

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"><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"><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 <input checked="" type="checkbox"/> 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.: + 9 1 <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																Tel. No. <table border="1"><tr><td>S</td><td>T</td><td>D</td><td>-</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	S	T	D	-											
S	T	D	-																												
Email Address: _____																															

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

Address Line 1		
Address Line 2		
City	Pin	State

Bank Account Details of the Applicant

Bank Name																											
Account number : <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																IFSC Code (11 Digit): <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
A/c Type (Pls <input checked="" type="checkbox"/>): <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"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																										
Name of bank branch																											
City:		Pin <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																									
Please attach & tick <input checked="" type="checkbox"/> <input type="checkbox"/> Cancelled cheque with applicant's name printed OR <input type="checkbox"/> Applicant's Bank Statement/Passbook																											

ACKNOWLEDGEMENT SLIP

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

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 _____

Date _____

×

Signature of Applicant

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
	<p style="text-align: center;">×</p> <p style="text-align: center;">_____ Signature</p>

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

Documents attached:

- Copy of PAN Card of applicant
- 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

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 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 (Please specify) _____
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**

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

X

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

Name of 1st Holder _____

Name of 2nd Holder _____

Name of 3rd Holder _____

I/We, the above named Unitholders of _____ Mutual Fund, do hereby

Nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed below in the event of my / our death and/or

Cancel the nomination(s) made by me / us previously in respect of the units held by me/ us in the Folio/s listed below

(tick whichever is applicable). Refer Point No. 19 under the Instructions.

S.No.	Scheme Name	Folio No.
1		
2		
3		
4		

Name of the 1st Nominee : _____ **Relationship of nominee:** _____

% of Allocation : _____ PAN of the Nominee/Guardian* : _____ Date of Birth of Nominee* :

Name of the Guardian* : _____

Guardian's Relationship with Nominee : Mother Father Legal Guardian

Proof of relationship : Birth Certificate School Leaving Certificate Passport Others

Address : _____

City : _____ State : _____ PIN

Name of the 2nd Nominee : _____ **Relationship of nominee:** _____

% of Allocation : _____ PAN of the Nominee/Guardian* : _____ Date of Birth of Nominee* :

Name of the Guardian* : _____

Guardian's Relationship with Nominee : Mother Father Legal Guardian

Proof of relationship : Birth Certificate School Leaving Certificate Passport Others

Address : _____

City : _____ State : _____ PIN

Name of the 3rd Nominee : _____ **Relationship of nominee:** _____

% of Allocation : _____ PAN of the Nominee/Guardian* : _____ Date of Birth of Nominee* :

Name of the Guardian* : _____

Guardian's Relationship with Nominee : Mother Father Legal Guardian

Proof of relationship : Birth Certificate School Leaving Certificate Passport Others

Address : _____

City : _____ State : _____ PIN

*applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

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

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 Signature of the 1st unitholder	x Signature of the 2nd unitholder	x Signature of the 3rd unitholder
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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:** Request for cancellation of Nomination made can be made only by the unitholders. 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.
