Common Application Form for Equity and Fund of Funds Schemes

HSBC

(To be Filled in BLOCK LETTERS only)

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units)

Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub code	EUIN
ARN-6136			E033574

Application No. : E

^ By mentioning RIA code, I / we authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions 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 Signatory | Third Applicant / Authorised Signatory

For Office Use Only

1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 26 regarding transaction charges applicability)

☐ I AM A FIRST TIME MUTUAL FUND INVESTOR
(₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUND
(₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

2 APPLICANT'S INFORMATION [Please 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 Section 3]

Folio No. ______ Please note that applicant details and mode of holding will be as per existing Folio Number.

SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON PAN CARD Are you a resident of Canada.? (✓) Yes ☐ No‡‡ ☐ ‡‡ Default if not ticked.

Name Mr Ms M/s ______ Should match with PAN Card

Date of Birth ~‡ (Mandatory) D D M M Y Y Y Y ~ Proof Enclosed (✓) ☐ Birth Certificate ☐ School Leaving Certificate ☐ Passport ☐ Marksheet issued by HSC State Board ☐ Others________________ (please specify)

KYC Identification Number (KIN) ‡‡ ______

PAN** (Mandatory) ______
Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof*.

Nationality‡ ______ Country of Residence ______

Guardian Name (if Sole / First applicant is a Minor) **Contact Person** (in case of Non-individual Investors only)
Mr Ms M/s ______

KYC Identification Number (KIN) ‡‡ ______

☐ Natural Guardian+ (Father or Mother) ☐ Legal Guardian++ (court appointed Guardian)

+ Document evidencing relationship with Guardian ++ In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

PAN** (Mandatory) ______
Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof*.
PAN/KYC not required for contact person but required for Guardian of Minor

Status of Sole / 1st Applicant (Please ✓) : ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ Non-Resident (Repatriable) ☐ Non-Resident (Non-Repatriable) ☐ Non-Resident - Minor (Repatriable) ☐ Non-Resident – Minor (Non-Repatriable) ☐ Bank ☐ FPIs ☐ QFI/EFI ☐ AOP ☐ HUF ☐ FPI ☐ Sole-Proprietor ☐ Private Limited Company ☐ Public Limited Company ☐ Body Corporate ☐ Partnership Firm ☐ Trust ☐ NPS Trust ☐ Fund of Fund ☐ Gratuity Fund ☐ Pension and Retirement Fund ☐ Government Body ☐ NGO ☐ BOI ☐ Society ☐ LLP ☐ PIO ☐ Non Profit Organisation ☐ Global Development Network ☐ Foreign Nationals [Specify Country] ______ ☐ Others [Specify] ______

3 KYC DETAILS [Mandatory (Details of Guardian in case the unitholder is a minor)]

Investors are requested to complete the KYC section for Joint holders & POA also, as applicable

3a. Occupation Details (Please ✓) : ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ______ ☐ Doctor ☐ Forex Dealer ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify] ______

3b. Gross Annual Income (Please ✓) : ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore

OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y

3c.

For Individuals [Tick (✓) if applicable] :	**For Non-Individual Investors (Companies, Trust, Partnership etc.) :**	
☐ Politically Exposed Person (PEP)	I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach mandatory UBO Declaration)	☐ Yes ☐ No
☐ Related to a Politically Exposed Person (PEP)	II. Foreign Exchange / Money Changer Services	☐ Yes ☐ No
☐ Not Applicable	III. Gaming / Gambling / Lottery/ Casino Services	☐ Yes ☐ No
	IV. Money Lending / Pawning	☐ Yes ☐ No

3d. For Non Individual Investors - Identification of Beneficial Ownership

Mandatory UBO Declaration form duly filled and signed attached.
(Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) ☐ Yes ☐ No

* W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 10 under Important Instructions).

** 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 8 under Important Instructions. However, for Micro SIP Investment Please see Instruction 4C.

‡ Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

‡‡ W.e.f February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

...continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.

Application No. : E

Received from Mr Ms M/s ______

Folio No. ______ application for Units of Scheme ______

Option / Sub-option ______ ☐ Lumpsum investment alongwith Cheque / DD No. ______

Dated ______ Drawn on (Bank) ______ Amount (Rs.) ______

☐ SIP Investment ☐ Total Cheques ______ ☐ **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 processing is subject to final verification.

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Address for Correspondence‡ [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

City | Pin Code

State | Country

Contact Details | Phone | O / R | Extn. | Fax | Mobile

e-mail~

~ On providing e-mail id investors shall receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents and marketing material by email

Overseas Address / Registered Address in case of Non-Individual investors
(Mandatory in case of NRI / FPI applicant in addition to mailing address) (Should be same as in KRA records)

City

State | Country (Mandatory) | Zip Code

5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)

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 resident of Canada.? (✓) Yes ☐ No‡‡ ☐ ‡‡ Default if not ticked.

Mr Ms M/s — Should match with PAN Card

KYC Identification Number (KIN) ‡‡ | **PAN**** (Mandatory)

Date of Birth D D M M Y Y Y Y | Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof*.

Nationality | Country of Residence

a. **Occupation** (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify]

b. **Gross Annual Income** (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore | **OR** | **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. **Others** (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

NAME OF THIRD APPLICANT (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor) Are you a resident of Canada.? (✓) Yes ☐ No‡‡ ☐ ‡‡ Default if not ticked.

Mr Ms M/s — Should match with PAN Card

KYC Identification Number (KIN) ‡‡ | **PAN**** (Mandatory)

Date of Birth D D M M Y Y Y Y | Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof*.

Nationality | Country of Residence

a. **Occupation** (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify]

b. **Gross Annual Income** (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore | **OR** | **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. **Others** (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

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 — Should match with PAN Card

KYC Identification Number (KIN) ‡‡ | Date of Birth D D M M Y Y Y Y

PAN** (Mandatory) Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof*.

PoA copy notorised or the original copy of PoA needs to be submitted in case of Investment through PoA.

Nationality | Country of Residence

a. **Occupation** (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify]

b. **Gross Annual Income** (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore | **OR** | **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. **Others** (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

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CALL US AT

HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:

● **Ahmedabad** : Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● **Bengaluru** : No. 7, Hsbc Center, M.G. Road, Bengaluru - 560 001. ● **Chennai** : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● **Hyderabad** : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 50082. ● **Kolkata** : Jasmine Tower, 1St Floor, 31, Shakespeare Sarani, Kolkata - 700 017. ● **Mumbai** : 16, V.N. Road, Fort, Mumbai - 400 001 ● **New Delhi** : 3Rd Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. ● **Pune** : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411011.

TOLL FREE NUMBER : 1800 200 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our customer care centre.

6 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines) (refer Instruction No. 3 for Multiple Bank Account Registration details)

Core Banking A/c No. | A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE* * For NRI Investors

Bank Name

Branch Address

MICR Code (9 digit number next to your Cheque No.) | RTGS IFSC Code (For Rupees Two lakhs and above) | NEFT IFSC Code (For less than Rupees Two lakhs)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above. Mentioning your 11 digit RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us transfer the amount to your bank account quicker, electronically.

7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please (✓) Scheme / Option / Sub-Option) (refer Important Instruction No. 11 on Third Party Payments)

Scheme (✓) ☐ HEF ☐ HIOF ☐ HIEF ☐ HMEF ☐ HTSF ☐ HDF ☐ HEMF ☐ HDYEF ☐ HBF ☐ HAPDF ☐ HGCOF
☐ HMS-Conservative ☐ HMS-Growth ☐ HMS - Moderate **Plan** _____

Option / Sub-option (✓) ☐ Growth (default) ☐ Dividend Reinvestment** ☐ Dividend Payout ** Not applicable in case of HTSF

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 be allotted as per the scheme name mentioned on the application only.

☐ A) SIP : SYSTEMATIC INVESTMENT PLAN (For SIP through ECS Debit Clearing) (Please fill up SIP Auto Debit Form and attach with this)

First SIP Cheque/DD Details : Cheque/DD No. | Cheque/DD Date (D D / M M / Y Y Y Y)

Drawn on Bank A/c. No. | Bank Name & Branch

MICRO SIP (Refer Note No. 4C on page 26) Date of Birth (D D M M Y Y Y Y) | Supporting Document type* | Reference No. (if available)

*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 Debit Form)

Payment Mode ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Fund Transfer | Cheque/RTGS/NEFT/DD/FT Date (D D / M M / Y Y Y Y)

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 ☐ NRO* ☐ NRE* ☐ FCNR* ☐ Others_____ (* For NRI Investors)

Documents attached to avoid Third Party Payment Rejection where applicable : ☐ Third Party Declarations ☐ Bank Certificate for Pre-funded Instruments

MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account in my/our name ☐ Yes ☐ No.

If no, my relationship with the bank account holder (✓) ☐ Parent ☐ Grandparent ☐ Employee ☐ Custodian ☐ Others _____ (Please specify); and 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)] (All cheques should be of same date of the months/quarters)

First SIP Cheque Details : Drawn on Bank A/c. No.

Cheque No. | Bank Name

Cheque Date (D D / M M / Y Y Y Y) | Branch

SIP Date (✓) **Monthly** (Default^): ☐ 3rd ☐ 10th (Default^) ☐ 17th ☐ 26th ☐ 30th ## ☐ All Dates ☐ **Quarterly** (10th)

SIP Period Start Date (M M Y Y) End Date (M M Y Y) ☐ March 2025 (Default^^)

Each SIP Amount (Rs.) | Cheque Nos. From | To

Drawn on Bank A/c. Bank Branch

8 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 per current practice and the sequence of names as mentioned in the application form matches with the Depository Participant.

	NSDL	CDSL
DP Name		
DP ID	I N	N A
Beneficiary Account No.		

9 NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

Please ✓ ☐ **I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.**

Signature(s)	Sole/First Applicant	Second Applicant	Third Applicant

OR

NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 15)

I/We _____ (Unit holder 1), _____ (Unit holder 2)

and _____ (Unit holder 3) *do hereby nominate the person(s) more particularly described hereunder/and*/cancel the nomination made by me/us on the _____ day of _____ in respect of the Units under Folio No. _____ (*strike out which is not applicable)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian (To be furnished in case the Nominee is a Minor)	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee‡
Nominee 1				
Nominee 2				
Nominee 3				

‡ the aggregate total should be 100%.

...continued overleaf

10 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]

FATCA / CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)

	Sole / First Applicant Guardian	Second Applicant	Third Applicant
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ 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 (other than India) in which you are a Resident for tax purpose i.e. where you are Citizen / Resident / Green Card Holder / Tax Resident in the respective countries

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

Reason A - The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
Reason B - No TIN required [Select this reason only for the authorities of the respective country of tax residence do not required the TIN to be collected]
Reason C - Others - Please specify the reason _____

To also include USA, where the individual is a citizen / green card holder of USA.
^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

FATCA / CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBO) (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.)

Please complete Annexure A & B

11 DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)

FATCA / CRS DECLARATION

I acknowledge 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 I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA / CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. I also undertake to keep the Fund informed in writing about any changes / modification / updation to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund / AMC / RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

OTHER DECLARATIONS

Having read and understood the contents of the Combined Scheme Information Document, Key Information Document,Statement of Additional Information and Addenda of the Scheme(s) issued till date, I / We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to abide by the terms, conditions, rules and regulations of the Scheme and the above mentioned documents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund, the AMC and its Agents to disclose my / our 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 / our bank details provided by me / us, or to disclose to such other service providers as deemed necessary for conduct of business. I / We express my / our willingness to make 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 incorrect information, I / We would not hold the Fund, the AMC, its service providers or representatives responsible. I / We will also inform the AMC, about any changes in my / our bank account. I / We have read and agreed to the terms and conditions for ECS / Direct Debit.

I / We confirm that I am / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account *(Applicable to NRI)*.

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 legitimate 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 governmental 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 advice on the specific tax implications arising out of my / our participation in the Scheme. I / We have understood the details of the Scheme and I / We have not received nor been induced by any rebate or gifts, directly or indirectly,in making this investment. I / We confirm that the ARN holder has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

I / We confirm that I / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. *(Applicable for Micro SIP investments only)*.

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.

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

HSBC Global Asset Management

A APPLICANT DETAILS:

Applicant Name			
PAN		Folio Nos.	Application No.

B CATEGORY [tick (✓) applicable category]:

☐ Unlisted Company ☐ Partnership Firm ☐ LLP ☐ Unincorporated association / body of individuals ☐ Public Charitable Trust ☐ Religious Trust ☐ Private Trust/ Trust created by a Will ☐ Others [Specify] _____

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)

> 25% control of company

> 15% control of Partnership / LLP / Trust / AoP / BoI

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.

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					
1.												☐ Service ☐ Business ☐ Others
2.												☐ Service ☐ Business ☐ Others
3.												☐ Service ☐ Business ☐ Others
4.												☐ Service ☐ Business ☐ Others
5.												☐ Service ☐ Business ☐ Others

* Address Type should either Residence or Business or Registered Office

I / 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, I / We aware that I / We may liable for it. I/ We hereby authorize you to update your records from the above information received by the Fund or from other SEBI Registered Intermediaries. Further, I authorize you to share the beneficial owner information (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 keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Date _____ Place _____	**Authorised Signatory 1**	**Authorised Signatory 2**	**Authorised Signatory 3**

Annexure – B

HSBC Global Asset Management

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 Business ☐ Residential ☐ Business ☐ Registered Office

INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

Place of Incorporation:	Country of Incorporation:	Date of Incorporation:

Is Entity a tax resident of any country other than India? ☐ Yes ☐ No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)

	Country of Tax Residency	TIN or equivalent number^	Identification Type (TIN or Other, please specify)
1			
2			
3			
4			

^ In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box (Refer instruction D4):	

FATCA and CRS DETAILS (Mandatory)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, (Please ✓ as appropriate) : ☐ Financial Institution (Refer definition A) or ☐ Direct reporting NFE (Refer definition B)	**GIIN** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Note:** If you do not have a GIIN (Global Intermediary Identification number) but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below **Name of sponsoring entity:**
GIIN - Not Available (Please ✓ as appropriate): If the entity is a financial institution,	☐ **Applied for** ☐ **Not required to apply for - please specify 2 digits sub-category** ☐☐ **(refer definition C)** ☐ **Not obtained – Non-participating FI**

PART B (please fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

Is the Entity a publicly traded company? **No** ☐ (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)	**Yes** ☐ (If yes, please specify any one stock exchange on which the stock is regularly traded) **Name of stock exchange** _____
Is the Entity a related entity of a publicly traded company? **No** ☐ (a company whose shares are regularly traded on an established securities market) (Refer definition D2)	**Yes** ☐ (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) **Name of listed company** _____ **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** ☐ (Refer definition D3)	**Yes** ☐ Also provide UBO Form ☐ **Nature of Business** _____ **Please specify the sub-category of Active NFE** ☐☐ (Mention code - refer D3)
Is the Entity a Passive NFE? **No** ☐ (Refer definition E2)	**Yes** ☐ Also provide UBO Form ☐ **Nature of Business** _____

If Passive NFE, please provide the below additional details for each of the Controlling person. (Please attach additional sheets if necessary)

Sr. No.	Name of UBO	Taxpayer Identification Number / PAN / Equivalent ID Number	Place of Birth	Country of Birth	Occupation Type [Service, Business, Others]	Nationality	Father's Name	Date of Birth dd/mm/yyyy	Gender [Male, Female, others]
1									
2									
3									

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification No.

$It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

DECLARATION & SIGNATURE(S)

I acknowledge and confirm that the information provided with respect to FATCA / CRS is true and correct to the best of my knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA / CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. I also undertake to keep the Fund informed in writing about any changes / modification / updation to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and / or by the domestic tax authorities. I authorize the Fund / AMC / RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

Date : ____ / ____ / _____ Place : _____

Authorized Signatories [with Company / Trust / Firm / Body Corporate seal]