

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;"></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. <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>	Tel. (Res./Offi.) <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>
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 : <table border="1" style="display: inline-table; width: 150px; height: 20px;"></table>	IFSC Code (11 Digit): <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
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): <table border="1" style="display: inline-table; width: 100px; height: 20px;"></table>
Name of bank branch	
City:	Pin <table border="1" style="display: inline-table; width: 50px; height: 20px;"></table>
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.

 (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.

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

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
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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 style="width: 150px; height: 20px;" 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 style="width: 100px; height: 20px;" type="text"/>	IFSC Code (11 Digit) : <input style="width: 150px; height: 20px;" 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*

**Applicable for Individual Unitholders only (effective from June 1, 2025 to August 31, 2025).
Please read the instructions carefully before filling up this Form.**

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

Date :

D	D	M	M	Y	Y	Y	Y
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Folio No.(s) (having same mode of holding and pattern)	
1.	2.
3.	4.
Investor Name (Mr./Ms.) _____	

Nomination Details			
I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my/our account in the event of my/our death. This nomination shall supersede any prior nomination made by us/me if any.			
Nomination can be made upto three nominees in the account.	Mandatory information		
	1st Nominee	2nd Nominee	3rd Nominee
Name of the Nominee (Mr./Ms.)			
Share of each Nominee#	%	%	%
Date of Birth (for Minor)			
Relationship with the Applicant (select one) <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	 <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	 <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	 <input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____
Nominee/Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required]. <input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	 <input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	 <input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	 <input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____
Address of Nominee(s)/ Guardian in case of Minor City _____ Pin code _____ State _____ Country _____	 City _____ Pin code _____ State _____ Country _____	 City _____ Pin code _____ State _____ Country _____	 City _____ Pin code _____ State _____ Country _____
Mobile No. of Nominee(s) / Guardian in case of Minor			
Email ID of Nominee(s)/ Guardian in case of Minor			
Name of the Guardian (in case Nominee is Minor)			
Guardian's Relationship with Nominee (non mandatory) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	 <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian
I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/ us by the AMC/DP as follows; (please tick, as appropriate) <input type="checkbox"/> Name of Nominee(s) with % <input type="checkbox"/> Nomination: Yes/No (Default)			
This nomination shall supersede any prior nomination made by the account holder(s), if any.			

Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

Request submitted for: ☐ Fresh Nomination ☐ Change of Existing Nomination ☐ Cancellation of Nomination

From _____

Folio No. _____

Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed

ISC Stamp & Signature

SIGNATURE(S) – As per Mode of Holding in Demat Accounts / MF Folio(s)		
I/We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death. Signature of the nominee(s) acknowledging receipt of my/our credit will constitute full discharge of liabilities in HSBC Mutual Fund.		
Name of the Holder		Signature/Thumb Impression
Sole/First Holder (Mr./Ms.)	Name	Signature/Thumb[^] Impression
	Witness 1 Name & Address:	Witness 1 Signature:
	Witness 2 Name & Address:	Witness 2 Signature:
Second Holder (Mr./Ms.)	Name	Signature/Thumb[^] Impression
	Witness 1 Name & Address:	Witness 1 Signature:
	Witness 2 Name & Address:	Witness 2 Signature:
Third Holder (Mr./Ms.)	Name	Signature/Thumb[^] Impression
	Witness 1 Name & Address:	Witness 1 Signature:
	Witness 2 Name & Address:	Witness 2 Signature:

[^] Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

If the account holder affixes thumb impression instead of signature, additionally please provide a doctors certificate and the thumb impression should be notarised.

Note: The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

INSTRUCTIONS

- If you are opening a new demat account / MF folio, you have to provide nomination. Otherwise, you have to follow the specified procedure for Opt-out
- The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- 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.
- Nomination is not allowed in a folio where Minor is the unitholder.
- The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
 - 'Either or Survivor' Folios / Accounts - any one of the holders can sign.
 - 'First holder Folios / Accounts – only First Holder can sign.
 - 'Jointly' Folios / Accounts - both holders have to sign
- A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee is to be provided.
- 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.
- 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.
- A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- 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 percentage of allocation/share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees. Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.
- In case of demise of the investor and any one of the nominees, the regulated entities shall distribute the assets pro-rata to the remaining nominees
- Every new nomination for a folio/account shall overwrite the existing nomination, if any.
- Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
- Nomination shall stand rescinded upon the transfer of units.
- 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).
- The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- 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.

Transmission aspects

- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- 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 on pro-rata basis (as illustrated below) amongst the surviving nominees. Nominee's legal heir cannot claim the assets on behalf of deceased Nominee(s).

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
Total	100%	–	40%	60%	100%

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