Broker Name & ARN code / RIA code <sup>^</sup> S		*	o distribute Units)	Global Asset Manage
	Sub-broker ARN code	Sub code	EUIN	A 11 /1
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By mentioning RIA code, I / we authorise you to	share with the SEBI Registere	ed Investment Adviser (	RIA) the details of my / our	
ransactions in the schemes(s) of HSBC Mutual Fund. I / We hereby confirm that the EUIN box has beer	intentionally left blank by n	ne / us as this transacti	on is executed without any	For Office Use Only
interaction or advice by the employee / relationship the advice of in-appropriateness, if any, provided by				
Sole / First Applicant / Authorised Signatory Seco	nd Applicant / Authorised Signat	ory Third Applic	ant / Authorised Signatory	
TRANSACTION CHARGES (Please tick a	ny one of the below. Refer	point 5 on page 26 re	garding transaction charge	es applicability)
I AM A FIRST TIME MUTUAL FUND I (₹ 150 will be deducted as transaction charge for			AN EXISTING INVEST will be deducted as transactio	OR IN MUTUAL FUND n charge for per purchase of ₹ 10,000 and
APPLICANT'S INFORMATION [Please fill i				· · · · ·
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Date of Birth ~ <sup>‡</sup> (Mandatory) D D M M Y	Y Y Y ~ Proof Enclo	sed (✓)	n Certificate 📃 School Leav	ing Certificate Passport
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<ul> <li>Private Limited Company</li> <li>Public Limit</li> <li>Pension and Retirement Fund</li> <li>Governme</li> <li>Foreign Nationals [Specify Country]</li> </ul>	nt Body 🗌 NGO 🗌 BOI	Society LLP	PIO Non Profit Or	
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Scheme (^)       HEF       HIOF       HIEF       HMEF       HTSF       HDF       HEMF       HDF         Option / Sub-option (^)       Growth (defull)       Dividend Reinvestmeent**       Dividend Payout       *         The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will the scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will the local back of any discrepancy between the two, units will the local back of application form and the cheque has to be the same. In case of any discrepancy between the two, units will the local back of application form and the cheque has to be the same. In case of any discrepancy between the two, units will the local back of application of application form and the cheque has to be the same. In case of any discrepancy between the two, units will the local back of application form and the cheque has to be the same. In case of any discrepancy between the two, units will the local back of application form and the cheque has to be the same. In case of any discrepancy between the two, units will the local back of application form is attracted (Please The local Back Name back of the payment from Bank A/c. No.         Payment Mode       Cheque DD RTGS NEFT       NET       Payment from Bank A/c. No.         Investment Amount (Rs.)       (i)       Bank Name       Payment from Bank A/c. No.         Investment Amount (Rs.)       (ii)       Bank Name       Payment from Bank A/c. No.         In otal pass (Rs.)       (iii)       A/c. Type (	Savings       NRO*       NRE*       * For NRI Invitation of the second
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*For the permissible list of applicable documents please refer to Page 26.   B) ONE TIME LUMPSUM INVESTMENT (Please fill the details hereunder. Do not submit SIP Auto Del Payment Mode   Cheque/DD/RTGS/NEFT No.   Payment Mode   Cheque/DD/RTGS/NEFT No.   Investment Amount (Rs.) (i)   DD charges (Rs.)   (ii)   Total Amount (Rs.) (ii)   BMANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account find, my relationship with the bank account holder (~)   Pocuments attached to avoid Third Party Payment Rejection where applicable : Third Party Declarations IB   MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account find, my relationship with the bank account holder (~)   Pocuments attached to avoid Third Party Payment Rejection where applicable : Third Party Declarations IB   MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account for my relationship with the bank account holder (~)   Port systEMAATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (At First SIP Cheque Details :   DD / MM / Y / Y   Branch   SIP Date (~)   Monthly (Default'): Brd 10th (Default') 117th 26th Both ## All Dates Quarter   SIP Period   Start Date   MAM Y Y   Bank   DeMAT ACCOUNT DETAILS   Please ensure that unit holders are given an option to hold the units in denat form in addition to account stateme as mentioned in the application form matches with the Depository Participant.   NON-INTENTION TO NOMINATE (Mandatory for new Folios of I	(if available)         t Form)         D       D       /       M       M       /       Y       Y         NRE*       FCNR*       Others(* For NRI Integration of the state)
Payment Mode       Cheque       DD       RTGS       NEFT       Fund Transfer       Cheque/RTGS/NEFT/DD/FT Date         Cheque/DD/RTGS/NEFT No.       Payment from Bank A/c. No.       Bank Name       Payment from Bank A/c. No.         Investment Amount (Rs.)       (i)       Bank Name       Bank Name       Bank Name         DD charges (Rs.)       (ii)       Bank Name       Branch       Created Stateshed to avoid Third Party Payment Rejection where applicable :       Third Party Declarations       B         Documents attached to avoid Third Party Payment Rejection where applicable :       Third Party Declarations       B         MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account form is attached to avoid Third Party Payments).       C)         C) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (AI       First SIP Cheque Details :       Drawn on Bank A/c. No.         Cheque No.       Image: Antional Cheque No.       Image: Antional Cheque Sign Antional Cheque Sign Antional Cheque Sign Antional Cheque No.       Bank Name         SIP Date (~)       Monthly (Default^*): 3rd       10th (Default^*)       If the Date (M M Y Y)       Branch         Drawn on Bank A/c.       Bank       Bank       Demeted SiP Amount (Rs.)	D D / M M / Y Y Y NRE* FCNR* Others (* For NRI In
Cheque/DD/RTGS/NEFT No.       Payment from Bank A/c. No.         Investment Amount (Rs.) (i)       Bank Name         DD charges (Rs.) (ii)       Branch         Total Amount (Rs.) (i + ii)       A/c. Type (*) Current Savings NR(         Documents attached to avoid Third Party Payment Rejection where applicable :: Third Party Declarations []       MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account form is attached (Refer important instruction No. 11 on the Third Party Payments).         C) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (AI         First SIP Cheque Details :       Drawn on Bank A/c. No.         Cheque No.       Bank Name         SIP Date (~)       Monthly (Default^): 3rd   10th (Default^)    7th    26th    30th <sup>##</sup> SIP Period       Start Date       M M Y Y         Bank       Default ^//>       Bank         Derawn on Bank A/c.       Bank         Drawn on Bank A/c.       Bank         Drawn on Bank A/c.       Bank         Drawn on Bank A/c.       Bank         DerAd CCOUNT DETAILS       Please ensure that unit holders are given an option to hold the units in demat form in addition to account statement as mentioned in the application form matches with the Depository Participant.         NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is singles I//We       Sole/First Appli	* NRE* FCNR* Others (* For NRI In
Investment Amount (Rs.) (i)       Bank Name         DD charges (Rs.) (ii)       Bank Name         DD charges (Rs.) (iii)       Branch         Total Amount (Rs.) (i + iii)       A/c. Type (*) Current Savings NR(         Documents attached to avoid Third Party Payment Rejection where applicable :       Third Party Declarations in R         MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account for my relationship with the bank account holder (*) arrent Grandparent Employee Custodian Other the Third Party Declarations in the bank account holder (*) arrent Grandparent Employee Custodian Other the Third Party declaration form is attached (Refer important instruction No. 11 on the Third Party Payments).         C) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (AI         First SIP Cheque Details :       Drawn on Bank A/c. No.         Cheque No.       Bank Name         SIP Date (*)       Monthly (Default*): 3rd 10th (Default*) 17th 26th 30th ## All Dates Quarter         SIP Period       Start Date       M Y Y         Bank       Default */ Y       Bank         DEMAT ACCOUNT DETAILS       Bank       Default */ Y         Plase ensure that unit holders are given an option to hold the units in demat form in addition to account stateme as mentioned in the application form matches with the Depository Participant.         NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding in respect of Signature(s	
DD charges (Rs)       (ii)       Branch       Branch         Total Amount (Rs.)       (i + ii)       A/c. Type (*) Current Savings NRd         Documents attached to avoid Third Party Payment Rejection where applicable :       Third Party Declarations B         MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account form is attached (Refer important instruction No. 11 on the Third Party Payments).         C) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (AI         First SIP Cheque Details :       Drawn on Bank A/c. No.         Cheque No.       D         Cheque Date       D         DIP (M M Y Y Y)       Branch         SIP Date (~)       Monthy (Default^): 3rd   0th (Default^)   17th   26th   30th ##   All Dates   Quarter         SIP Period       Start Date       M Y Y       End Date         Darwn on Bank A/c.       Bank       Bank       Demarter         Drawn on Bank A/c.       Bank       Demarter       Bank         Drawn on Bank A/c.       Bank       Demarter       Demarter         Drawn on Bank A/c.       Bank       Demarter       Demarter         Drawn on Bank A/c.       Bank       Demarter       Demarter         DP Name       D       D       D       D         DP 1D	
Total Amount (Rs.) (i + ii)       A/c. Type (~) (current [Savings] NR         Documents attached to avoid Third Party Payment Rejection where applicable :       Third Party Declarations []         MANDATORY DECLARATION :       The details of the bank account provided above pertain to my/our own bank account for more instruction No. 11 on the Third Party Declarations []         MANDATORY DECLARATION :       The details of the bank account provided above pertain to my/our own bank account for mis attached (Refer important instruction No. 11 on the Third Party Payments).         C) SIP :       SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (AI         First SIP Cheque Details :       Drawn on Bank A/c. No.         Cheque Date       D / M M / Y Y Y         SIP Date (~)       Monthly (Default^): [] 3rd [] 0th (Default^) [] 7th [] 26th [] 30th ## [] All Dates [] Quarter         SIP Period       Start Date       M Y Y End Date [] M Y Y [] March 2025 (Default^^)         Each SIP Amount (Rs.)       Cheque Nos. From []       Demate []         Drawn on Bank A/c.       Bank       DEMAT ACCOUNT DETAILS         Please ensure that unit holders are given an option to hold the units in demat form in addition to account stateme as mentioned in the application form matches with the Depository Participant.	
Total Amount (Rs.) (i + ii)       A/c. Type (*) Current Savings NRC         Documents attached to avoid Third Party Payment Rejection where applicable :       Third Party Declarations B         MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account for my relationship with the bank account holder (*)       Parent Grandparent Employee Custodian Other         MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account the Third Party declaration form is attached (Refer important instruction No. 11 on the Third Party Payments).       C)         C) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (AI       First SIP Cheque Details :       Drawn on Bank A/c. No.         Cheque Date       D       / M M / Y Y Y       Branch       G         SIP Date (*)       Monthly (Default^): 3rd 10th (Default^) 17th 26th 30th ## All Dates Quarter       SIP Period       Start Date       M Y Y       End SIP         Drawn on Bank A/c.       Bank       DEMAT ACCOUNT DETAILS       Bank       DEMAT ACCOUNT DETAILS         Please ensure that unit holders are given an option to hold the units in demat form in addition to account statemer as mentioned in the application form matches with the Depository Participant.       Image: Comparison of the application form matches with the Depository Participant.       Image: Comparison of the application in respect of Signature(s)       Sole/First Applicant       Second Applicant         OR       NOMINATIO	
Documents attached to avoid Third Party Payment Rejection where applicable : Third Party Declarations BMANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account for my my/our own bank account for my my/our own bank account for mew folios of Individuals where mode of holding is single if we my for mew folios of Individuals where mode of holding is single if we my for mew folios of Individuals where mode of holding is single if we my for mew folios of Individuals where mode of holding is single if we my for	
If no, my relationship with the bank account holder (~)       Parent Grandparent Employee Custodian Other the Third Party declaration form is attached (Refer important instruction No. 11 on the Third Party Payments).         C) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (AI First SIP Cheque Details :       Drawn on Bank A/c. No.         Cheque No.       D / M M / Y Y Y       Branch         SIP Date (~)       Monthly (Default^): 3rd 10th (Default^) D17th 26th 30th ## All Dates Quarter SIP Period       Start Date M M Y Y End Date M M Y Y         Bank Nonunt (Rs.)       Cheque Nos.       Cheque Nos.       From         Drawn on Bank A/c.       Bank       Bank         Drawn on Bank A/c.       Bank       Bank         Drawn on Bank A/c.       Bank       Cheque Nos.         Drawn on Bank A/c.       Bank       Cheque Nos.         Drawn on Bank A/c.       Bank       Decosition form matches with the Depository Participant.         Image: Drawn on Bank A/c.       Bank       Decosition form in addition to account stateme as mentioned in the application form matches with the Depository Participant.         Image: Dr ID       I       N       Image: Drawn on Parter Par	nk Certificate for Pre-funded Instruments
the Third Party declaration form is attached (Refer important instruction No. 11 on the Third Party Payments).         C) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (AI         First SIP Cheque Details :       Drawn on Bank A/c. No.         Cheque No.       Bank Name         Cheque Date       D / M M / Y Y Y         Branch       Branch         SIP Date (~)       Monthly (Default^): 3rd [10th (Default^) ] 17th [26th [30th ## All Dates ] Quarter         SIP Period       Start Date M M Y Y       Branch         Drawn on Bank A/c.       Bank         Demat ACCOUNT DETAILS       Please ensure that unit holders are given an option to hold the units in demat form in addition to account statemer as mentioned in the application form matches with the Depository Participant.         Image: Imag	
○ () SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (AI         First SIP Cheque Details :       Drawn on Bank A/c, No.         Cheque No.       Bank Name         Cheque Date       D / M M / Y Y Y Y         Branch       Bank Name         Cheque Date       D / M M / Y Y Y Y         Branch       Bank Name         Cheque Date       D / M M / Y Y Y Y         Branch       Bank Name         SIP Date (✓)       Monthly (Default'): 3rd 10th (Default') 17th 26th 30th ## All Dates Quarter         SIP Period       Start Date       M M Y Y         Each SIP Amount (Rs.)       Cheque Nos. From       D         Drawn on Bank A/c.       Bank       DEMAT ACCOUNT DETAILS         Please ensure that unit holders are given an option to hold the units in demat form in addition to account statemed as mentioned in the application form matches with the Depository Participant.         Image:	(Please specify
First SIP Cheque Details :       Drawn on Bank A/c. No.         Cheque No.       D / M M / Y Y Y       Branch         SIP Date ( )       Monthly (Default'):       3rd 10th (Default') 17th 26th 30th ## All Dates Quarter         SIP Date ( )       Monthly (Default'):       3rd 10th (Default') 17th 26th 30th ## All Dates Quarter         SIP Period       Start Date M M Y Y End Date M M Y Y       March 2025 (Default^>)         Each SIP Amount (Rs.)       Cheque Nos.       From         Drawn on Bank A/c.       Bank         DEMAT ACCOUNT DETAILS         Please ensure that unit holders are given an option to hold the units in demat form in addition to account statemer as mentioned in the application form matches with the Depository Participant.         NSDL         DP Name         DP ID         Beneficiary Account No.         NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding in respect of Signature(s)         Sole/First Applicant       Second Applicant         OR         NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single 1/We	
Cheque No.       D / M M / Y Y Y Y       Bank Name         Cheque Date       D / M M / Y Y Y Y       Branch         SIP Date (<)	cheques should be of same date of the months/qu
Cheque Date       D       / M       M       / Y       Y       Y       Branch         SIP Date (*)       Monthly (Default'):       3rd       10th (Default')       17th       26th       30th ##       All Dates       Quarter         SIP Period       Start Date       M       M       Y       End Date       M       Y       March 2025 (Default^^)         Each SIP Amount (Rs.)	
SIP Date (*) Monthly (Default^): 3rd 10th (Default^) 17th 26th 30th ## All Dates Quarter   SIP Period Start Date M Y Y March 2025 (Default^^) Each SIP Amount (Rs.)   Each SIP Amount (Rs.) Cheque Nos. From   Drawn on Bank A/c. Bank <b>DEMAT ACCOUNT DETAILS</b> Please ensure that unit holders are given an option to hold the units in demat form in addition to account statemed as mentioned in the application form matches with the Depository Participant. <b>NSDL</b> DP Name DP Name DP ID I N NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding in respect of Signature(s) Sole/First Applicant Sole/First Applicant OR NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single I/We (Unit holder 1) ,	
SIP Period       Start Date       M       M       Y       End Date       M       M       Y       March 2025 (Default^^)         Each SIP Amount (Rs.)	##
Each SIP Amount (Rs.)   Drawn on   Bank A/c.   Bank      DEMAT ACCOUNT DETAILS   Please ensure that unit holders are given an option to hold the units in demat form in addition to account statement as mentioned in the application form matches with the Depository Participant.    NSDL   DP Name   DP ID   IN   Beneficiary Account No.   NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding in respect of Signature(s)   Sole/First Applicant   OR   NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single I/We	y (10th) ## Last Business Day of the month for I ^ Refer instruction 4b(f)
Drawn on Bank A/c.   Bank   DEMAT ACCOUNT DETAILS Please ensure that unit holders are given an option to hold the units in demat form in addition to account statemer as mentioned in the application form matches with the Depository Participant.   NSDL   DP Name   DP ID   I   N   Beneficiary Account No.   NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding in respect of Signature(s)   Sole/First Applicant   OR   NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single I/We   (Unit holder 1)	^^ Refer instruction 4b(g)
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as mentioned in the application form matches with the Depository Participant.   NSDL   DP Name   DP ID   IN   Beneficiary Account No.   NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holdin   Please    I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of   Signature(s)   Sole/First Applicant   OR   NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single   I/We	
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Please ✓ □ I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of Signature(s)         Signature(s)       Sole/First Applicant         Sole/First Applicant       OR         NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single         I/We       (Unit holder 1)	
Please ✓ □ I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of Signature(s)         Signature(s)       Sole/First Applicant         Sole/First Applicant       OR         NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single I/We	
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Sole/First Applicant     Second Applicant       OR       NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single       I/We     (Unit holder 1)	units subscribed/purchased by me/us.
Sole/First Applicant     Second Applicant       OR       NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single       I/We     (Unit holder 1)	
OR NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single I/We	
NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single I/We(Unit holder 1),	Third Applicant
I/We,,	
I/We,,	(ref. Important Instructi
	(Unit holder 2)
and <u>(Unit holder 3)</u> *do hereby nominate the person(s)	(Ohnt holder 2)
	nore particularly described hereunder/and*/car
nomination made by me/us on the day of in respect of the Units under Folio No	(*strike out which is not app
	ninee / Guardian Proportion (%) in which
of Nomine	THEE / VHIMINIAL - PTODOTION (%) IN Which '
(To be furnished in case the Nominee is a Minor)	
Nominee 1	
	(Optional) units will be shared by ea
Nominee 2	(Optional) units will be shared by ea
	(Optional) units will be shared by ea
Nominee 3	(Optional) units will be shared by ea

CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) 10 [Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]

	Sole / First Applicant Guardian	Second Applicant	Third Applicant
Place and Country of Birth	Place	Place	Place
	Country	Country	Country
Address Type	Residential Business	Residential Business	Residential Business
[for KYC address]	Registered Office	Registered Office	Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	🗌 Yes 🗌 No	🗌 Yes 🗌 No	Yes No
If 'Yes' please fill for all countries	s (other than India) in which you are a Reside	ent for tax purpose i.e. where you are Citizen	/ Resident / Green Card Holder / Tax Resi
Country of Tax Residency#			
Tax Identification Number (TIN) or Functional Equivalent^			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	A B C	A B C	A B C
	he Account Holder is liable to pay tax does no lect this reason only for the authorities of the	t issue TIN to its residents. respective country of tax residence do not rec	quired the TIN to be collected]
Reason C - Others - Please speci	•		د م
	he individual is a citizen / green card holder o		
^ In case Tax Identification Num	ber is not available, kindly provide its function	onal equivalent.	
FATCA / CRS SELF		AL INVESTORS AND THEIR ULTIMA OCIETY / PARTNERSHIP FIRM etc.)	TE BENEFICIAL OWNER (UBO)
Please complete Annexure A &			
•		atures of all unit holders are mandatory	2)
FATCA / CRS DECLARATIO		atures of an unit noticers are manuatory	)
the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation	brised to sign for the Account Holder) of all sleading or misrepresenting, I am aware that I received by the Fund from other SEBI Regis BI Registered Intermediaries to facilitate sing to the above information in future and also	TCA / CRS is true and correct to the best of the account(s) to which this form relates. In of will be responsible for it. I authorize the Fun stered Intermediaries. Further, I authorize the gle submission / updation. I also undertake to undertake to provide any other additional info ose or suspend my account(s) under intimation	case any of the above specified information d to update its records from the FATCA / Fund to share the given information provo bekep the Fund informed in writing about pormation as may be required at the Fund's
OTHER DECLARATIONS			
of the Scheme(s) issued till date, rules and regulations of the Scher disclose my / our details includin my / our bank details provided by make payments referred above th	I / We hereby apply to the Trustees of HSBC me and the above mentioned documents of H ng investment details to my / our bank(s) / HS me / us, or to disclose to such other service p rough participation in ECS / Direct Debit Fac	n Document, Key Information Document, Stat 2 Mutual Fund for units of the relevant Schem SBC Mutual Fund. I / We hereby authorise H SBC Mutual Fund's Bank(s) and / or Distribut roviders as deemed necessary for conduct of b ility. If the transaction is delayed or not effect or representatives responsible. I / We will also ECS / Direct Debit.	he and agree to abide by the terms, conditi SBC Mutual Fund, the AMC and its Agen tor / Broker / Investment Advisor and to vo business. I / We express my / our willingne ted at all for reasons of incomplete or inco-
our bank account. I / We have rea	Non-Residents of Indian Nationality / Origin	and that the funds are remitted from abroad th	nrough approved banking channels or fron

I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. Incase of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

We confirm that we have not issued any bearer shares or share warrants. We also confirm that we will inform the AMC if bearer shares or share warrants are issued subsequently.

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

Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.

Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.

An [MA This	Annexure A - Ultimate Beneficial Owne (MANDATORY for Non-Individual Applicants/Investors) This declaration is NOT needed for Companies that are	<b>te Benefici</b> é idual Applicants/ d for Companie	- Ultimate Beneficial Ownership (UBO) Declaration form or Non-Individual Applicants/Investors] s NOT needed for Companies that are Listed on any recognized stock exchange in	0) Declarat recognized stock	ion form exchange in India	a or is a Subsidiary	/ of such Listed Cc	Annexure A - Ultimate Beneficial Ownership (UBO) Declaration form [MANDATORY for Non-Individual Applicants/Investors] This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company	' such Listed			HSBC
A App PA	A APPLICANT DETAILS: Applicant Name PAN		Folio Nos.					Application No.	.o.			
Δ	CATEGORY [tick (v) applicable category]:	applicable catego	ory]:						-		-	
	Unlisted Company	nership Firm	LLP 🗌 Unincorporated a	association / body	of individuals	Public Charitable T	rust 🗌 Religious J	🗌 Partnership Firm 🔲 LLP 📋 Unincorporated association / body of individuals 🗌 Public Charitable Trust 🔲 Religious Trust 🔲 Private Trust / Trust created by a Will	created by a	Will Others [Specify]	pecify]	
C Pleas given Type > 255' > 150	C DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, ple Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizer given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory. Type of Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships) > 25% control of company > 15% control of Partnership / LLP / Trust / AoP / Bol	E BENEFICIAL ( ; person, confirmin additional sheet(s) nutrol or Benefit d LP/Trust/AoP/	DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms) ist below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Number- rimat can be enclosed as additional sheet(s) duly signed by Authorized Signatory. Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships) control of company control of Partnership / LLP / Trust / AoP / Bol	ace below is no idency / permanen . Signatory. h a chain of contro	t adequate, please it address / citizensh ls or ownerships)	e attach multiple c ip and ALL Tax Ider	leclaration forms) ntification Numbers	C DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms) Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory. Type of Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships) 55% control of company 15% control of Partnership / LLP / Trust / AoP / Bol	. If the given r	ows are not sufficien	nt, required info	ormation in the
If th	If there is no UBO, please declare that there is no holding beneficial interest - striking off the below table and provide signatures under the declaration & signature section.	e that there is no l	holding beneficial interest -	striking off the be	low table and provid	le signatures under	the declaration & sig	gnature section.		-		
Sr. No	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type	% of beneficial interest (Enclose appropriate proof)	Place & Country of Birth / Incorporation	Date of Birth / Incorporation [dd- mm- yyyy]	Address, Address Type* & Contact details [include City, Pin code, State, Country]	Gender [Male, Female, others]	Father's Name	Nationality	Occupation
			Mandatory					Mandatory, if PAN not provided	AN not provid	led		
1.												<ul><li>Service</li><li>Business</li><li>Others</li></ul>
5.												<ul><li>Service</li><li>Business</li><li>Others</li></ul>
3.												<ul><li>Service</li><li>Business</li><li>Others</li></ul>
4.												<ul><li>Service</li><li>Business</li><li>Others</li></ul>
5.												<ul><li>Service</li><li>Business</li><li>Others</li></ul>
* Y	* Address Type should either Residence or Business or Registered Office	sidence or Busines	ss or Registered Office									
I/W awar form subm to kee	e acknowledge and confirm th e that I / We may liable for it. ) provided by me to the Fund iit. In such case, the concerned ep you informed in writing ab	I/ We hereby auft with other SEBI I I SEBI registered i out any changes /	n provided above is / are tru norize you to update your re- Registered Intermediaries to intermediary reserves the rig 'modification to the above ii	e and correct to the cords from the abo facilitate single su ht to reject the appl nformation in futur	e best of my / our kn ve information recei ibmission / updation lication or redeem / r e and also undertake	owledge and belief. Vived by the Fund or f I. In case the above in everse the allotment at provide any othe	In case any of the ab rom other SEBI Reg aformation is not pro of units, if subsequer r additional informat	1 / We acknowledge and confirm that the information provided above is / are true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, 1 / We avere that 1. We hereby authorize you to update your records from the above information received by the Fund or from other SEBI Registered Intermediaries. Further, 1 authorize you to share the beneficial owner information (in this form) provided by me to the Fund with other SEBI Registered Intermediaries. Further, 1 authorize you to share the beneficial owner, with no declaration (in this form) provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered Intermediary reserves the right to reject the application or redeem / reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I/We also undertake to provide any other additional information as may be required at your end.	ound to be false ; I authorize yo t applicant is th s concealed the c end.	e or untrue or mislee ou to share the bene he ultimate beneficial e facts of beneficial	ading or misrept ficial owner info al owner, with n ownership. I/W	esenting, I / We prmation (in this to declaration to e also undertake
Date	je											
Place	ee		Autho	Authorised Signatory	_		Authorised Signatory 2	tory 2		Authorised Signatory 3	gnatory 3	

| \*

| <del>X</del> | | |

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## Annexure – B

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## FATCA AND CRS SELF CERTIFICATION FOR NON-INDIVIDUALS

[MANDATORY for Non-Individual Investors] Please turn over for Definitions / Instructions / Guidance



APPLICANT DETAILS												
Applicant Name:												
PAN	Application No			Folio Nos								
Type of address given at KRA 🛛 Residential or Busin	ness Residenti	ial 🗌 Business	Registered Of	fice								
INCOF	<b>REATION</b> and	d TAX RESID	ENCY DETAILS	(Mandatory)								
Place of Incorporation:	Country of Inc	orporation:		Date of In	corporation	:						
Is Entity a tax resident of any country other than India?	Yes No			I								
(If yes, please provide country/ies in which the entity is a res	ident for tax purposes	and the associated	Tax ID number below	v)								
Country of Tax Residency	TIN or e	equivalent numbe	r^	Identificatio	on Type (TI	N or Other, plea	use specify)					
1												
2												
3												
4												
^ In case Tax Identification Number is not available, kindl number or Global Entity Identification Number or GIIN, etc		al equivalent. In ca	se TIN or its function	al equivalent is not avai	able, please	e provide Compa	ny Identification					
In case the Entity's Country of Incorporation / Tax residenc (as per definition E5), please mention the exemption code in			S. Person									
(Please const			AILS (Mandatory	y) A & CRS classification)								
PART A (to be filled by Financial Institu			-	receito etassineatori)								
We are a, (Please ✓ as appropriate) :	GIIN											
Financial Institution (Refer definition A)	Note: If you do not			entification number) but	you are spc	onsored by anoth	er entity, please					
or Direct concerting NEE (Defen definition D)	provide your sponse	or's GIIN above an	nd indicate your spons	sor's name below								
Direct reporting NFE (Refer definition B)	Name of sponsori	ing entity:										
GIIN - Not Available (Please ✓ as appropriate):	Applied for				-							
If the entity is a financial institution,	-		ease specify 2 digits	sub-category	(refer def	inition C)						
	Not obtained	– Non-participa	ing FI									
PART B (please fill any one as appropri	ate, to be filled	by NFEs othe	er than Direct Re	porting NFEs)								
Is the Entity a publicly traded company? No			ne stock exchange on	which the stock is reg	ularly trade	ed)						
(that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)	Name of stock exc	change										
Is the Entity a related entity of a publicly Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)												
traded company? No Name of listed company												
(a company whose shares are regularly traded on an established securities market) (Refer definition D2) Nature of relation: Subsidiary of the Listed Company OR Controlled by a Listed Company												
Name of stock exchange												
Is the Entity an Active NFE?     No     Yes     Also provide UBO Form       (Refer definition D3)     Nature of Business												
	Nature of Busines Please specify the		Active NEE	(Mention code - refe	r D3)							
Is the Entity a Passive NFE? No		provide UBO For										
(Refer definition E2)	Yes     Also provide UBO Form       Nature of Business											
# If Passive NFE, please provide the below additional de	tails for each of the	Controlling perso	n. (Please attach add	itional sheets if necessa	iry)							
Sr. Name of UBO Taxpayer Identifica		Country of	Occupation		Father's	Date of	Gender					
No. tion Number / PAN		Birth	Type [Service,	] ]	Name	Birth	[Male, Female, others]					
Equivalent ID Numb	er		Business, Others]			dd/mm/yyyy	othersj					
2												
3												
The Central Board of Direct Taxes has notified Rules 114F personal, tax and beneficial owner information and certain c / appointed agencies. Towards compliance, we may also be from the account or any proceeds in relation thereto. Should there be any change in any information provided by If any controlling person of the entity is a US citizen or resid \$It is mandatory to supply a TIN or functional equivalent if	ertifications and docur required to provide in you, please ensure yo ent or green card hold	mentation from all nformation to any ou advise us promp er, please include U	our account holders. In institutions such as wi tly, i.e., within 30 days Inited States in the fore	n relevant cases, informa thholding agents for the s. eign country information	tion will hav purpose of field along v	we to be reported t ensuring appropr with the US Tax Io	to tax authorities iate withholding dentification No.					
an explanation and attach this to the form.	•	-		,								
			IGNATURE(S)									
I acknowledge and confirm that the information provided wi case any of the above specified information is found to be fal I authorize the Fund to update its records from the FATCA / Intermediaries. Further, I authorize the Fund to share the giv facilitate single submission / updation. I also undertake to ke information in future and also undertake to provide any oth tax authorities. I authorize the Fund / AMC / RTA to close of	lse or untrue or mislead CRS information provident en information provident ep the Fund informed er additional informat	ding or misrepresent vided by me and re ed by me to the Fur in writing about an ion as may be requ	nting, I am aware that I ceived by the Fund fro nd with other SEBI Re y changes / modification irred at the Fund's end	will be responsible for it om other SEBI Registered gistered Intermediaries to on / updation to the above l and / or by the domestic	:. 1 0 e c							
Date : / Place :					Authoriz / Trust	zed Signatories / Firm / Body C	[with Company Corporate seal]					