	DISTRIBUTOR INFORMATION (Onl	Global Asset Manag						
	Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub code	EUIN				
	165491			E090535	App. E No.:			
	[^] By mentioning RIA code, I / we authorise yo transactions in the schemes(s) of HSBC Mutual F		ed Investment Adviser (RI	A) the details of my / our	NO.:			
	I / We hereby confirm that the EUIN box has interaction or advice by the employee / relation	ransactions in the schemes(s) of HSBC Mutual Fund. I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker. or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker.						
	Sole / First Applicant / Authorised Signatory	Second Applicant / Authorised Signa	tory Third Applicant	/ Authorised Signatory				
	TRANSACTION CHARGES (Please t	ick any one of the below Refer	noint 5 on nage 28 regs	ording transaction charge	es annlicability)			
	I AM A FIRST TIME MUTUAL FU			N EXISTING INVEST				
	(₹ 150 will be deducted as transaction cha		d more) (₹ 100 w	vill be deducted as transactio	n charge for per purchase of ₹ 10,000 and			
	APPLICANT'S INFORMATION [Pleased and a second secon	se fill in your Folio No. below. In case	of existing folio, furnish only	KYC and PAN details below	(if not provided earlier) and proceed to Sec			
	Folio No.	Pleas			ng will be as per existing Folio Nu			
	SOLE/FIRST APPLICANT'S PERSON	AL DETAILS AS APPEARIN			ada.? (✓) Yes No ^{‡‡} □ ^{‡‡} Default if no			
	Name [^] Mr Ms M/s		Should match with					
	Date of Birth ~ [‡] (Mandatory) D D M M	f Y Y Y Y		ed (\checkmark) Birth Certificat ssued by HSC State Board				
	KYC Identification No. (KIN) ‡‡		TT71 4 11	much and the set of the set				
	Aadhaar Number**			number has not been assign plication of enrollment of A				
	PAN** (Mandatory)			closed (\checkmark) PAN card C				
					.12			
	Nationality‡ GUARDIAN NAME [*] (if Sole / First app	licant is a Minor) Contact B-	Country of Re					
	Mr Ms M/s	neant is a willor) Contact Pe	son (in case of inon-ind	invitual investors only)				
	KYC Identification Number (KIN) ^{‡‡}							
			Where Aadhaa	r number has not been ass	igned · Please enclose -			
	Aadhaar Number**			oplication of enrollment of				
	PAN** (Mandatory)		^	closed (\checkmark) PAN card C				
	Natural Guardian ⁺ (Father or Mother)	Legal Guar	dian ⁺⁺ (court appointed (Juardian)				
	* Document evidencing relationship with Guardia				pintment letter, affidavit etc. to support.			
1	Status of Sole / 1st Applicant (Resident Individual Resident Minor (through Guardian) Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Re - Minor (Repatriable) Non-Resident – Minor (Non-Repatriable) Bank FPIs QFI/EFI AOP HUF FPI Sole-Proprietor Private Limited Company I Limited Co. Body Corporate Partnership Firm Trust NPS Trust Fund of Fund Gratuity Fund Pension and Retirement Fund Government Body NGO Society LLP PIO Non Profit Organisation Global Development Network Foreign Nationals [Specify Country] Others [Specify]							
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CONTACT DETAILS AND CORRESPONDENCE ADDRESS								
Address for Correspondence [‡] [P.O. Box Address is NOT sufficient] (Should	be same as in KRA records)							
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(Mandatory in case of NRI / FPI applicant in addition to mailing address) (Should	be same as in KRA records)							
State Country (M	Iandatory) Zip Code							
JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (\checkmark) when								
	It if not mentioned)							
NAME [^] OF SECOND APPLICANT (Not applicable if Sole / First Applicant is a Minor and								
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PAN** (Mandatory)	Proof to be enclosed (\checkmark) \square PAN card Copy							
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Contact us at hsbcmf@camsonline.com

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Dian								
Plan Option/Sub-Option	Dividend Payout	Dividend Reinvestment	Divider	(default) Divid		Divider	(default) D d Payout	
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DD charges (Rs.) (ii)								
Total Amount (Rs.) (i + ii)								
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Documents attached to avo MANDATORY DECLARA If no, my relationship with th form is attached (Refer impo	TION : The details of the bank account holder (+ ortant instruction No. 10	he bank account provided abo Parent Grandparent on the Third Party Payments	ove pertain to my tEmployee s).	Custodian Othe	int in my/our name rs	e 🗌 Yes 🗌 No. (Plea	se specify); and t	
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CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) [Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]

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Itick J the reason A, B or C Reason A - The country where the Account Holder is liable to pay tax does not issue TIN to its residents. Reason B - No Tix required [select this reason only for the authorities of the respective country of tax residence do not required the TIN to be collected] Reason B - Colhers - Please specify the reason J To also include USA, where the individual is a citizen / green card holder of USA. A To aso a Tox Identification Number is not available, kindly provide is functional equivalent. FACCA / CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBD) (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.) Preserved and confirm that the information provided with respect to FATCA / CRS is true and correct to the best of my knowledge and belief. I certify that Account Holder of usin the account Holder of the account society on which this form relates. In case any of the above specifical information provided by me and received by the fund from other SEBI Registered Intermediating. Further, L authorize the Fund outpate is records from the ATCA / CRS is true and correct to the best of my knowledge and belief. I certify that Account Holder of the Account Holder on the SEBI Registered Intermediating. Further, L authorize the Fund outpate is records from the ATCA / CRS is true and context to the SEBI Registered Intermediating to multicity. Further, L authorize the Fund information provide by the domestic tax authorities. L authorize the Fund is a structure and the account Holder of the above information in future and ab undertake to provide any other additional information and were the Foud information in future and abunder tax (C) to classer and the account Holder on the CSEI Registered Intermediates in account and the above information in future and abunder tax (C) to classer and the above information and the above information in future and abunder tax (C) and ceqalations made theremender) and CHSE	Other, please specify)								
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FATCA / CRS DECLARATION 1 acknowledge and confirm that the information provided with respect to FATCA / CRS is true and correct to the best of my knowledge and belief. 1 certify the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information provided by me and received by the fund from other SEIBL Registered Intermediaries. In case any of the above specified information provided by me and received by the fund from other SEIBL Registered Intermediaries. Further, 1 authorize the Fund information in provided by the and received by the fund from other SEIBL Registered Intermediaries to facilitate single submission / updation. 1 also undertake to keep the Fund information in my timure and also undertake to provide any other additional information as may be required at the Fund and/or by the domestic tax authorizes the Fund / AMC / RTA to close or suspend my account(s) under intimation to me for non-submission of document CONSENT FOR UPDATION AND VALIDATION OF AADHAAN (We hereby provide my / our consent in accordance with Aadhaar Act, 2016 (and regulations made thereunder) and PMLA. (We hereby provide my/ our consent for sharing/disclosing of my adhaar rumber(s) in inclung demographic information with the asset management companies of registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. OTHER DECLARDIONE Having read and understood the contents of the Scheme Information Document, Key Information Document, Statement of Additional Information and Addenda. Scheme(s) issued till due to a contex of HSBC Mutual Fund, if twe here yauthorises HSV ewelty for a bioke by the terns, conditions, my / our bank(s) / HSBC Mutual Fund, if twe here yauthorises HSV ewelty foroker / Investment Advisor and to verify my a	Please complete Annexure A &	: B							
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Having read and understood the contents of the Scheme Information Document, Key Information Document, Statement of Additional Information and Addenda Scheme(s) issued till date, 1/We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to abide by the terms, conditions, rule regulations of the Scheme (s) issued till date, 1/We hereby apply to the Trustees of HSBC Mutual Fund S Bank(s) and / or Distributor / Broker / Investment Advisor and to verify my bank details including investment details to my / our bank(s) / HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Investment Advisor and to verify my bank details provided by me / us, or to disclose to such other service providers as deemed necessary for conduct of business. 1 / We express my / our willingness to payments referred above through participation in ECS / Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or ine information, 1 / We would not hold the Fund, the AMC, tis service providers or representatives responsible. I / We will also inform the AMC, about any changes ir our bank (s) / HSBC Mutual Fund S Dank(s) - Mew (s) and the advise and agreed to the terms and conditions for ECS / Direct Debit. I / We confirm that 1 am / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or fro / our NRE / NRO / FCNR Account (<i>Applicable to NRI</i>). I / We confirm that the details provided by me / us are true and correct. I / We hereby declare that the amount being invested by me/us in the Scheme(s) is through legit sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any other applicable laws or Notifications issued by any governm or statutory authority from time to time. I / We acknowledge that the AMC has not considered my / our tax position in particular and that I / we should seek tax a on the specific tax implications arising out of my /	-	egistrar and mansfer Agent (KTA) for the	purpose of updating the same in my/c						
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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.