

4 CHANGE OF AUTO DEBIT BANK

OTM DEBIT MANDATE FOR NACH/ECS/AUTO DEBIT

RedHex SIF



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 RedHex SIF																	
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		Y Y		X						X						X					
To	D D		M M		Y Y		Y Y		Y Y		Signature of Primary Bank Account Holder						Signature of Bank Account Holder						Signature of Bank Account Holder					
Maximum period of validity of this mandate is 40 years only.																												
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.

- Please furnish the Folio Number, Name and PAN of Sole/First Applicant in Section 1 of the Form.
- Investors who wish to modify their existing SIP can fill this form. Investors should fill separate forms for separate Investment strategy, separate transactions.
- 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.
- All requests for registering the modification of SIP shall be subject to an advance notice of 21 calendar days.
- All requests will be accepted subject to verification. Invalid, ambiguous or incomplete requests are liable to be rejected post acceptance and verification.
- 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)

- 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.
- 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, Investment Strategy Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Investment strategy(s) of HSBC Mutual Fund.
- Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
- 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".

Investments in Specialized Investment Fund involves relatively higher risk including potential loss of capital, liquidity risk and market volatility. Please read all investment strategy related documents carefully before making the investment decision.

CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in/redhex-sif for an updated list of Official Points of Acceptance of RedHex SIF. 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	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200 / 1800-200-2434	1800-419-9800	+91 44 39923900
Email ID	sifinvestor.line@mutualfunds.hsbc.co.in	sifpartner.line@mutualfunds.hsbc.co.in	sifinvestor.line@mutualfunds.hsbc.co.in

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