

Please read the Instructions before filling up the form and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

First Time OTM Debit Mandate to be registered in folio.
 Update new OTM debit mandate for already registered SIP

1 APPLICANT INFORMATION (All holders in folio should be KYC compliant)

Name of Sole / 1st Unit Holder	First Name	Middle Name	Last Name
Folio No.	Mobile No. + 9 1		
PAN / PEKRN**	First Unit Holder	Second Unit Holder	Third Unit Holder
Proof enclosed	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy	<input type="checkbox"/> PAN Card Copy
KIN^			
Date of Birth^	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
*Email ID^			

I have attached cancelled copy of cheque

*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 DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')

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 the particulars given here are correct and express my/our willingness to make payments referred above through participation in Electronic Debit arrangement/NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution or any of their appointed service providers or representatives responsible. I/We will also inform HSBC Mutual Fund about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf. I/We hereby accord my/our consent to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to the group companies of HSBC Mutual Fund for any valid business purposes including marketing or sales promotion or with any statutory or judicial authorities, without any prior intimation to me/us, until notified by me/us otherwise.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA

3 OTM DEBIT MANDATE FOR NACH / AUTO DEBIT (Applicable for Lumpsum Additional Purchases as well as SIP Registrations)

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: Create Modify Cancel

Utility Code: I/We hereby authorize **HSBC Mutual Fund**

To debit (✓) SB CA CC SB-NRE SB-NRO Others Bank Account No.

with Bank: Name of customers bank IFSC/MICR:

An amount of Rupees In Words ₹ In Figures

Debit Type: Fixed Amount Maximum Amount Frequency: Monthly Quarterly Half Yearly Yearly 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	<input checked="" type="checkbox"/>	D D M M Y Y Y Y	<input checked="" type="checkbox"/>	D D M M Y Y Y Y	<input checked="" type="checkbox"/>
To	D D M M Y Y Y Y		D D M M Y Y Y Y		D D M M Y Y Y Y	
			Signature of Primary Bank Account Holder		Signature of Bank Account Holder	
			Name as in bank records		Name as in bank records	

Maximum period of validity of this mandate is 40 years only.

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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

Received from:

Folio No./Application No. Mobile No. + 9 1

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Acknowledgement Stamp & Date

INSTRUCTIONS TO FILL AUTO DEBIT FORM

1. ONE TIME DEBIT MANDATE FORM (OTM):

- 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. However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- 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.
- 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 addendum issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
- Date and validity of the mandate should be mentioned in DD/MM/YYYY format. If this is left blank, then the date of receipt of Auto Debit Form will be considered as the default date.
- Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
- For the convenience of investors, the frequency of the mandate mentioned "As and when presented".
- From date and To date is mandatory. However, the maximum duration for enrollment is 40 years.

- If the folio number mentioned in the Auto Debit mandate registration form does not match with our record, the Auto Debit mandate will not be registered.
- By submitting the Auto Debit mandate the investor authorizes AMC to utilize the information provided herein for the purpose of his/her investments in HSBC Mutual Fund.

2. MANDATORY INFORMATION TO BE PROVIDED BY INVESTORS IN ONE TIME DEBIT MANDATE FORM (OTM):

- Date of Mandate
- Bank A/c Type
- Bank Account Number
- Bank Name
- 11 digit IFSC and/or 9 digit MICR Code
- Maximum Amount (Rupees in figures and words)
- Folio No / Application No.
- Mandatory From Date
- Mandate To Date
- Reference 1: Mention Folio Number
- Reference 2: Mention Application Number
- Signature(s) as per Bank records
- Name(s) as per Bank records

SAMPLE OTM DEBIT MANDATE FOR NACH / AUTO DEBIT

Please refer the instructions in RED to fill the OTM Debit mandate. This will help to ensure all the mandatory information is correctly filled by you and avoid rejection of mandate registration.

Instructions to Fill OTM Debit Mandate

UMRN	F O R O F F I C E U S E O N L Y	Date	Date of filling Form
Sponsor Bank Code	Keep Blank	Anyone to be selected	<input type="radio"/> Create <input type="radio"/> Modify <input type="radio"/> Cancel
Utility Code	Keep Blank	I/We hereby authorize HSBC Mutual Fund	
To debit (<input checked="" type="checkbox"/> Anyone)	<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	Anyone details to be mentioned, refer cheque for IFSC/MICR
An amount of Rupees	Amount in words should match with amount in figure	₹	Amount in figure
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.	Mobile No.	Email ID	Email ID
<p>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.</p>			
PERIOD (Mandatory) From DD MM YYYY To End Date		Maximum period of validity of this mandate is 40 years only.	
X Sign of Account Holder Signature of Primary Bank Account Holder		X Signature of joint holders as per bank records, else keep blank Signature of Bank Account Holder Signature of Bank Account Holder	
Name of Account Holder (As in bank records)		Name of Joint Holder as per bank record else keep blank	

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