

HSBC CRISIL IBX 50:50 Gilt Plus SDL Apr 2028 Index Fund

(An open-ended Target Maturity Index Fund tracking CRISIL IBX 50:50 Gilt Plus SDL Index – April 2028.
Relatively high interest rate risk and relatively low credit risk.)

POTENTIAL RISK CLASS			
Credit Risk →	Relatively Low (Class A)	Moderate (Class B)	Relatively High (Class C)
Interest Rate Risk ↓			
Relatively Low (Class I)			
Moderate (Class II)			
Relatively High (Class III)	AIII		
A Scheme with Relatively High interest rate risk and Relatively Low credit risk			

Potential Risk Class ("PRC") matrix indicates the maximum interest rate risk (measured by Macaulay Duration of the scheme) and maximum credit risk (measured by Credit Risk Value of the scheme) the fund manager can take in the scheme. PRC matrix classification is done in accordance with and subject to the methodology / guidelines prescribed by SEBI to help investors take informed decision based on the maximum interest rate risk and maximum credit risk the fund manager can take in the scheme, as depicted in the PRC matrix.

NFO Application Form

(To be Filled in BLOCK LETTERS only)

For Office Use 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

--

App.
No.:

[^] I / We hereby confirm that 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
---	---	--

1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 18 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 Are you a resident of USA/Canada? (✓) Yes No^{**} (** Default if not ticked)

Name Mr Ms M/s

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 No. (KIN) ^{‡‡}

PAN^{**} (Mandatory) Proof to be enclosed (✓) PAN card Copy

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) ^{‡‡}

PAN^{**} (Mandatory) Proof to be enclosed (✓) PAN card Copy

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.

Status of Sole / 1st Applicant (✓) : 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 Co. Body Corporate Partnership Firm Trust NPS Trust Fund of Fund Gratuuity Fund Pension and Retirement Fund Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Foreign Nationals (Specify Country) Others (Specify)

^{**} W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). For Micro SIP Investment please refer Instructions for filling up the Application Form.

^{‡‡} 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 9 under Important Instructions). 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.

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

~ Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID /SAI for instructions related to folios held in the name of Minor.

...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.

App.
No.:

Received from Mr Ms M/s

Folio No. application for Units of **HSBC CRISIL IBX 50:50 Gilt Plus SDL Apr 2028 Index Fund**

Plan Option/Sub-option 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.

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

a. Occupation Details (✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Doctor Forex Dealer
 Business [Nature of Business] _____ Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Pl. 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 as on (date) D D M M Y Y Y Y

c. For Individuals [Tick (✓) if applicable] : Politically Exposed Person (PEP)
 Related to a Politically Exposed Person (PEP)
 Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc.) :
 I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company Yes No
 (If No, please attach mandatory UBO Declaration)
 II. Foreign Exchange / Money Changer Services Yes No
 III. Gaming / Gambling / Lottery/ Casino Services Yes No
 IV. Money Lending / Pawning Yes No

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

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.	Mobile	Fax	
e-mail [†]						

Yes No [†] I / We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents by email. 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 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 USA/Canada? (✓) Yes No^{††} (††Default if not ticked.)
 Mr Ms M/s

Date of Birth D D M M Y Y Y Y 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 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 USA/Canada? (✓) Yes No^{††} (††Default if not ticked.)
 Mr Ms M/s

Date of Birth D D M M Y Y Y Y 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 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 details of PoA holder).

Name Mr Ms M/s

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

PAN** (Mandatory) Proof to be enclosed (✓) PAN card Copy

Nationality _____ Country of Residence _____

...continued on next page ⇨

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. ● Chandigarh: SCO 1, Sector 9 D, Chandigarh - 160 017. ● Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082.
 ● Kolkata : 31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● Mumbai : 52/60 Mahatma Gandhi Road, Fort, Mumbai 400001. ● New Delhi : Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. ● Pune : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411 001.
 Toll Free Number : 1800 200 2434/1800 258 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.

Contact us at hsbcmf@camsonline.com

Visit us at www.assetmanagement.hsbc.co.in

POA HOLDER DETAILS contd...

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

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 provide a cancelled cheque leaf with your name and IFSC code pre-printed. This will help us transfer the amount to your bank account quicker, electronically.
Incuse of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"

7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please (✓) Scheme/Plan/Option/Sub-Option/Dividend Frequency)

LUMPSUM/SIP: Scheme Name : **HSBC CRISIL IBX 50:50 Gilt Plus SDL Apr 2028 Index Fund** Plan _____

Option (✓) Growth (default) IDCW **Sub-option:** Reinvestment of IDCW Payout of IDCW _____

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. Incuse of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"

Payment Mode Cheque DD RTGS NEFT Fund Transfer **Cheque/RTGS/NEFT/DD/FT Date** [D D / M M / Y Y Y Y]

Payment from Bank A/c. No. _____ **Cheque/DD/RTGS/NEFT No.** _____

Investment Amount (Rs.) (i) _____ **A/c. No.** _____

DD charges (Rs.) (ii) _____ **A/c. Type** (✓) Current Savings NRO* NRE* Others _____ (* For NRI Investors)

Total Amount (Rs.) (i + ii) _____

(₹ in words) _____

Bank Name _____ **Branch** _____ **City** _____

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. 10 on the Third Party Payments).

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 : Cheque No. _____ Date [D D M M Y Y Y Y] **Bank Name** _____

Drawn on Bank A/c. No. _____ **Bank Branch** _____

SIP Frequency Weekly (Default*) Monthly (Default*) Quarterly (10th) **SIP Day** Monday Tuesday Wednesday (Default*) Thursday Friday

SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st **SIP Period :** Start Date [M M Y Y] End Date [M M Y Y] March 2099 (Default)

Each SIP Amount (Rs.) _____ **Cheque Nos.** From _____ To _____

Drawn on Bank A/c. _____ Bank _____ Branch _____

* If the day for Weekly SIP is not selected, Wednesday will be the default day. † If no debit date is mentioned default date would be considered as 10th of every month/quarter

8 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Scheme **HSBC CRISIL IBX 50:50 Gilt Plus SDL Apr 2028 Index Fund** **Plan** _____

Option/Sub-option Growth (default) Reinvestment of IDCW Payout of IDCW

SWP Frequency Monthly (Default*) Quarterly (10th)

Withdrawal Options Fixed Amount Capital Appreciation* (1st Business Day of the month) **Period of enrolment** [M M Y Y Y Y] To [M M Y Y Y Y]

Withdrawal Amount: (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter) Rs. _____ Redemption amount will equal appreciation.

SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st

* Redemption amount will equal appreciation.

9 DEMAT ACCOUNT DETAILS

Please provide details of your Depository Participant if you wish to hold units in Demat Form.

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

10 **I DO NOT WISH TO NOMINATE** (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

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)	X	X	X
	Sole/First Applicant	Second Applicant	Third Applicant

OR

Where Nominee details and Non intention to nominate both are mentioned, Non intention to nominate will be considered as "Default". Folio in such case will be updated without Nominee.

I/WE WISH TO NOMINATE AS UNDER: (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 14)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian (To be furnished in case the Nominee is a Minor)	Relationship with Nominee	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%

11 **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 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]	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> 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

12 **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/update. I also undertake to keep the Fund informed in writing about any changes/modification/update 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 Scheme Information Document, Key Information Memorandum, 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 primary email ID provided belongs to self or a family member.

I/We confirm that I am/We are not United States person(s) under the laws of United States or resident(s) of Canada. In case 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.

Date	X	X	X
<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	Sole / First Applicant / Guardian / PoA	Second Applicant / PoA	Third Applicant / PoA

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



A APPLICANT DETAILS:																																		
Applicant Name														Folio Nos.										Application No.										
PAN																																		

B CATEGORY [tick (✓) applicable category]:	
<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm
<input type="checkbox"/> LLP	<input type="checkbox"/> Unincorporated association / body of individuals
<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust
<input type="checkbox"/> Private Trust/Trust created by a Will	<input type="checkbox"/> 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, if PAN not provided		
													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
1.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
2.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
3.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
4.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
5.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> 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 _____	X	X
Place _____	Authorized Signatory 1	Authorized Signatory 2
		Authorized Signatory 3

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:

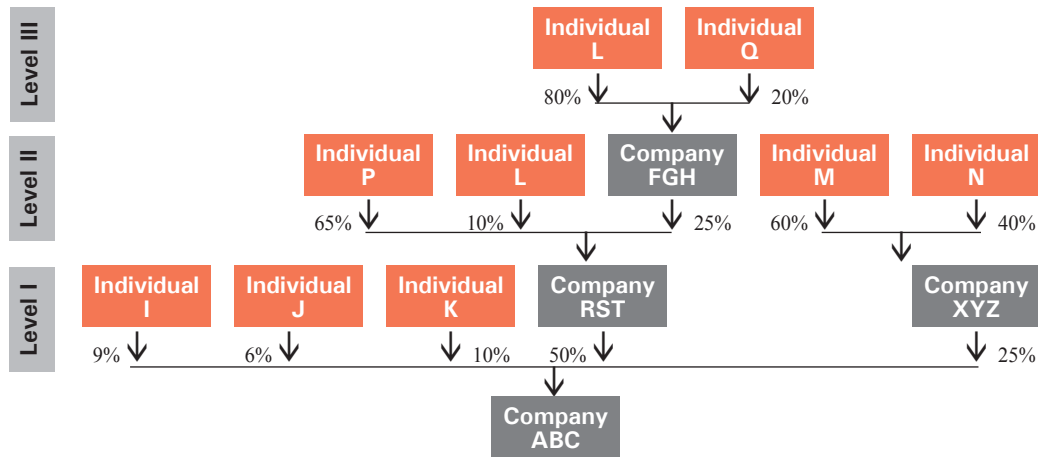
The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

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.