

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use **BLOCK LETTERS** in black or dark ink.

Broker Name & ARN Code / RIA Code	Sub-broker ARN Code	Sub Code	EUIN	Branch Code	Time Stamp

Investor's Declaration where EUIN is not furnished: I/We confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction.

<b>Sole / 1st Applicant / Authorised Signatory</b> <input checked="" type="checkbox"/>	<b>2nd Applicant / Authorised Signatory</b> <input checked="" type="checkbox"/>	<b>3rd Applicant / Authorised Signatory</b> <input checked="" type="checkbox"/>
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New SIP Registration     OTM Debit Mandate to be registered in the folio.

**1 APPLICANT INFORMATION**

Name of Sole / 1st Unit Holder	First Name	Middle Name	Last Name
PAN			
<b>Contact Details</b>			
Mobile No.	+ 9 1	Tel. (Res./Office)	
Mobile belongs to :	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Children	<input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings	<input type="checkbox"/> Custodian
	<input type="checkbox"/> Guardian (to Minor investment)	<input type="checkbox"/> POA <input type="checkbox"/> PMS	
† E-mail	Email ID to be filled in CAPITAL LETTERS		
E-mail belongs to :	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant Children	<input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings	<input type="checkbox"/> Custodian
	<input type="checkbox"/> Guardian (to Minor investment)	<input type="checkbox"/> POA <input type="checkbox"/> PMS	

**2 OTM DEBIT MANDATE FOR NACH/ECS/AUTO DEBIT**

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	<b>RedHex SIF</b>
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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
To	D D M M Y Y Y Y	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
		Name as in bank records	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 \_\_\_\_\_ PAN No. \_\_\_\_\_

Investment strategy \_\_\_\_\_ Plan \_\_\_\_\_ Option/Sub-option \_\_\_\_\_

New SIP Registration     OTM Debit Mandate to be registered in the folio.

SIP Amount Rs. \_\_\_\_\_ Frequency  Daily     Weekly     Monthly     Quarterly

STP Top Up Amount Rs. \_\_\_\_\_ Frequency  Half Yearly     Yearly

Acknowledgement Stamp & Date
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### 3 SIP & INVESTMENT DETAILS

#### First SIP Details

Instrument No.	<input type="text"/>	Dated	<input type="text"/>	Cheque Amount	₹ <input type="text"/>
Bank Name	<input type="text"/>	A/C No.	<input type="text"/>		
Branch	<input type="text"/>	City	<input type="text"/>		
A/c. Type	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <sup>⊗</sup> <input type="checkbox"/> NRE <sup>⊗</sup> <input type="checkbox"/> Others				
UMRN for OTM	<input type="text"/>				

Reason for your SIP (✓)  Children's Education    Children's Marriage    House    Car    Retirement    Others

Investment Strategy Name  Plan  Option/Sub option

IDCW Frequency	<input type="text"/>	SIP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default <sup>^</sup> ) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st												
SIP Period	From <input type="text"/>	To	<input type="text"/>												
[If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]															

SIP Frequency  Daily    Weekly<sup>⊕</sup>    Monthly<sup>^</sup>    Quarterly (10th)   SIP Day  Monday    Tuesday    Wednesday<sup>⊕</sup>    Thursday    Friday

SIP Amount (figures) ₹  (words)

**SIP Top Up** (Optional) – Available only for investments effected through Auto Debit.

Top Up Amount ₹  Amount in multiples of ₹ 500 only   Top Up Frequency  Half Yearly    Annual (Default)<sup>^</sup>

Top Up to continue till SIP amount reaches<sup>^^</sup> ₹  OR Top Up to continue till #

<sup>⊗</sup> For NRI Investors. <sup>⊕</sup> If the day for Weekly SIP is not selected, Wednesday will be the default day <sup>^</sup> If no debit date is mentioned default date would be considered as 10th of every month/quarter. Minimum gap of 21 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above. <sup>^^</sup> SIP Top Up will cease once the mentioned amount is reached. # It is the date from which SIP Top-Up amount will cease. Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the AMC/RedHex Specialized Investment Fund for utilisation irrespective of any investment category/investment.

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

#### OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order)

I/We have read and understood the respective Investment Strategy Information Document, Statement of Additional Information and Key Information Memorandum. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. I/We confirm that the ARN holder has disclosed to me/us all the commissions, payable to him for the different investment strategy of various SIF Strategies from amongst which the Investment strategy is being recommended to me/us. 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 RedHex Specialized Investment 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.

X	X	X
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/ PoA

**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](http://www.assetmanagement.hsbc.co.in/redhex-sif) for an updated list of Official Points of Acceptance of RedHex SIF. Please visit [www.camsonline.com](http://www.camsonline.com) for an updated list of Official Points of Acceptance of our Registrar / Transfer Agent : Computer Age Management Services.

#### 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

15115  
 15115  
 May '26

## SYSTEMATIC INVESTMENT PLAN (SIP) - GENERAL INSTRUCTIONS

Please read the below instructions carefully before filling the form. Please fill up the form in English in BLOCK LETTERS with black or dark ink. All information sought in the form is mandatory except where it is specifically indicated as optional. All instructions & notes are subject to SEBI and AMFI guidelines as amended from time to time. Please note in case of any error while filling the form all applicants must sign against the corrections.

### 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, Investment Strategy Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addendum issued from time to time of the respective Investment Strategy(s) of RedHex Specialized Investment 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 RedHex Specialized Investment 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.

### 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
• IFSC and/or MICR Code	• Maximum Amount (Rupees in figures and words)
• Folio No/ Appln No.	• Mandatory From Date
• Mandate To Date	• Signature(s) as per Bank records
• Name(s) as per Bank records	

### 2. Applicant Information:

Please furnish the Folio Number, Name and PAN of Sole/First Applicant Section 1 of the Form. Your investment would be processed in the specified folio.

Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.

Your personal information and bank account details would apply to this investment as well.

Please provide the Mobile Number and E-Mail Address of the Sole/First Applicant in the form in case of Individuals and Key Contact in case of Non-Individuals. This would help us seamlessly communicate with you on your investments.

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. \* 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

Permanent Account Number (PAN): Furnishing of PAN is mandatory for all applicants except where specific dispensation is provided under law.

Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Investment Strategy Documents.

### 3. SIP & Investment Details:

- New Investors who wish to enroll for SIP investment are required to fill (i) OTM Mandate Form (ii) SIP Registration Form and (iii) the respective Investment Strategy Application form (included in the Key Information Memorandum).
- New Investors can apply for SIP into respective Investment Strategy/Plans/Option without any existing investment/folio. Please mention the name of the Investment Strategy where you plan to make your investment and your preferred option. If you do not indicate your preferred option, your application would be processed based on the terms & conditions set out in the Investment Strategy Information Document. If you are not investing through a Distributor, please suffix "Direct Plan" after the Investment Strategy name.
- Where a One Time Mandate is already registered in a folio for a bank account, the Unit Holder(s) is not required to fill the OTM debit mandate again. However, please mention the UMRM, debit bank name & account number.
- Where the OTM mandate is getting submitted for the first time, please fill the OTM debit mandate form for NACH/ECS/Auto debit mandatorily.
- Enclose cancelled cheque leaf of the bank where OTM is getting registered if the initial purchase cheque is not from the same bank account.
- Investors can choose any preferred day/date of the month as SIP debit day/date. In case the chosen day/date falls on a non-business day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day.
- Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar CAMS. Please note that effect from December 1, 2024 it would take T+2 Business days for the SIP to discontinue from the date of receipt of the duly filled request. Any installment due during this period might get debited from the bank account if it falls within T+2 Business days. The AMC/RedHex SIF reserves the right to introduce/discontinue SIP/variants of SIP from time to time.

Further in case of 3 consecutive SIP payment instructions provided by the investor are dishonored for insufficiency of funds, the AMC/RedHex SIF reserves the right to discontinue the SIP.

In case of auto cancellation, the below given uniform timeline for treating an SIP as closed/cancelled shall be adopted by AMC/RedHex Specialized Investment Fund:

S. No.	SIP Interval	No. of failed debit attempts prior to cancellation of SIP
1.	Daily	3
2.	Weekly, Fortnightly	3
3.	Monthly	3
4.	Bi-monthly, Quarterly or Longer interval SIPs	2

### Third Party Payments:

- Third Party Payments for investments are not accepted except in the below cases
  - Payment by employer on behalf of employees under SIP or lump sum subscription through Pay Roll deductions or deductions out of expense reimbursements.
  - Custodian on behalf of an FPI or Client made by Custodian.
  - Payment by an AMC/RedHex Specialized Investment Fund to its empanelled distributor on account of commission/incentive etc. in the form of Mutual Fund units through SIP or lump sum/one time subscription.
  - Payment by a Corporate to its Agent/Dealer/Distributor on account of commission or incentive payable for sale of its goods/services in the form of Mutual Fund units through SIP or lump sum/one time subscription.

In the above cases, necessary declaration/banker's certificate needs to be provided confirming the source of funds for the investment. Please refer the SAI for more details.

### SIP Top-Up Facility:

- Investors can opt for SIP Top Up facility wherein the amount of SIP can be increased at fixed intervals.
  - Top Up facility will be available for valid new registration(s) under SIP or renewal of SIP & for the existing SIPs;
  - Top Up facility will be available only for investments under SIP effected through auto-debit;
  - Amount of Top Up shall be in multiples of ₹500;
  - Top Up can be done on a half yearly/annual basis. Default Option is Annual;
  - Top Up Facility will not be available for investments under SIP where the auto debit period has not been indicated by the investor at the time of investments.
  - Unit holders have the option of indicating the threshold in terms of amount or the date up to which the Top Up will continue. On reaching the threshold, Top Up with respect to the SIP concerned shall cease and SIP installments will continue at the amount which was invested last for such period as may be specified in the SIP application form.
- Your investment cheque should be crossed "Account Payee only" and drawn favoring the Investment Strategy name where the investment is in a specific Investment Strategy
- Please ensure that the investment cheque issued by you complies with CTS 2010 requirement stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.
- Payments made by Cash/Money Order/Postal Order, Non-MICR cheque, outstation cheques are not accepted.
- For detailed terms and conditions on SIP, SIP Top-up, OTM facility, please visit our website [www.assetmanagement.hsbc.co.in/redhex-sif](http://www.assetmanagement.hsbc.co.in/redhex-sif) and also refer to Investment Strategy related documents.
- Note:** Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any Investment Strategy category/investment amount. Net Asset Value (NAV) will be applied based on realization of funds for all purchases including systematic transactions registered prior or post February 1, 2021.
- Applications incomplete in any respect are liable to be rejected. AMC/RTA/RedHex Specialized Investment Fund shall have absolute discretion to reject any such Application Forms.
- Investors are advised to retain the acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC)/CAMS.
- Minimum application amount and number of installments:**

Frequency	Minimum Installment Amount#	Minimum number of Installments	Dates
Daily	Rs. 1,000/-	Minimum 12 installments subject to aggregate of Rs. 12,000/-	Monday to Friday\$
Weekly	Rs. 1,000/-	Minimum 12 installments subject to aggregate of Rs. 12,000/-	Any Day from Monday to Friday ✦
Monthly	Rs. 1,000/-	Minimum 12 installments subject to aggregate of Rs. 12,000/-	Any Date of the month ✦
Quarterly	Rs. 3,000/-	Minimum 4 installments subject to aggregate of Rs. 12,000/-	

# in multiples of Re. 1/- . SIP is subject to minimum investment of Rs 10,00,000/- across SIF investment strategies of RedHex SIF.

\$ Daily SIP will be processed from Monday to Friday. In case of a non-business day falling between Monday to Friday (both days inclusive) then the daily SIP installment for that day will not be processed on the next business day.

✦ In case investor has missed to tick the date for Monthly and Quarterly frequency then the default date will be considered as 10th. Similarly, in case of Weekly SIP frequency the Default day will be considered as Wednesday. In case the chosen date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next available Business Day. If the choice of date selected is more than one date then the SIP installment will be processed only for Business Days when NAV is available. No SIP installment shall be processed for Saturday, Sunday or any other non-business day.

### 4. Declarations & Signatures:

Unit holders need to sign here in accordance to the Mode of Holding provided to us and as per the mode of holding in the bank account in the same sequence and manner in the relevant boxes provided in the form.

## SAMPLE OTM DEBIT MANDATE FOR NACH/ECS/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	RedHex SIF
To debit (✓ 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

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.

<b>PERIOD (Mandatory)</b> From <table border="1" style="font-size: x-small; border-collapse: collapse;"> <tr><td style="width: 15px; text-align: center;">D</td><td style="width: 15px; text-align: center;">D</td></tr> <tr><td style="width: 15px; text-align: center;">M</td><td style="width: 15px; text-align: center;">M</td></tr> <tr><td style="width: 15px; text-align: center;">Y</td><td style="width: 15px; text-align: center;">Y</td></tr> <tr><td style="width: 15px; text-align: center;">Y</td><td style="width: 15px; text-align: center;">Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	Maximum period of validity of this mandate is 40 years only.	
D	D									
M	M									
Y	Y									
Y	Y									
To <table border="1" style="font-size: x-small; border-collapse: collapse;"> <tr><td style="width: 15px; text-align: center;"> </td><td style="width: 15px; text-align: center;"> </td></tr> <tr><td style="width: 15px; text-align: center;"> </td><td style="width: 15px; text-align: center;"> </td></tr> </table> <span style="color: red; font-weight: bold;">End Date</span>					X    Sign of Account Holder	X    Signature of joint holders as per bank records, else keep blank				
Signature of Primary Bank Account Holder	Name of Account Holder (As in bank records)	Name of Joint Holder as per bank record else keep blank								

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