

# **Common Application Form**

(To be Filled in BLOCK LETTERS only)

ISC Stamp, Signature & Date

Live hereby confirm that by mentioning RIA code, Live authorics you to show with the SEBI Registered Investment Advisor					
		manager/sales person of the above	distributor/sub broker of	r notwithstanding	
	uvice of in-appropriateness, if any, provided by	the employee/relationship manager	/ sales person of the distri	butor/sub broker.	
	ble/First Applicant/Authorised Signatory Sec	ond Applicant/Authorised Signatory	Third Applicant/Author	rised Signatory	
TRANSACTION CHARGES (PIC	ase tick any one of the below. Ref	fer point 6 on page 126	regarding transaction	charges applicability)	
☐ I AM A FIRST TIME MUTUAL FU	JND INVESTOR	I AM AN	EXISTING INVESTOR	OR IN MUTUAL FUND	
APPLICANT'S INFORMATION [1	Please fill in your Folio No. below. In case	e of existing folio, furnish on	ly KYC and PAN details b	pelow (if not provided earlier) and proceed to Section	
Folio No.	Please	note that applicant det	ails and mode of hold	ling will be as per existing Folio Number.	
SOLE/FIRST APPLICANT'S PERSON	AL DETAILS	Are you a resident	t of USA/Canada? (✓)	Yes No <sup>**</sup> (** Default if not ticked)	
Name <sup>£</sup> Mr Ms M/s					
Date of Birth ~ 1£ (Mandatory) D D M	M Y Y Y Y		` / 🗀		
KYC Identification No. (KIN) ‡‡					
PAN** <sup>£</sup> (Mandatory)		Proof to be enclo	osed (✔) ☐ PAN card	Сору	
Nationality‡		Country of Resi	idence		
	icant is a Minor) Contact Persor	n (in case of Non-indivi	dual Investors only)		
KYC Identification Number (KIN) ‡‡					
PAN** (Mandatory)		Proof to be encl	osed (✓) ☐ PAN card	Сору	
			y of the court appointmen	t letter affidavit etc. to support	
- Minor (Repatriable)  Non-Resident – Min Limited Co. Body Corporate Partnersh Society LLP PIO Non Profit Or	or (Non-Repatriable)	Is QFI/EFI AOP nd of Fund Gratuity Furetwork Foreign Nationa	HUF FPI Sole	Proprietor Private Limited Company Publiment Fund Government Body NGO BC	
Occupation ( ): Private Sector Service	Public Sector Service Government S	Service Professional	-		
Gross Annual Income (Please ✓):					
• • •	Von-Individuals) ₹ Net-worth	should not be older than	as on (date)	D D M M Y Y Y Y	
<b>For Individuals</b> [Tick (✓) if applicable]:	,	•	• '		
			ted Company or Contro	olled by a Listed Company Yes N	
7 1	*	•		Yes N	
1	III. Gaming/Gambling/Lottery/	Casino Services		Yes N	
SOLE/FIRST APPLICANT'S PERSONAL DETAILS  Are you a resident of USA/Canada? (*) Yes No¹ (*) Default if not ticked)  Name* Mr Ms M/s  Date of Birth "‡\$ (Mandatory)					
				rolled by a Listed Company) Yes No	
	(100 Required for a Eisten Com				
Live hereby confirm that by mentioning RIA code, Live authorize you to share with the NEIII Registered Investment Advisor   Class the details of my o'm transactions in the selements of HSSC Mattral Fland.					
	W.e.f. January 1, 2008, PAN number is Manda Instructions for filling up the Application Form. W.e.f. January 1, 2011, all the applicants need to are required to complete the uniform KYC production.	o be KYC Compliant irrespective of the cess (for details refer point 10 under I	he amount invested (include important Instructions). W.	ling switch). W.e.f. Janua e.f. February 1, 2017, N	ary 1, 2012, applicants who are not KYC complia ew individual investors who have never done KY
	W.e.f. January 1, 2008, PAN number is Manda Instructions for filling up the Application Form. W.e.f. January 1, 2011, all the applicants need to are required to complete the uniform KYC produnder KRA (KYC Registration Agency) regime Please note that information sought here will be	o be KYC Compliant irrespective of the cess (for details refer point 10 under I and whose KYC is not registered or work obtained from KRA also. In case of a	he amount invested (include important Instructions). Waverified in the KRA system any differences, the KRA in	ling switch). W.e.f. Janua e.f. February 1, 2017, N will be required to fill the aput will apply.	ary 1, 2012, applicants who are not KYC complia ew individual investors who have never done KY he new CKYC form while investing with the Fund
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Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification

Address for Correspondence <sup>‡</sup> [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)  City  Pin Code  State  Country  Contact Details  Mobile No.  Mobile belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian PO/  ‡E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian PO/  ‡E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian PO/  ‡E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian PO/  ‡E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian PO/  Yes No † I / We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents If unticked, by default the above will be sent on email.  Overseas Address/Registered Address in case of Non-Individual investors (Mandatory) case of NRI/FPI applicant in addition to mailing address) (Should be same as in K  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 USA/Canada? (*) Yes No <sup>11</sup> ("Default if not ticked.)  Mr MsM/s
Contact Details  Mobile No.  Mobile belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA  *E-mail - 1  E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA  *E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA  *E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA  *Yes No *I/We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents If unticked, by default the above will be sent on 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 K    City   State   Country (Mandatory)   Zip Code
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Contact Details  Mobile No.
Contact Details  Mobile No.
Mobile No.    Tel, (Res./Offi.)   Tel, (Res./O
Mobile belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA
#E-mail - 1  Email ID to be filled in CAPITAL LETTERS  E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA  #E-mail - 2  Email ID to be filled in CAPITAL LETTERS  E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA  Yes No
E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA  *E-mail - 2  Email ID to be filled in CAPITAL LETTERS  E-mail belongs to: Self Spouse Guardian (to Minor investment) Dependant Children Dependant Parents Dependant Siblings Custodian POA  Yes No *I/We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents for unticked, by default the above will be sent on 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 K  State Country (Mandatory) Zip Code  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 USA/Canada? (*) Yes No <sup>11</sup> (*1Default if not ticked.)
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If unticked, by default the above will be sent on 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 K  State
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State   Country (Mandatory)   Zip Code    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 USA/Canada? (*) Yes   No**   (**Default if not ticked.)
State   Country (Mandatory)   Zip Code
State   Country (Mandatory)   Zip Code
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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 USA/Canada? (*) Yes \( \subseteq \) No <sup>‡‡</sup> \( \subseteq \) tipefault if not ticked.)
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 USA/Canada? (✓) Yes No <sup>11</sup> (1*Default if not ticked.)
Are you a resident of USA/Canada? (✓) Yes ☐ No <sup>**</sup> ☐ (**Default if not ticked.)
Mr MsM/s
DA CRIA D D VV V V V V V
Date of Birth D D M M Y Y Y Y X KYC Identification Number (KIN) ‡‡
PAN** (Mandatory) PAN card Copy PAN card Copy
Nationality Country of Residence
Student □ Business [Nature of Business] □ □ Doctor □ Forex Dealer □ Money lender □ Casino Owner □ Arms manu □ Gambling services offerer □ Money lender □ Pawn Broker □ Others [Please specify] □ Doctor □ Forex Dealer □ Money lender □ Casino Owner □ Arms manu □ Gambling services offerer □ Money lender □ Pawn Broker □ Others [Please specify] □ Doctor □ Porex Dealer □ Money lender □ Casino Owner □ Arms manu □ Casino Owner □ Casino O
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 USA/Canada? (✓) Yes No <sup>‡‡</sup> (‡Default if not ticked.)
Mr Ms M/s
Date of Birth DDMMYYYYY KYC Identification Number (KIN) ‡‡
PAN** (Mandatory) Proof to be enclosed (✓) PAN card Copy
Nationality Country of Residence
<b>a.</b> Occupation (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ H
Student Business [Nature of Business] Doctor Forex Dealer Money lender Casino Owner Arms mar
Gambling services offerer Money lender Pawn Broker Others [Please specify]  b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs Net-worth in Rupees (Mandatory for Non-Individuals)
Gross Annual Income (please ♥): Below ₹ 1-5 Lacs
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 details of PoA holder).
Name Mr Ms M/s
Date of Birth DDMMYYYYY  KYC Identification Number (KIN) ‡‡
PAN** (Mandatory) Proof to be enclosed (✓) PAN card Copy
Nationality Country of Residence
a. Occupation (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ H
Student Business [Nature of Business] Doctor Forex Dealer Money lender Casino Owner
manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify]  b. Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ Net-worth in Rupees (Mandatory for Non-Individuals)
b. Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore ☐ > ₹ 10 Crore ☐ > ₹ 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

# ...continued on next page 🗘

### CALL US AT

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent: Computer Age Management System.

## **TOLL FREE NUMBERS**

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

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Plan	Regular	r		Direc	t				Re	gular				Dire	ect																
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P	Please provide details of your Depo	sitory Participant i	f you wish to hold units in	Demat Form.			
		NSDL				CDSL	
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D	DP ID I N						
В	Beneficiary Account No.						
N	NOMINATION DETAILS (M	andatory for new	folios of Individual Uni	tholders only - wheth	er holding Unit	ts Singly or Jointly	with other holders)
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	/We do hereby nominate the person				ny/our Folio in tl	he event of my/our de	eath and by cancelling
ur.	he nomination(s) made by me/us pr	, ,		2nd Nomin		2J N	<del>.</del>
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-	AN of the Nominee\$						
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	Date of Birth of Nominee**  Allocation % to each Nominee*	D D / M	M / Y Y Y Y	D D / M M /	Y Y Y Y	D D / M M	1 / Y Y Y Y
(/	Aggregate should be 100%]						
	Nominee Relationship with 1st Holder*						
	Name of the Guardian**						
G N	Guardian's Relationship with Nominee**	Mother Fatl	her Legal Guardian	Mother Father	Legal Guardian	Mother Fathe	er Legal Guardian
Pı							
	roof of Relationship\$	Birth Certificat	te Passport Certificate Others	Birth Certificate School Leaving Certif	Passport Contract Con	☐ Birth Certificate ☐ School Leaving	Passport
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A G	Address of Nominee(s)/ Guardian <sup>\$</sup> Signature of Nominee/ Guardian <sup>\$</sup> * Mandatory    S Optional	City State Country PIN **Manda	g Certificate Others  C Si C P  atory & Applicable in case	ity ountry	icate Others	CityStateCountry	Passport
Si G	AN of Guardian\$  Address of Nominee(s)/ Guardian\$  Signature of Nominee/ Guardian\$	City State Country PIN **Manda pminate (Nomina thereby confirm tha and the implications polio, my/our legal h	atory & Applicable in case  ation OPT-OUT):  at I/we do not wish to appoint is successively and it is to appoint it is a successively at it is a successive involved in non-appoint it is would need to submit it is a successive involved in non-appoint it is would need to submit it is a successive involved in non-appoint it is would need to submit it is a successive involved in non-appoint in non-appoint it is a successive involved in non-appoint involved in no-appoint involved in non-appoint involved in non-appoint involve	ity tate ountry the Nominee is a Mino ant any nominee(s) in respointment of any nominet all the requisite document all the requisite document.	or  spect of the mutuaee(s) and am/arenents issued by the	City State Country PIN all fund application(s) e further aware that in the Court or such other	Passport Certificate Others  /units held in my/our in case of my demise/ r competent authority,

# 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 CERTIFIC	CATION FOR INDIV	IDUAL INVESTOR	S (INDIVIDUAL/NRI/ON BE	HALF OF I	WINOR/PROPRIE	ORSHIP FIRM)
	Sole/First Appl	licant Guardian	Second Applicant		Third	Applicant
Place and Country of Birth	Place		Place		Place	
	Country		Country		Country	
Address Type [for KYC address]	Residential Registered Office	Business	Residential Busin	ness	Residential Registered Office	Business ce
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 (oth	er than India) in which yo	u are a Resident for tax pu	rpose i.e. where you are Citizen/Resid	lent/Green Ca	ard Holder/Tax Resident	t 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 □ 1	В С	□ A □ B □	С	A	В С
Reason A – The country where th Reason B – No TIN required [Sel Reason C – Others - Please specif # To also include USA, where th ^ In case Tax Identification Num	ect this reason only fo fy the reason ne individual is a citize	r the authorities of the	respective country of tax residence f USA.	ce do not req	uired the TIN to be c	ollected]
FATCA/CRS SELF CERT (COMPANY/TRUST/SOCIE			L INVESTORS AND THEI	R ULTIMA	ATE BENEFICIA	L OWNER (UBO)
Please complete Annexure						
		f joint holding, signa	ntures of all unit holders are n	nandatory)		
FATCA/CRS DECLARATION	V					
the Account Holder (or am author found to be false or untrue or misl information provided by me and a by me to the Fund with other SER changes/modification/updation t and/or by the domestic tax author	leading or misrepresen received by the Fund fi BI Registered Intermed to the above information	ting, I am aware that I rom other SEBI Regist liaries to facilitate sing on in future and also un	will be responsible for it. I author ered Intermediaries. Further, I aut tle submission/updation. I also un dertake to provide any other addi	ize the Fund horize the Fundertake to ke itional inform	to update its records und to share the giver eep the Fund informenation as may be requ	from the FATCA/CRS in information provided ed in writing about any uired at the Fund's end
OTHER DECLARATIONS						
Having read and understood the of Scheme(s) issued till date, I/We I and regulations of the Scheme at disclose my/our details including my/our bank details provided by make payments referred above the information, I/We would not hold bank account. I/We have read and	nereby apply to the Trud the above mentioned investment details to me/us, or to disclose the rough participation in Editor and, the AMC, it	astees of HSBC Mutua ded documents of HSBC my/our bank(s)/HSI o such other service pr ECS/Direct Debit Faci as service providers or a	al Fund for units of the relevant So C Mutual Fund. I/We hereby auti BC Mutual Fund's Bank(s) and/o oviders as deemed necessary for c lity. If the transaction is delayed or representatives responsible. I/We	cheme and as horise HSBC r Distributor onduct of bu r not effected	gree to abide by the to Mutual Fund, the Ar/Broker/Investment isiness. I/We express at all for reasons of i	erms, conditions, rules AMC and its Agents to t Advisor and to verify my/our willingness to incomplete or incorrect
I/We confirm that I am/we are Nmy/our NRE/NRO/FCNR Acco			and that the funds are remitted fr	om abroad tl	hrough approved ban	iking channels or from
I/We confirm that the details prov sources and is not held or designed or statutory authority from time to the specific tax implications arisi- induced by any rebate or gifts, di form of trail commission or any or recommended to me/us. I/We co	I for the purpose of composition time. I/We acknowled a gout of my/our particle or indirectly, in a cother mode), payable to	travention of any Act, I bedge that the AMC has icipation in the Schem making this investmen o him for the different	Rules, Regulations or any other app not considered my/our tax positi e. I/We have understood the deta it. I/We confirm that the ARN ho competing Schemes of various N	olicable laws on in particu ils of the Scl lder has disc	or Notifications issue tlar and that I/we sho heme and I/We have closed to me/us all th	ed by any governmental buld seek tax advice on a not received nor been ne commissions (in the
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x		x		×		
Sole/First Applicant/G	uardian/PoA	Secon	nd Applicant/ PoA		Third Applica	nt/PoA
Date			a Form No./Folio No. on the reverse o			t options will be applied

	HSBC Mutual Fund
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# 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

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				ify]		required inforn	Nationality							
				Will Others [Specify]		ws are not sufficient,	Father's Name	ed						
		To.		created by a		ff the given ro	Gender [Male, Female, others]	N not provid						
		Application No.		Trust 🗌 Private Trust / Trust created by a Will		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.	Address, Address Type* & Contact details [include City, Pin code, State, Country]	Mandatory, if PAN not provided						
				ust Religious Trust	eclaration forms)	tification Numbers	Date of Birth / Incorporation [dd- mm- yyyy]							
				Public Charitable Trust	attach multiple de	o and ALL Tax Iden	Place & Country of Birth / Incorporation							
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APPLICANT DETAILS:	ıt Name		CATEGORY [tick ( ) applicable category]:</td <td>Unlisted Company   Partner</td> <td>DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)</td> <td>Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH contigiven 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)  &gt; 25% control of company  &gt; 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 &amp; signature section.</td> <td>Name of UBO [Mandatory]</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>* Address Type should either Residence or Business or Registered Office</td>	Unlisted Company   Partner	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 contigiven 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.	Name of UBO [Mandatory]							* Address Type should either Residence or Business or Registered Office
A	Applicant Name	PAN	m	Undis	S	Please liggiven for Type of 1 > 25% ct > 15% ct If there is	Sr. No		1	2.	3.	4.	۶.	* Addres

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.

×	Authorised Signatory 3
×	Authorised Signatory 2
×	Authorised Signatory 1
Date	Place

### INSTRUCTIONS ON CONTROLLING PERSONS / ULTIMATE BENEFICIAL OWNER

As per SEBI Master Circular No. CIR/ISD/AML/3/2010 dated December 31, 2010 regarding Client Due Diligence policy, related circulars on anti-money laundering and SEBI circular No. CIR/MIRSD/2/2013 dated January 24, 2013, non-individuals and trusts are required to provide details of controlling persons [CP]/ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, and includes a person who exercises ultimate effective control over a legal person or arrangement.

### 1. For Investors other than individuals or trusts:

- (i) The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:-
  - more than 25% of shares or capital or profits of the juridical person, where the juridical person is a company;
  - more than 15% of the capital or profits of the juridical person, where the juridical person is a partnership;
  - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals.

- (ii) In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- (iii) Where no natural person is identified under clauses (i) or (ii) above, the identity of the relevant natural person who holds the position of senior managing official

### 2. For Investors which is a trust:

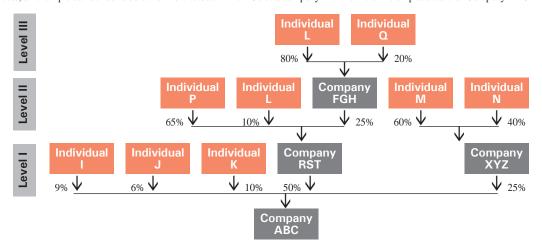
The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

### 3. Exemption in case of listed companies/foreign investors:

The client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such companies. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012, for the purpose of identification of beneficial ownership of the client

### ILLUSTRATION FOR ESTABLISHING BENEFICIAL OWNERSHIP

To assist with this process, an example can be found below on how to determine BOs of a company. Here is the ownership structure of Company ABC:



### Here is the corresponding calculation of beneficial ownership:

### Calculation of ownership

Individual	Company	Level I	Level II	Level III	Effective ownership
Individual I		9%			9%
Individual J		6%			6%
Individual K		10%			10%
Individual M	Company XYZ	25%	60%		15%
Individual N	Company XYZ	25%	40%		10%
Individual L	Company RST	50%	10%		5%
	Company FGH	50%	25%	80%	10%
Individual P	Company RST	50%	65%		32.50%
Individual Q	Company FGH	50%	25%	20%	2.50%
				Total =	100%

In the above example, KYC documents & shareholding pattern of Company RST & XYZ required. Additionally KYC documents of Individual P shall be required who holds 32.50% in ABC.



# Annexure - B

# FATCA and CRS Self Certification for Non-Individuals

[Mandatory for Non-Individual Investors including HUF] Please turn over for Definitions/Instructions/Guidance

				1110	ti dottorio, date	iarioc							
AP	PPLICANT DETAILS	3											
Applicant Name:   Application No.   Application No.   Application No.   Residential Rustiness   Registered Office													
		Place of Incorporation:   Country of Incorporation:   Date of Incorporation   Date of Incorporation:   Date of Incorporat											
	-												
	INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)												
2		Place of Incorporation:    Country of Incorporation:											
3													
4													
Country of Tax Residency	ımbe												
	Place of Incorporation:   Country of Incorporation:   Date of Incorporation:												
			Country of Tax Residency										
2   3   4   4   5   7   1   1   1   1   1   1   1   1   1													
ir the ent	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 GIN, etc.  no 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 (IMandatory)  (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)  Ve are a, (Please 'as appropriate):  Financial Institution (Refer definition A) or Direct reporting NFE (Refer definition B)  Note: If you do not have a GIIN (Global Intermediary Identification number) but you are sponsored by another entity, plea provide your sponsor's GIIN above and indicate your sponsor's name below  Name of sponsoring entity:  TIN - Not Available (Please 'as appropriate):  The entity is a financial institution,  PART B (please fill any one as appropriate, to be filled by NFEs other than Direct Reporting NFEs)  The Entity a publicly traded company?  Not as the Entity a related entity of a publicly raded on a established securities market) (Refer definition D1)  The Entity a related entity of a publicly raded company?  The Company whose shares are regularly traded on an established securities market) (Refer definition D2)  The Entity a related entity of a publicly raded company?  The Company whose shares are regularly traded on an established securities market) (Refer definition D2)  The Entity and Active NFE?  No We Substidiary of the Listed Company OR Controlled by a Listed Company Nature of Please specify the sub-category of Active NFE (Mention code - refer D3)												
Entity a tax resident of any country other than India?   Yes   No yes, please provide country is 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   1   1   1   1   1   1   1   1   1													
	Application No Pan Application No Polio Nos   Polio No												
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		TIN or equivalent number*  Identification Type (TIN or Other, please specify)  In 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 GIIN, etc.  Ty of Incorporation/Tax residence is U.S. but Entity is not a Specified U.S. Person as mention the exemption code in the box (Refer instruction DA):  FATCA and CRS DETAILS (Mandatory)  (Please consult your professional tax advisor for further guidance on FATCA & CRS classification)  Please consult your professional tax advisor for further guidance on FATCA & CRS classification)  Please consult your professional tax advisor for further guidance on FATCA & CRS classification)  Please of Silve 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:  Please of as appropriate):    Applied for											
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# Systematic Investment Plan (SIP)/Micro SIP Form

Please refer to the general instructions for assistance and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

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In Bank  Name of customers bank  IFSC/MICR  In Figures  shirt Type:   Fixed Amount   Maximum Amount   Frequency:   Monthly   Quarterly   Half Yearly   Yearly   As & when prese  sterence 1   Folio No.   Email ID    I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declar  s been carefully read, understood & made by me'us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have unders  at I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised of  PERIOD  Y  Signature of Primary Bank Account Holder  W  Signature of Bank Account Holder  Signature of Bank Account Holder  W  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  This Acknowledgement Slip is for your reference only. Information provided on the form is considered  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  This Acknowledgement Slip is for your reference only. Information provided on the form is considered  ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  This Acknowledgement Slip is for your reference only. Information provided on the form is considered  Ceived from Folio No./Application No.    ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  This Acknowledgement Slip is for your reference only. Information provided on the form is considered  Ceived from Folio No./Application No.    ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  This Acknowledgement Slip is for your reference only. Information provided on the form is considered  Ceived from Folio No./Application No.    ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)  This Acknowledgement Slip is for your reference only. Information provided on the form is considered  Ceived from Folio No./Application No.    ACKNOWLEDGEMENT SLIP (No.	ility Code							a harahı	y autho	orize		HSB	C Mu	tual E	und	
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# **CALL US AT**

Please visit our website www.assetmanagement.hsbc.co.in for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit www.camsonline.com for an updated list of Official Points of Acceptance of our Registrar/Transfer Agent: Computer Age Management System.

# TOLL FREE NUMBERS

Description	Investor related queries	Distributor related queries	Online related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	1800-419-9800	1800-4190-200/1800-200-2434	+91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	partner.line@mutualfunds.hsbc.co.in	onlinemf@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

SIP & INVESTMENT DETAILS (Mandatory. If left blank, the Application is liable to be rejected)							
☐ New SIP Registration ☐ SIP Renewal ☐ Update new OTM debit mandate for already registered SIP (If selected, move to Section 4)							
OTM Debit Mandate to be registered in the folio. (If selected, Section 4 to be filled in mandatorily)							
OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)							
Debit Bank Name A/C No.							
INVESTMENT D	ETAILS (For more than 1 s	cheme please	issue cheque favouring "HSBC MF M	(ulti Scheme SIP")			
Scheme	Scheme 1		Scheme 2	Scheme 3			
Scheme Name	HSBC		HSBC	HSBC			
Plan	Regular Direct		Regular Direct	Regular Direct			
Option / Sub-Option	Growth* Reinvestmen Payout of IDCW@	t of IDCW@	Growth* Reinvestment of IDCW Payout of IDCW@				
IDCW Frequency	Daily Weekly Monthly Fortnightly Half Yearly		Daily Weekly Monthly Quarter Fortnightly Half Yearly				
			First Instalment Details:				
Instrument No.							
<b>Instrument Date</b>	D D M M Y Y	Υ	D D M M Y Y Y	D D M M Y Y Y Y			
Drawn on	Bank		Bank	Bank			
	Branch		Branch	Branch			
	City		City	City			
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UMRN for One Time Mandate	Juliers		Outers	Outers			
SIP Amount	₹		₹	₹			
SIP Frequency							
SIP Day	Monday						
SIP Period	From M M Y Y To M M Y Y OR Until Cancelled [If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)]						
SIP Debit Date   1st   2nd   3rd   4th   5th   6th   7th   8th   9th   10th (Default)   11th   12th   13th   14th   15th   15th   16th   17th   18th   19th   20th   21st   22nd   23rd   24th   25th   26th   27th   28th   29th   30th   31st							
Reason for your SIP (✓) ☐ Children's Education ☐ Children's Marriage ☐ House ☐ Car ☐ Retirement ☐ Others							
SIP Top Up (Option	onal) – Available only for investm	ents effected th	nrough Auto Debit.				
Top Up Amount	Amount in multiples of ₹ 500 or	nly	Top Up Frequency	Half Yearly Annual (Default) ^			
Top Up to continue till SIP amount reaches^^ ₹  OR Top Up to continue till # □ □ □ M M Y Y Y Y Y							
	an our amount rounds		on top op to commune				
	Notes:  * Default Option/Sub-Option if not selected.  * Default Option/Sub-Option if not selected.						
@ IDCW stands for 'Income Distribution cum Capital Withdrawal option'. The amounts can be distributed out of investors' capital (Equalization Reserve), which is part of the							
sale price that represents realized gains, as may be declared by the Trustees at its discretion from time to time (subject to the availability of distributable surplus as calculated in accordance with the Regulations).							
^ If no debit date is mentioned default date would be considered as 10th of every month/quarter. Minimum gap of 21 days required between first cheque and subsequent instalment. In case of discrepancy in the SIP Period, the one mentioned in the Debit Mandate will be considered.							
^^ SIP Top Up will cease once the mentioned amount is reached.							
# It is the date from which SIP Top-Up amount will cease. Effective February 1, 2021, units will be allotted only upon receipt of subscription amount by the Fund House for utilisation irrespective of any scheme category/investment.							
DECLARATION C	DECLARATION CONCENT & CICNATURES (Mar. 3-4 161-66 L11-4b151-6-1						
DECLARATION, CONSENT & SIGNATURES (Mandatory. If left blank, the application is liable to be rejected)							
I/We have read and understood the respective Scheme Information Document, Statement of Additional Information and Key Information Memorandum of HSBC Mutual Fund. I/We hereby declare that I/We do not have any existing Micro SIPs which together with the current application will result in aggregate investments exceeding Rs. 50,000 in a year. I/We have neither received nor been induced by any rebate or gifts directly or indirectly in making this Systematic Investment. The ARN holder							
has disclosed to me/us all the commissions (in trail commission or any other), payable to him for the different competing schemes of Mutual Funds from amongst which							
the Scheme is being recommended to me/us. I/We hereby declare that the particulars given here are correct and express my/our willingness to make payments referred							
above through participation in Electronic Debit arrangement/NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution or any of their appointed service providers or representatives responsible. I/We will also							
inform HSBC Mutual Fund about any changes in my/our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.							
I/We hereby accord my/our consent to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to							
such information as and when provided by me/ us to the group companies of HSBC Mutual Fund for any valid business purposes including marketing or sales promotion or with any statutory or judicial authorities, without any prior intimation to me/us, until notified by me/us otherwise.							
SIGNATURE/S (To be signed as per Mode of Holding)							
x x							
	Sole/First Applicant/Guardian/PoA		Second Applicant / PoA	Third Applicant / PoA			