## Common Application Form for Debt & Liquid Schemes / Plans



**DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units) Application No. :  ${f D}$ Distributor / Broker ARN Sub-Broker / Bank Branch Code M.O. Code **ARN** -82882 For Office Use Only Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor. Any correction of Broker Code requires investor's authentication EXISTING UNITHOLDER [Please fill in your Folio No. below. Please furnish only KYC and PAN details in Section 2 (if not provided earlier) and proceed to Section 3] Please note that applicant details and mode of holding will be as per existing Folio Number. Folio No. 2 APPLICANT'S INFORMATION (Please fill in Block Letters use one box for one alphabet leaving one box blank between two words) SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON PAN CARD Are you a US person/resident of Canada? (✓) Yes Name  $|M_r|M_S|M/S$ Date of Birth~‡ PAN\*\* Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof\* (Mandatory for Minors) (Mandatory) ~ Proof Enclosed (🗸) 🗌 Birth Certificate 🗌 School Leaving Certificate 🔲 Marksheet issued by HSC/State Board 🔲 Passport 🗍 Others\_ (please specify) Receive Account Statement, Annual Reports and other information instantly by e-mail^ ☐ I/We wish to receive updates via SMS on my mobile (✓) ☐ I / We wish to receive the above by email ^ Note: Where the investor has not opted for any option or has opted for both options, the application will be processed as per the ☐ I / We do not wish to receive the above by email default option, i.e., receive the account statement, annual reports and other correspondence by e-mail and receive SMS updates on Mobile. Occupation<sup>‡</sup> (✓) Private Sector Service Public Sector / Government Service Professional Business Agriculturist Retired Housewife Student Forex Dealer Others (Please specify) Proprietorship Guardian Name (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Mr Ms M/s Natural Guardian\* (Father or Mother) Legal Guardian\*\* (court appointed Guardian) PAN\*\* (Mandatory) + Document evidencing relationship with Guardian Enclosed (✓) PAN Card Copy KYC Compliance Proof\* \*\* In case of Legal Guardian, please submit attested copy of the court appointment letter, PAN/KYC not required for contact person but required for Guardian Nationality<sup>‡</sup> Country of Residence<sup>‡</sup> Address for Correspondence<sup>‡</sup> [P.O. Box Address is NOT sufficient] (Should be same as in CVL records, please refer to point 8 under Important Instructions) City Pin Code State Country **Contact Details** Phone O Extn Fax R Mobile Overseas Address (Mandatory in case of NRI / FII applicant in addition to mailing address) (Should be same as in CVL records, please refer to point 12 under Important Instructions) City Country State Zip Code (Mandatory) Status ( ✓) ☐ Resident Individual ☐ Minor ☐ Partnership ☐ Company ☐ HUF ☐ FII ☐ NRI ☐ Trust ☐ Society ☐ AOP / BOI ☐ Others Mode of Holding (✓) ☐ Single ☐ Joint (Default if not mentioned) Anyone or Survivor Name of Second Applicant (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor) Are you a US person/resident of Canada? (1) Yes Mr Ms M/s PAN\*\* Date of Birth (Mandatory) Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof\* Name of Third Applicant (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor) Are you a US person/resident of Canada? (✓) Yes No Mr Ms M/s PAN\*\* Date of Birth Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof\* (Mandatory) PoA Holder Details\* (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder) Mr Ms M/s PAN\*\* (Mandatory) Enclosed (✓) PAN Card Copy KYC Compliance Proof<sup>8</sup> PoA copy notorised or the original copy of PoA needs to be submitted in case of Investment through PoA W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch) (for details refer point 8 under Important Instructions). Please note that w.e.f. January 1, 2008. PAN number is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs), Please see point 7 under Important Instructions ‡ Please note that information sought here will be obtained from CVL also. In case of any differences, the CVL input will apply. \*\* Default if not ticked. ...continued overleaf ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) Application No. : D Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final Received from Mr Ms M/s Folio No application for Units of Scheme alongwith Cheque/DD No. Plan Option Sub-option Dated Drawn on (Bank) Amount (Rs.) ISC Stamp, Signature & date Please Note: All purchase are subject to realisation of instruments. All transaction Date processing is subject to final verification.

Scheme    MMIPR   HMIPS   HMIP   HF   HGF   HFF   HGF   HFF   HGF   HFBF   HGF   HFBF   HGF   HFBF   HGF   HFBF   HGF   HFBF   HGF   HGBF   Sub-option   Growth (edulu)   Diodend Reinvestment   Dividend Provided	Core Banking A/C No.  Bank Name  Branch Address  MICR Code  A/c. Type (✓) Current Savings NRO* NRE* * F  Bank Name  Branch Address  MICR Code  RTGS  IFSC Code  Please also provide a cancelled cheque leaf of the same bank account a  Mentioning your 11 digit RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us transfer the amount to your bank account quit  INVESTMENT & PAYMENT DETAILS (Please (✓) Scheme / Plan / Option / Sub-option / Dividend Frequency)  Scheme HMIP-R HMIP-S HIF HGF HFRF HCF HUSBF HFDF Option Regular Institutional Institutional Plus  Plan ^^  Sub-option Growth (default) Dividend Reinvestment  Dividend Frequency  Daily** Weekly† Monthly# Quarterly\$ Fortnightly^ Half Yearly††  The scheme name mentioned on the application form and the cheque has to be same. In case of any discrepancy between the two, units will be allotted as per scheme name mentioned	,
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Transfer from Scheme: HFF HGF HMIP-R HMIP-S HRAF HCF HUSB HFDF Dividend Reliable HDF		
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Sub-option Growth Dividend Reinvestment Dividend Payout STP Date (**) 3rd 10th 17th 26th 30th ** All Dates Dividend Payout Weekly Mouthly Quarterly Fortnightly Half Yearly Installment commencing From Mountain Street Str		
Dividend Daily Weekly Monthly Quarterly Fortnightly Half Yearly Frequency From Installment commencing From Install	(Minimum transfer amount Rs.1000/- and in multiples of Re.1/- thereaft	ter)
From MM/ATION DETAILS (To be filled and signed by Individual(s) applying singly or jointly)  (ref. Important Instruction INC  INC  and  (strike out which is not applicable) do hereby nominate the undermentioned nominee(s) to receive the units allotted to my / our credit in my Folio in the event of my / our do Name and Address of Nominee(s) If the nominee is a minor, Name & Address of the guardian is Mandatory  First Nominee  Second Nominee  Second Nominee  First Nominee  Second Nominee  Third Nominee  Second Nominee  Second Nominee  Third Nominee  Third Nominee  Second Nominee  Third Nominee  Second Nominee  Third Nominee  Third Nominee  Second Nominee  Second Nominee  Second Nominee  Third Nominee  Second Nominee  Second Nominee  Third Nominee  Second Nominee  Third Nominee  Second Applicant  Second Applicant  Second Applicant  Second Applicant  Second Applicant  Second Applicant  Third Applicant  Second Applicant  Second Applicant  Second Applicant  Third Applicant  Second Applicant  Third Applicant  Second Applicant  Third Applicant  Second Applicant  Third Applicant  Third Applicant  Third Applicant  Second Applicant Institute Instit	The state of the s	th for Februar
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(strike out which is not applicable) do hereby nominate the undermentioned nominee(s) to receive the units allotted to my/our credit in my Folio in the event of my/our of Name and Address of Nominee(s) If the nominee is a minor, Name & Address of the guardian is Mandatory  First Nominee  Second Nominee  Second Nominee  Guardian's Address (in case of Minor)  Allocation %  Date of Birth (of nominee is a minor)  I/We do not wish to appoint a Nominee in this Folio (default in case details above are not provided).  Signature(s)  Solo/First Applicant  DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)  The Trustees, HSBC Mutual Fund  Having real and understood the contents of the Crunbrad Schene Information Document, SM and Addresslot of the Schene Pina (Option as incidented obove and gree to abide to the terms, conditions, the same and the schene pina (Schene and I) We have not received nor been induced by any rebute or gifts, directly or indirectly, in making this investment. I/We bereby authorise HSBC Mutual Fund, the lowest mental discounted to the content indirectly in making this investment. I/We bereby authorise HSBC Mutual Fund, the lowest mental discounter and to verify my /our bank details from Schene Pina (Diption as incidented obove are been induced by any rebute or gifts, directly or indirectly, in making this investment. I/We bereby authorise HSBC Mutual Fund, the lowest mental Advice and to verify my /our bank details from Schene Pina (Diption as indirectly and the particular given above are correct and express my /our willingness on thate government or gifts, directly or indirectly, in making this investment Manager and to verify my /our bank of the complete proper banks / HSBC Mutual Fund, the lowest mental and the formation and the benefits of the complete proper details of the Schene Pina (Diption and and the complete proper details of the Schene Pina (Diption and and the Carabidate Advice and to verify my /our bank details from the details of the Sc		
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Name Guardian's Name Guardian's Address (in case of Minor) Allocation % Date of Birth (if nominee is a minor)  I/We do not wish to appoint a Nominee in this Folio (default in case details above are not provided).  Signature(s)  Sole/First Applicant  Second Applicant  DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)  The Trustee, HSDE Mutual Fund Harving read and undextood the contents of the Combined Scheme Information Document, SAI and Addends of the Scheme(s) issued till date, I/We bereby apply under Direct / AMFI Certified enqualeiled distributors to the Trustees of HSDE Mutual Fund for units of the Scheme (Flam / Option as indicated by any observable or girls, directly or indicately), any advances, release and garget to able the source of the Combined Scheme Information Document, SAI and Addends of the Scheme (Flam / Option as indicated by any observable or girls, directly or indicately), any advances of HSDE Mutual Fund for units of the Scheme (Flam / Option as indicated by any observable or girls, directly or indicately), any advances of the Scheme (Flam / Option as indicated by any observable or girls, directly or indicately, in any observable or girls, directly or indicately, any advances of the Scheme (Flam / Option as indicated by any observable or girls, directly or indicately, in any observable or girls, observable or girls, directly or indicately, in any observable or girls, observable or girls, directly or indicately, in any observable or girls, observable or girls, observable or girls, directly or indicately, any observable or girls,		t of my / our u
Guardian's Name Guardian's Address (in case of Minor) Allocation % Date of Birth (if nominee is a minor)  I/We do not wish to appoint a Nominee in this Folio (default in case details above are not provided).  Signature(s)  Sole/First Applicant  DECLARATION AND SIGNATURES (in case of joint holding, signatures of all unit holders are mandatory)  The Trustees, KIBEN Mutual Fund Having read and understood the contents of the Combined Scheme Information Document, SAI and Addenda of the Scheme; Sissued till date, I / We hereby apply under Druct / AMPI Certified empanielled distributors to the Trustees of HISEN Mutual Fund is units of the Scheme and I / We have not record and agree to abide by the terms, conditions, rules and regulations of the Scheme. I / We have understood the details of the Scheme and I / We have not record and express my units pages and in Sagents to disclose details of my / our missement. I / We have understood the details of the Scheme and I / We have not record and express my units pages and in Sagents to disclose details of my / our missement. I / We have understood the details of the Scheme and I / We have not record and express my units pages and in Sagents to disclose details of my / our missement. I / We have understood the details of the Scheme and I / We have not record and express my units pages and its very my of your bank details provided by me / is, tilt we have the content of the Scheme and I / We have not record and express my units pages and its over importance of the content of the Scheme and I / We have not record and express my unitspaces to make payments referred above through participation in ECS / Direct Debti Facility. If the transaction is delayed or not effected at all for reasons of incomplex to make payments referred above through participation in ECS / Direct Debti Facility. If the transaction is delayed or not effected and for reasons of incomplex to make an advanced by the season of incomplex to the season of th		ee
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Date of Birth in nomine is a minor)  If nominee is a minor)  DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)  The Trustees, HSBC Mutual Fund Having read and understood the contents of the Combined Scheme Information Document, SAI and Addenda of the Scheme(s) issued till date, I /We hereby and agree to abide by the terms, conditions, to the Trustees of HSBC Mutual Fund for units of the Scheme (s) issued till date, I /We hereby and agree to abide by the terms, conditions, rules and regulations of the Scheme. I /We have understood the details of the Scheme and I /We have not received and sagree to abide by the terms, conditions, rules and regulations of the Scheme. I /We have understood the details of the Scheme and I /We have not received and to verify my / our bank details for my / our investment to my/our bank(stails in westment. I /We hereby authorise is HSBC Mutual Fund for Funds (s) and (or verify my / our bank details of my / our investment to my/our bank(stails in westment. I /We hereby authorise are cornert and exprise provided by me / us. If we have not one of the scheme in the particular spiral and the the funds are remitted from above through participation in ECS / Direct Debit. *I/We confirm that I am/We are not add covered. I /We hereby add as to inform HSBC Asset Management (India) Pvt. Lul., about any changes in my / our bank details provided by me / us are true and correct. I /We hereby declare that the particular spiral above are cornert and expellations or any stand are remitted from about durough registrate or the order of the purpose of contravention of any Act, Rules, Regulations or any standing the repulsion or any very regulations or any standing schemes of various Mutual Funds from amongst which the Scheme is being recommended to me'us.  Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.  ALL US AT  30 MUTUAL FUND INVESTOR SERVICE CENTRES:  thmedabad: Tel: 98983 77319 * Beng		
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Contact us at hsbcmf@hsbc.co.in