSBC** _____ Plan** Regular Direct

Option/Sub-Option** Growth (default) Reinvestment of IDCW Payout of IDCW

IDCW Frequency** Daily Weekly Monthly Quarterly Fortnightly Half Yearly Yearly

Amount (₹ in figures) _____ OR No. of Units _____ All Units

Legal Entity Identifier (LEI) [Mandatory for transaction amount Rs. 50 Crs. and above. For Non-Individual & HUF.] _____ Valid Upto: DD MM YY YY YY

3 BANK DETAILS FOR THE ABOVE REDEMPTION - For Investors who have registered for multiple Bank accounts facility

The redemption should be processed into the following registered bank account as per the payout mechanism indicated by me/us:

Bank A/C No. _____ A/c. Type: Current Savings NRO NRE FCNR Others

Bank Name _____

MICR Code _____ IFSC Code _____

Important Note: The Bank account details mentioned above should be pre-registered as a valid bank mandate. If the account details are not filled above OR incorrect, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

FOR INVESTORS WHO HAVE NOT REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY : Please use the Multiple Bank Account Registration / Deletion Form.

Important Note : If unitholder(s) provides a new and unregistered bank mandate with a specific redemption request (with or without necessary documents) such bank account will not be considered for payment of redemption proceeds. The redemption proceed shall be paid to the existing bank account registered at the time of redemption payout.#

HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to credit of redemption proceeds into any of the bank accounts registered with is the aforesaid folio. Please refer to SID/SAI for process of change of bank details along with/before redemption.

ACKNOWLEDGEMENT SLIP (To be filled by the investor)

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

Folio No. _____ Name _____

 Scheme Name: **HSBC** _____

Received from the above mentioned investor the following :

Total Amount (Rs.)/ Units : _____ Cheque No.(s) _____

 Drawn on _____
 Additional Purchase Amount (Rs.) _____ OR _____ Units
 Redemption or Switch Amount (Rs.) _____ OR _____ Units

 Updation of Contact Details/E-Mail All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.

ISC Stamp, Signature & Date

4 SWITCH REQUEST (Please ✓ your choice of Scheme / Plan / Option / Sub-option)

Switch From Scheme: <u>HSBC</u>	Switch-in To Scheme: <u>HSBC</u>
Plan** <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan** <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option/Sub-Option** <input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW	Option/Sub-Option** <input type="checkbox"/> Growth (default) <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW

Amount (₹ in figures) [] [] [] [] [] [] [] [] [] [] [] [] [] [] **OR** No. of Units [] [] [] [] [] [] [] [] [] [] All Units
 (Please note that the Switch can be done either in Units or in Amount and not in both)

5 UPDATION OF CONTACT DETAILS /E-MAIL

Mobile No. 1 [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] 2 [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Tel. (Office) [] [] [] [] [] [] [] [] [] [] [] [] [] [] [] **Tel. (Res.)** [] [] [] [] [] [] [] [] [] [] [] [] [] [] []

Mobile belongs to : Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA PMS

E-mail - 1	Email ID to be filled in CAPITAL LETTERS
E-mail - 2	Email ID to be filled in CAPITAL LETTERS
E-mail - 3	Email ID to be filled in CAPITAL LETTERS
E-mail - 4	Email ID to be filled in CAPITAL LETTERS
E-mail - 5	Email ID to be filled in CAPITAL LETTERS

6 SIGNATURES

X	X	X
^Authorised Signatory 1	^Authorised Signatory 2	^Authorised Signatory 3

Date : [D] [D] [M] [M] [Y] [Y] [Y] [Y] Place : _____

**** In case the Plan / Option(s) / Sub-options offered above are not ticked or incorrectly ticked, the default Plan / Option(s) / Sub-options will be applicable as per SID and SAI.**
 ^ Company seal to be affixed against the Signature of Authorised Signatories

7 DECLARATION

The Trustees, HSBC Mutual Fund

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 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.

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