## HSBC Mutual Fund **Common Application Form for Equity Schemes**

Distributor / Broker ARN	Sub-Broker Code	Application No.:
ARN - 82882		For Office Use Only
ofront commission shall be paid directly by the investor to the AMFI registered D	Distributors based on the investor's assessment of	For Office Use Only
arious factors including the service rendered by the distributor. Any correction of EXISTING UNITHOLDER [Please fill in your Folio No. below	f Broker Code requires investor's authentication.	ls in Section 2 (if not provided earlier) and proceed to Section 21
Please note that applicant details and mode of holding wil	•	Folio No.
APPLICANT'S INFORMATION (Please fill in Block Lett SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEAR	ters use one box for one alphabet leav	ving one box blank between two words)  person / resident of Canada? (✓) Yes No <sup>#</sup> Default if not tic
Name Mr Ms M/s	ning on PAN GAID Are you a c.s.	person resident of canada. (*) Its
Date of Birth + DDMMYYYYYPAN** Mandatory for Minors) PAN**  Proof Enclosed (1) Birth Certificate School Leaving Co	itory)	Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Pro  State Board ☐ Passport ☐ Others (please speci
Receive Account Statement, Annual Reports and other information is	instantly by e-mail <sup>^</sup>	We wish to receive updates via SMS on my mobile (✓)
e-mail		The mass of receive aparties in some on my mostac ( )
I / We wish to receive the above by email ^ Note	: Where the investor has not opted for any o	option or has opted for both options, the application will be processed as per
I / We do not wish to receive the above by email default	option, i.e., receive the account statement, annu	aal reports and other correspondence by e-mail and receive SMS updates on Mob
Occupation <sup>‡</sup> (✓)	Sector / Government Service $\square$ But $x$ Dealer $\square$ Others (Please specify)	3
Guardian Name (if Sole / First applicant is a Minor) Contact	ct Person (in case of Non-individual	Investors only)
Mr Ms M/s		
Natural Guardian* (Father or Mother) Legal Guardian Document evidencing relationship with Guardian	ii (court appointed Guardian)	PAN** (Mandatory)
+ In case of Legal Guardian, please submit attested copy of t		Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof PAN/KYC not required for contact person but required for Guardia
ffidavit etc. to support.		of Minor.
Nationality <sup>‡</sup>	Country of Residence <sup>‡</sup>	
Address for Correspondence <sup>‡</sup> [P.O. Box Address is NOT su	afficient] (Should be same as in CVL rec	cords, please refer to point 8 under Important Instructions)
City		Pin Code
State	Country	
Contact Details		
Phone O R	Extn.   H	Fax
		e as in CVL records, please refer to point 11 under Important Instruction
Sverseas reduces (wallout) in case of will / in applicant in add	dition to making address; (offodia be saint	s as in everteeoras, piedse refer to point 11 ander important instruction
		City
State	Country	Zip Code
Status (✓) Resident Individual Minor Partnership	(Mandatory)	
		rist   Society   AOP / BOL   Others
		ust Society AOP / BOI Others
Mode of Holding (✓) ☐ Single ☐ Joint (Default if not me	entioned) Anyone or Survivor	
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Note: This Acknowledgement Slip is for your refere	nce only. Information provided on the form is considered final.	
Received from Mr Ms M/s		
Folio No.	application for Units of Scheme	
Option/Sub-option	Lumpsum investment along with Cheque / DD No.	
Dated Drawn on (Bank)	Amount (Rs.)	
☐ SIP Investment ☐ Total Cheques ☐ ☐ I	ECS (Debit Clearing)/Direct Debit Facility Total Amount (Rs.)	ISC Stamp, Signature & date
Date   D   D   / M   M   /   Y   Y   Y   Y	Please Note: All purchase are subject to realisation of instruments. All transaction processin	ng is subject to final verification.

3 BANK ACCOUNT DETAILS (MANDATOR	Y as per SEBI Guidelii	nes) (refer Instruction N	No. 3 for Multiple	e Bank Account Registration details)
Core Banking A/c No.		A/c. Type (✓) ☐ Current	Savings NRC	O* □ NRE* * For NRI Investors
Bank Name				
Branch Address				
		Bank City	NEET	
MICR Code	TESC Code	Rupees One lakh and above	☐ IFSC Code ☐	or less than Rupees One lakh
Montioning your 11 digit PTGS II	0.)			he same bank account as mentioned above. your bank account quicker, electronically.
4 INVESTMENT & PAYMENT DETAILS (Ple		· **	ster the amount to	your bank account quicker, electronicany.
Scheme ( $\checkmark$ ) HEF HIOF HPTF HMEF HTSI	*	* /	✓) Growth (default)	Dividend Reinvestment** Dividend Payout
The scheme name mentioned on the application form and the cheque has to				
(A) LUMPSUM INVESTMENT:	(B) SIP INVESTMENT	(✓): Amount (Rs. Figure		
Investment Amount	Frequency Quarterly (10	Oth) Monthly SIP Date 3rd m M M / Y Y Y Y Y To	110th17th2	6th 30th ## All Dates
Rs.	## Last Business Day of the month	for February. ^ Incase of Minor unitholder. S	M M / Y Y IP will be registered only	Y Y March 2025 (Default) ^ till Minor unitholder attaining 18 years of age.
DD charges (Rs.)		PAYMENT M		5 ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Net Amount (Cheque / DD amount)	(1) Cheques	Total No. of Cheques		bit Clearing) / Direct Debit Facility
Rs.	First SIP instalment Cheq Cheque No.	ue details :		ete the SIP Auto Debit Form if you choose this Option) thas to be through cheque / DD.
Mode of Payment Cheque / DD	Dated		Cheque/	
Cheque / DD No.	Drawn on Bank		DD Ño.	
	Branch		Bank	
Dated	City		Branch	
Cheque / DD Drawn on : Bank	A/c No.		City	
Branch	Second & subsequent inst	talments Cheque details :	A/c No.	ions will apply for subsequent instalments beginning
	To		with the nearest SI	P Date at least 25 business days after the first SIP
City	Drawn on Bank		Date. Please note t	hat the first SIP instalment cheque and Auto-Debit be for the same amount. Minimum 12 instalments
A/c No.	Branch		under Monthly SIP	and 4 quarters for Quarterly SIP.
A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO*	City			(Refer Note No. 4C on Page 14)
NRE* Others(* For NRI Investors)	A/c No.		Date of Birth	D D M M Y Y Y Y
Documents attached to avoid Third Party Payment Rejecti Pre-funded Instruments	on where applicable : Third	d Party Declarations  Bank Certificate f	or Supporting Doo	cument type*
MANDATORY DECLARATION: The details of the bank accomposition in the bank account holder (✓) ☐ I	ant provided above pertain to my/o	our own bank account in my/our name Y	Reference No.	(if available)
(Please specify); and the Third Party declaration form is attached	(Refer important instruction No.	10 on the Third Party Payments).	*For the permissible	e list of applicable documents please refer to Page 14.
5 NOMINATION DETAILS (To be filled and s	igned by Individual(s)	applying singly or jointly)		(ref. Important Instruction 12)
I/We				
and		and		
(7.7) (1.1.1.) (1.11.1.1.)	4 1 2 1 1	() ( ' d ' 11 (/ 17	/ 11.	E 1: : 4
(strike out which is not applicable) do hereby nominal			my / our credit in m	y Folio in the event of my / our death.
(strike out which is not applicable) do hereby nominar  Name and Address of Nominee(s) If the nominee  First Nomine	is a minor, Name & Addr		ny / our credit in m	y Folio in the event of my / our death.  Third Nominee
Name and Address of Nominee(s) If the nominee First Nomine Name	is a minor, Name & Addr	ress of the guardian is Mandatory	ny / our credit in m	•
Name and Address of Nominee(s) If the nominee First Nomine	is a minor, Name & Addr	ress of the guardian is Mandatory	ny / our credit in m	•
Name and Address of Nominee(s) If the nominee  First Nomine Name Guardian's Name Guardian's Address	is a minor, Name & Addr	ress of the guardian is Mandatory	my / our credit in m	•
Name and Address of Nominee(s) If the nominee  First Nomine Name Guardian's Name	is a minor, Name & Addr	ress of the guardian is Mandatory	ny / our credit in m	•
Name and Address of Nominee(s) If the nominee  First Nomine Name Guardian's Name Guardian's Address (in case of Minor)  Allocation %	is a minor, Name & Addr	ress of the guardian is Mandatory	ny / our credit in m	•
Name and Address of Nominee(s) If the nominee    Name	is a minor, Name & Addr	ress of the guardian is Mandatory	ny / our credit in m	•
Name and Address of Nominee(s) If the nominee  Name Guardian's Name Guardian's Address (in case of Minor)  Allocation % Date of Birth (if nominee is a minor)	is a minor, Name & Addr	ress of the guardian is Mandatory Second Nominee		•
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Name and Address of Nominee(s) If the nominee  First Nomine  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  Signature(s)  Sole/First Applie  DECLARATION AND SIGNATURES (In case the Scheme / Plan / Option as indicated above and agree to all have understood the details of the Scheme / Plan / Option as indicated above and agree to all have understood the details of the Scheme and I / We have not making this investment. I / We hereby authorise HSBC Mutual investment to my/our bank(s) / HSBC Mutual Fund's Bank(s) bank details provided by me / us. I/We hereby declare that the payments referred above through participation in ECS / Direct of incomplete or incomprete information. I/ We would not hold I	this Folio (default in cannot be a see of joint holding, sign them Information Document, Sympanelled distributors to the Tru did by the terms, conditions, rul received nor been induced by are fund, its Investment Manager and of or Distributor / Broker / Ir articulars given above are correct Debit Facility. If the transaction is ISBC Asset Management (India)	ase details above are not provi Second Applicant  natures of all unit holders are  Al and Addenda of the Scheme(s) issued of sea and regulations of the Scheme. I / We may rebate or gifts, directly or indirectly, in dits Agents to disclose details of my / our and express my / our willingness to make so delayed or not effected at all for reasons PVI. Lid. (Investment Manager to HSBC.	ded).  mandatory)  Sole / First Applicant Guardian / PoA	Third Nominee
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Contact us at hsbcmf@hsbc.co.in