

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESSAddress for Correspondence[‡] [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

										City																			
State										Country										Pin Code									

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									

Contact Details

Mobile No.										Tel, (Res./Office)									
Mobile belongs to : <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS																			
*E-mail - 1										Email ID to be filled in CAPITAL LETTERS									
E-mail belongs to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Guardian (to Minor investment) <input type="checkbox"/> Dependant Children <input type="checkbox"/> Dependant Parents <input type="checkbox"/> Dependant Siblings <input type="checkbox"/> Custodian <input type="checkbox"/> POA <input type="checkbox"/> PMS																			
<input type="checkbox"/> Yes <input type="checkbox"/> 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. I/We confirm that primary email ID provided belongs to self or a family member.																			

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

MODE OF HOLDING (✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint (Default if not mentioned) <input type="checkbox"/> Anyone or Survivor																			
NAME OF SECOND APPLICANT AS PER PAN*** (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor)																			
Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No** <input type="checkbox"/> (**Default if not ticked.)																			
Mr Ms M/s										Name as per PAN CARD									
Date of Birth ^{§‡} (Mandatory*)										Gender									
PAN** (Mandatory*)										KYC Identification Number (KIN) ^{‡‡}									
Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy																			
Nationality										Country of Residence									
a. Occupation (please ✓): <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify]																			
b. Gross Annual Income (please ✓): <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore																			
c. Others (please ✓): <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable																			
NAME OF THIRD APPLICANT AS PER PAN*** (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor)																			
Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No** <input type="checkbox"/> (**Default if not ticked.)																			
Mr Ms M/s										Name as per PAN CARD									
Date of Birth ^{§‡} (Mandatory*)										Gender									
PAN** (Mandatory*)										KYC Identification Number (KIN) ^{‡‡}									
Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy																			
Nationality										Country of Residence									
a. Occupation (please ✓): <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify]																			
b. Gross Annual Income (please ✓): <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore																			
c. Others (please ✓): <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable																			
POA HOLDER NAME AS PER PAN*** (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).																			
Mr Ms M/s										Name as per PAN CARD									
Date of Birth (Mandatory*)										KYC Identification Number (KIN) ^{‡‡}									
PAN** (Mandatory*)										Proof to be enclosed (✓) <input type="checkbox"/> PAN card Copy									
Nationality										Country of Residence									
a. Occupation (please ✓): <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify]																			
b. Gross Annual Income (please ✓): <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore										Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year									
c. Others (please ✓): <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable																			

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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

6 BANK ACCOUNT DETAILS (For Minor investments – Redemption proceeds will be paid only to the Bank A/c held in the name of Minor)

Core Banking A/c No.		A/c. Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* * For NRI Investors
Bank Name	Branch	
City	Pin Code	
State	Country	
MICR code	RTGS/NEFT/IFSC code	
Please provide a cancelled cheque leaf with your name and IFSC code pre-printed if the bank details in Section 7 are different or Fund transfer is submitted.		

7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please write Plan / Option / Sub-option below)

Scheme Name	HSBC India Export Opportunities Fund	
Plan/Option	Plan	Option/Sub-Option
Investment Amount (₹)	DD Charges, if any (₹)	
Total Amount in words	Amount in words	
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> One Time Mandate (OTM) <input type="checkbox"/> Electronic Transfer	
Cheque/DD/RTGS/NEFT Details	Cheque/DD/RTGS/UMRN/NEFT No.	
	Instrument Date	
Payment from Bank A/c. No.		
A/c. Type (✓)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others (* For NRI Investors)	
Drawn On	Bank Branch & City	

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.

Documents attached to avoid Third Party Payment Rejection : ☐ Third Party Declarations ☐ Bank Certificate for Pre-funded Instruments
For Minor investment, if Funds are from Parent / Legal Guardian, enclose Relationship Proof ☐ Birth Certificate ☐ Passport ☐ School Leaving Certificate ☐ Court Order
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 (attach the Third Party declaration Form) (Please ✓) ☐ Employee ☐ Custodian ☐ AMC ☐ Corporate

8 SYSTEMATIC TRANSFER PLAN (STP)\$ (Please write Scheme Name / Plan / Option / Sub-option below)

Registration^^

Transfer From : Scheme	HSBC	Scheme Name	Transfer To: Scheme	HSBC	Scheme Name
Plan/Option/Sub-option *			Plan/Option/Sub-option *		
STP Frequency:	<input type="checkbox"/> Daily^ <input type="checkbox"/> Weekly^ <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly (Default¶) <input type="checkbox"/> Quarterly (10th)		STP Day:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday (Default^) <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
Transfer Options:	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation (1st Business Day of the month)		Transfer Amount:	Amount per instalment Rs.	
Installment commencing:	From		(Minimum Transfer Amount for Liquid & Overnight Schemes - Rs. 1,000. All other Schemes - Rs. 500)		
STP Date	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st				

\$ To be submitted 7 days prior to the STP date incase of Registration & 14 days incase of Cancellation. ^^ Minimum 12 installments for registration. The minimum amount required under the source scheme for registering STP is ₹ 6,000. * Default Option Date may be applied in case of no information, ambiguity or discrepancy. ¶ If no debit date is mentioned default date would be considered as 10th of every month/quarter. ^ Daily and Weekly STP facility shall be available only under Fixed Amount Systematic Transfer Plan. If the day for Weekly STP is not selected, Wednesday will be the default day.

9 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/POA holder
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 [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

10 DEMAT ACCOUNT DETAILS (Please provide Demat proof to verify demat details)

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

CDSL

[illegible][illegible]

11 NOMINATION DETAILS (Mandatory for new folios of Individual Unitholders only - whether holding Units Singly or Jointly with other holders)

A) ☐ I/We wish to Nominate: I/We, wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my/our account in the event of my/our death and by cancelling the nomination(s) made by me/us previously in respect of the units held by me/us in the listed Folio/s. Incase of single mode of holding refer point 5 of Nomination Details in Important Instructions.

Nomination can be made upto three nominees in the account.	Details of 1st Nominee	Details of 2nd Nominee	Details of 3rd Nominee
	Mandatory Details		
Name of the Nominee (Mr./Ms.)			
Date of Birth of Nominee [§]			
Name of the Guardian [§]			
Share of each Nominee (%)			
	Equally [If not equally, please specify percentage] Any odd lot after division shall be transferred to the first nominee mentioned in the Form.		
Nominee,s Relationship with Applicant (If any)			
Guardian's Relationship with Nominee [§]			

\$ Applicable in case the Nominee is a Minor

		Non-mandatory Details				
Proof of Relationship	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Others	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Others	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport <input type="checkbox"/> Others
Mobile/Telephone No. of Nominee(s)/Guardian in case of Minor						
Email ID of Nominee(s)/Guardian in case of Minor						
PAN of the Nominee						
Address of Nominee(s)/Guardian in case of Minor						
	City _____		City _____		City _____	
	State _____		State _____		State _____	
	Country _____		Country _____		Country _____	
	PIN _____		PIN _____		PIN _____	
Nominee/Guardian in case of Minor Identification details [Please ✓ any one and provide details of same]	<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID		<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank Account No. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID	
Signature of Nominee/ Guardian in case of Minor						

B) ☐ I/We do not wish to Nominate (Nomination OPT-OUT): I/We, the applicant(s)/unitholder(s) hereby confirm that I/we do not wish to appoint any nominee(s) in respect of the mutual fund application(s)/units held in my/our mutual fund folio(s). I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/ death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

Note : Where Nominee details and Nomination Opt-Out both are mentioned, Nomination Opt-Out will be considered as “Default”. Folio in such case will be updated without Nominee.

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 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. 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 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 and/or evasion 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 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.

<div style="text-align: center;">  </div> <div style="text-align: center;">Sole/First Applicant/Guardian/PoA</div>		<div style="text-align: center;">  </div> <div style="text-align: center;">Second Applicant/ PoA</div>	<div style="text-align: center;">  </div> <div style="text-align: center;">Third Applicant/PoA</div>
Date		<i>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.</i>	

Declaration Form of Ultimate Beneficial Ownership [UBO] /Controlling Persons
[MANDATORY for Non-Individual Investors]
1. INVESTOR DETAILS

Investor Name as per PAN	<input type="text" value="Name as per PAN CARD"/>	
Folio No./Application No.	<input type="text"/>	
PAN*	<input type="text"/>	* If PAN is not available, specify Folio No.(s)

2. CATEGORY

☐ Our company is a Listed Company on a recognized stock exchange in India/Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed#

Security ISIN#

Name of the Listed Company (applicable if the investor is subsidiary/associate):

Mandatory in case of Listed company or subsidiary of the Listed Company

☐ Unlisted Company ☐ Partnership Firm/LLP ☐ Unincorporated association/body of individuals ☐ Public Charitable Trust ☐ Private Trust

☐ Religious Trust ☐ Trust created by a Will. ☐ Others [please specify]

3. UBO / CONTROLLING PERSON(S) DETAILS

Does your company/entity have any individual person(s) who holds direct/indirect controlling ownership above the prescribed threshold limit? (Please ✓)

☐ Yes ☐ No

If 'YES' - We hereby declare that the following individual person holds directly/indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly/indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1/Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO/SMO#			
UBO/SMO PAN# [For Foreign National, TIN to be provided]			
% of beneficial interest# >10% controlling interest	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)
UBO/SMO Country of Tax Residency#			
UBO/SMO Taxpayer Identification Number/ Equivalent ID Number#			
UBO/SMO Identity Type			
UBO/SMO Place & Country of Birth#	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO/SMO Nationality			
UBO/SMO Date of Birth #	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>	<input type="text" value="D D M M Y Y Y Y"/>
UBO/SMO PEP#	<input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP.	<input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP.	<input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP.
UBO/SMO Address [include City, Pincode, State, Country]	Address _____ City: _____ State _____ Pincode <input type="text"/> Country _____	Address _____ City: _____ State _____ Pincode <input type="text"/> Country _____	Address _____ City: _____ State _____ Pincode <input type="text"/> Country _____
UBO/SMO Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
UBO/SMO Email			
UBO/SMO Mobile			
UBO/SMO Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
UBO/SMO Father's Name			
UBO/SMO Occupation	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others
SMO Designation#			
UBO/SMO KYC Complied**	<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 attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.			

Mandatory column. * Participating Mutual Fund(s)/RTA may call for additional information/documentation wherever required or if the given information is not clear/incomplete/correct and you may provide the same as and when solicited. ** In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

DECLARATION

I/We acknowledge and confirm that the information provided above is 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, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees/RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI/RBI/IRDA/PFRDA to facilitate single submission/update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your/Fund's end or by domestic or overseas regulators/tax authorities.

Signature with relevant seal:

X <i>Authorized Signatory 1</i>	X <i>Authorized Signatory 2</i>	X <i>Authorized Signatory 3</i>																		
Name:	Name:	Name:																		
Designation:	Designation:	Designation:																		
Date <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Place <table border="1"><tr><td colspan="10"></td></tr></table>											
D	D	M	M	Y	Y	Y	Y													

INSTRUCTIONS ON CONTROLLING PERSONS/ULTIMATE BENEFICIAL OWNER

As per PMLA guidelines and relevant SEBI circulars issued from time to time, 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.

A. For Investors other than individuals or trusts:

- 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 10% 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.
- 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.
- 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.

B. For Investors which is a trust:

The identity of the settler of the trust, the trustee, the protector, the beneficiaries with 10% 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.

C. 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, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. 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 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

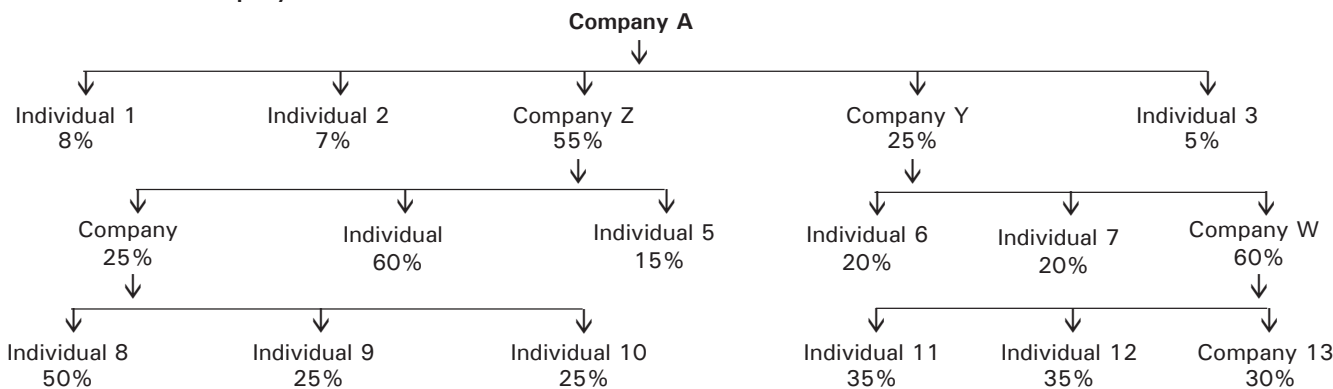
D. KYC requirements

Beneficial Owner(s)/Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s)/SMO(s).

In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.

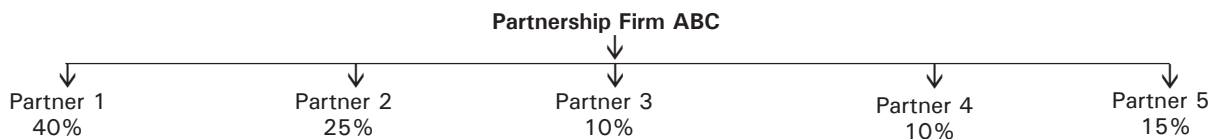
SAMPLE ILLUSTRATIONS FOR ASCERTAINING BENEFICIAL OWNERSHIP:

Illustration No. 1 – Company A



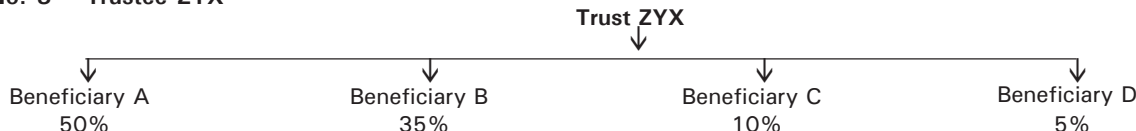
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 33% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

Illustration No. 2 – Partnership Firm ABC



For Partnership Firm ABC, all partners are considered as UBO as each of them holds >=10% of capital. KYC proof for these partners needs to be submitted including shareholding.

Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A, B and D are considered as UBO as they are entitled to get benefitted for >10% of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust/Protector of Trust, relevant information to be provided along with the proof indicated.

INVESTOR'S DETAILS

Investor Name as per PAN Name as per PAN CARD

PAN Mobile No. + 9 1
☐ I/We hereby confirm that above stated entity/organization is falling under **“Non-profit organization”** [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

☐ I/We hereby confirm that the above stated entity/organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

I/We acknowledge and confirm that the information provided above is 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 am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees/RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission / update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

SIGNATURE WITH RELEVANT SEAL:

X Authorized Signatory	X Authorized Signatory	X Authorized Signatory
Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Place: <input type="text"/>	

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FATCA and CRS Self Certification for Non-Individuals

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

APPLICANT DETAILS

Applicant Name as per PAN		Name as per PAN CARD		
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) : <input type="checkbox"/> Financial Institution (Refer definition A) or <input type="checkbox"/> 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,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category (refer definition C) <input type="checkbox"/> 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 <input type="checkbox"/> (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)	Yes <input type="checkbox"/> (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 <input type="checkbox"/> (a company whose shares are regularly traded on an established securities market) (Refer definition D2)	Yes <input type="checkbox"/> (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: <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange
Is the Entity an Active NFE? No <input type="checkbox"/> (Refer definition D3)	Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> Nature of Business Please specify the sub-category of Active NFE (Mention code - refer D3)
Is the Entity a Passive NFE? No <input type="checkbox"/> (Refer definition E2)	Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> 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/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.	X
Date : _____ Place : _____	Authorized Signatories [with Company / Trust / Firm / Body Corporate seal]

DEFINITIONS / INSTRUCTIONS / GUIDANCE

A. Financial Institution (FI)- The term FI means any financial institution that is a :

- 1 **Depository institution:** Accepts deposits in the ordinary course of banking or similar business.
- 2 **Custodial institution:** An entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's gross income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of- (a) The three-year period ending on December 31 of the year preceding the year in which the determination is made; (b) The period during which the entity has been in existence before the determination is made)
- 3 **Investment entity :** Conducts a business or operates for or on behalf of a customer for any of the following activities: (a) Trading in money market instruments, foreign exchange, foreign currency, etc. (b) Individual or collective portfolio management. (c) Investing, administering or managing funds, money or financial asset on behalf of other persons. [OR] The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described herein. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or (ii) The period during which the entity has been in existence.
- 4 **Specified Insurance company:** Entity issuing insurance products i.e. life insurance or cash value products.
- 5 **Holding company or treasury company:** Is an entity that is a holding company or treasury centre that is a part of an expanded affiliate group that includes a depository, custodial institution, specified insurance company or investment entity.

B. Direct Reporting NFE: means a Non-financial Entity (NFE) that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

C. FIIN not required: Categories with codes

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors and Investment Managers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	I with a local client base
10	Non-registering local banks
11	FI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FI

D. Non-Financial Entity (NFE): Entity that is not a financial institution (including a territory NFE). Types of NFEs excluded from FATCA reporting are as below:

1. **Publicly traded corporation (listed company):** A company is publicly traded if its stock are regularly traded on one or more established securities markets.
2. **Related entity of a listed company:** The NFE is a related entity of an entity of which is regularly traded on an established securities market;
3. **Active NFE:** (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFE's gross income for the preceding financial year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE is a 'non for profit organization which meets all of the following requirements: <ul style="list-style-type: none"> It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or

Code	Sub-Category
	educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; <ul style="list-style-type: none"> It is exempt from income tax in India; It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;

The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

Code	Sub-Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 58
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

E. Other definitions

- 1 **Related entity:** An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the vote or value in an entity.
- 2 **Passive NFE:** The term passive NFE means any NFE that is not (i) an Active NFE (including publicly traded entities or their related entities), or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations. (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)
- 3 **Passive income:** The term passive income means the portion of gross income that consists of: (a) Dividends, including substitute dividend amounts; (b) Interest; (c) Income equivalent to interest, including substitute interest and amounts received from or with respect to a pool of insurance contracts if the amounts received depend in whole or part upon the performance of the pool; (d) Rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFE; (e) Annuities; (f) The excess of gains over losses from the sale or exchange of property that gives rise to passive income described in this section.; (g) The excess of gains over losses from transactions (including futures, forwards, and similar transactions) in any commodities, but not including: (i) Any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation; or (ii) Active business gains or losses from the sale of commodities, but only if substantially all the foreign entity's commodities are property (h) The excess of foreign currency gains over foreign currency losses; (i) Net income from notional principal contracts; (j) Amounts received under cash value insurance contracts; (k) Amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts
- 4 **Controlling persons:** Controlling persons are natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force recommendations.
- 5 **Specified US Persons -** Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker
- 6 **Expanded affiliated group:** Expanded affiliated group is defined to mean one or more chains of members connected through ownership (50% or more, by vote or value, as the case may be) by a common parent entity if the common parent entity directly owns stock or other equity interests meeting the requirements in at least one of the other members.
- 7 **Owner documented FI:** An FI meeting the following requirements: (i) The FI is an FI solely because it is an investment entity; (ii) The FI is not owned by or related to any FI that is a depository institution, custodial institution, or specified insurance company; (iii) The FI does not maintain a financial account for any nonparticipating FI; (iv) The FI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and (v) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 FI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FI that holds its interest through a participating FI, a deemed-compliant FI (other than an owner-documented FI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

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

Date: _____

Broker Name & ARN code/RIA code [^]	Sub-broker ARN code	Sub Code	EUIN	SCSB	SCSB IFSC Code	Syndicate Member Code	Sl. No.

Application 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/Ist Applicant/Authorised Signatory	Ind Applicant/Authorised Signatory	IIIrd Applicant/Authorised Signatory
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TRANSACTION CHARGES (Please refer point 6 on page 17 regarding transaction charges applicability)

☐ I confirm that I am a First time Investor across Mutual Funds (₹ 150 will be deducted as transaction charges for per purchase of ₹ 10000 & above)
 ☐ I confirm that I am an Existing investor in Mutual Funds (₹ 100 will be deducted as transaction charges for per purchase of ₹ 10,000 & above)

1 INVESTOR'S DETAILS (Names should be in the same sequence as appearing in your Demat Account. In case of discrepancies, the Application is liable to get rejected.)

Name as per PAN (Mandatory)*** KYC Identification Number (KIN) Proof to be enclosed (✓) PAN card Copy Guardian's (If Sole/First Applicant is a Minor) OR Contact Person's (In case of Non-Individual Investors only) Name as per PAN KYC Identification Number (KIN) Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No <input type="checkbox"/> ** Default if not ticked.	Mr Ms M/s PAN (Mandatory) Name as per PAN CARD PAN (Mandatory) Name as per PAN CARD PAN (Mandatory) Proof to be enclosed (✓) PAN card Copy
---	--

2 INVESTMENT DETAILS

Scheme Name : HSBC India Export Opportunities Fund Option (✓) : <input type="checkbox"/> Growth (default) <input type="checkbox"/> IDCW Total Amount to be blocked (in Figures) ₹ _____ (in words) _____	Plan (✓) : <input type="checkbox"/> Regular <input type="checkbox"/> Direct Sub-option: <input type="checkbox"/> Reinvestment of IDCW <input type="checkbox"/> Payout of IDCW
---	--

3 SCSB ACCOUNT DETAILS (please refer websites of NSE, BSE and SEBI for list of SCSBs) (MANDATORY)

Bank Name Branch Address Bank A/c No. Bank A/c No.	Bank City A/c. Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* * For NRI Investors
---	--

4 DEMAT ACCOUNT DETAILS (MANDATORY)

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

5 UNDERTAKING BY ASBA INVESTOR/ACCOUNT HOLDER

1) I/We hereby undertake that I/We am/are an ASBA investor(s) as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009. 2) In accordance with ASBA process provided in the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009, I/We authorize (a) the Self Certified Syndicate Bank (SCSB) to do all acts as are necessary to make an application for purchase of units in the NFO blocking the amount to the extent mentioned above in the "SCSB details" or unblocking of funds in the bank account maintained with the SCSB specified in the ASBA Form, transfer of funds to the Issuer's account designated for this purpose on receipt of instruction from the Registrar after finalisation of the basis of allotment entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar to HSBC Mutual Fund to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the ASBA Form, upon finalisation of the basis of allotment and to transfer the requisite money to the Issuer's account designated for this purpose. 3) In case the amount available in the bank account specified in the ASBA Form is insufficient for blocking the amount equivalent to the application money, the SCSB shall reject the application. 4) If the DP ID, Client ID or PAN furnished by me/us in the ASBA Form is incorrect or incomplete, the ASBA Application shall be rejected and the AMC, R&TA and SCSB shall not be liable for losses, if any. 5) I/We hereby authorise the SCSB to make relevant revisions as may be required to be done during the NFO, in the event of price revision.

Having read and understood the contents of the SID and SAI, I/We hereby apply under Direct/AMFI Certified empanelled distributors to the Trustees of HSBC Mutual Fund for units of the Scheme/Option as indicated above and agree to abide by the terms, conditions, rules and regulations of 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 hereby authorise HSBC Mutual Fund, its Investment Manager and its Agents to disclose details of my/our investment 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. I/We hereby declare that the particulars given above are correct and 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 HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform HSBC Asset Management (India) Pvt. Ltd., about any changes in my/our bank account. We have understood that the present scheme does not offer any guarantee or assured return and that the scheme is subject to credit risk or default risk including possible loss of principal, any losses in case of a default will be borne by me/us. *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. 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 of HSBC Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. *Applicable to NRI 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 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 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).

Signature of the Applicant(s)	1. Sole/First Applicant/Guardian/POA	2. Second applicant/POA	3. Third Applicant/POA	Attn: NRI investors; payment must be made through NRE/FCNR Accounts)
Signature of the Bank Account Holder(s)	1. Sole/First Applicant/Guardian/POA	2. Second applicant/POA	3. Third Applicant/POA	

ACKNOWLEDGEMENT SLIP FOR INVESTOR

Date: _____	
Scheme Name _____	Option _____
Received from Mr./Ms. _____	
Address _____	
Pin Code _____	
Tel. _____	Mobile _____
Bank A/c No. _____	
Bank Name & Branch Address _____	
Total Amount to be Blocked (Rs.) _____	
(in words) _____	

Application No. : _____

SCSB Stamp, Signature, Date & Time of Form submission

Instructions for filling up the Application Form

Background:

In its continuing endeavour to make the existing New Fund Offer process more efficient, SEBI introduced a supplementary process of applying in New Fund Offer, viz: the "Applications Supported by Blocked Amount (ASBA)" process. Accordingly, Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2009, as amended have been amended for ASBA process. The salient features of circular no. SEBI/CFD/DIL/ASBA/1/2009/30/12 dated December 30, 2009 available on SEBI website for "Additional mode of payment through Applications Supported by Blocked Amount (hereinafter referred to as "ASBA") are mentioned below for understanding the ASBA process:

1. **Meaning of ASBA:** ASBA is an application for subscribing to a New Fund Offer (NFO), containing an authorisation to block the application money in a bank account.
2. **Self Certified Syndicate Bank (SCSB):** SCSB is a banker to an issue registered with the SEBI which offers the facility of applying through the ASBA process. The list of SCSBs will be displayed by SEBI on its website at www.sebi.gov.in from time to time. ASBAs can be accepted only by SCSBs, whose names appear in the list of SCSBs displayed on SEBI's website. Investors maintaining their accounts in any of these Banks may approach one of the designated branches of these SCSBs for availing this facility. Further it may be noted that from time to time new banks register themselves as SCSBs who become eligible to provide these services and also the existing SCSBs designate additional branches that also provide this facility. An updated list of all the registered SCSBs, their controlling branches, contact details and details of their contact persons, a list of their designated branches which are providing such services is available on the website of SEBI at the address <http://www.sebi.gov.in>. Further these details are also available on the websites of the Stock Exchanges at <http://www.bseindia.com> and <http://www.nseindia.com>. Alternatively, investors may also contact the AMC, R&TA for information about the SCSBs or the ASBA process. These SCSBs are deemed to have entered into an arrangement with the Issuer and shall be required to offer the ASBA facility to all its account holders for all issues to which ASBA process is applicable. An SCSB shall identify its Designated Branches (DBs) at which an ASBA Applicant shall submit ASBA and shall also identify the Controlling Branch (CB), which shall act as a coordinating branch for the Registrar to the Issue, Stock Exchanges and Merchant Bankers. The SCSB, its DBs and CB shall continue to act as such, for all issues to which ASBA process is applicable. The SCSB may identify new DBs for the purpose of ASBA process and intimate details of the same to SEBI, after which SEBI will add the DB to the list of SCSBs maintained by it. The SCSB shall communicate the following details to Stock Exchanges for making it available on their respective websites. These details shall also be made available by the SCSB on its website: (i) Name and address of the SCSB (ii) Addresses of DBs and CB and other details such as telephone number, fax number and email ids. (iii) Name and contact details of a nodal officer at a senior level from the CB.
3. **Eligibility of Investors:** An Investor shall be eligible to apply through ASBA process, if he/she:
 - (i) is a "Resident Retail Individual Investor, Non Institutional Investor, QIBs, Eligible NRIs applying on non-repatriation basis, Eligible NRIs applying on repatriation basis i.e. any investor,
 - (ii) is applying through blocking of funds in a bank account with the SCSB; Such investors are hereinafter referred as "ASBA Investors".
4. **ASBA Facility in Brief:** Investor shall submit his/her Application through an ASBA Application Form, either in physical or electronic mode, to the SCSB with whom the bank account of the ASBA Investor or bank account utilised by the ASBA Investor ("ASBA Account") is maintained. The SCSB shall block an amount equal to the NFO application Amount in the bank account specified in the ASBA Application Form, physical or electronic, on the basis of an authorisation to this effect given by the account holder at the time of submitting the Application. The Application Amount shall remain blocked in the aforesaid ASBA Account until the Allotment in the New Fund Offer and consequent transfer of the Application Amount against the allocated Units to the Issuer's account designated for this purpose, or until withdrawal/failure of the Offer or until withdrawal/rejection of the ASBA Application, as the case may be. The ASBA data shall thereafter be uploaded by the SCSB in the electronic IPO system of the Stock Exchanges. Once the Allotment is finalised, the R&TA shall send an appropriate request to the Controlling Branch of the SCSB for unblocking the relevant bank accounts and for

transferring the amount allocable to the successful ASBA Applicants to the AMC account designated for this purpose. In case of withdrawal/ Rejection of the Offer, the R&TA shall notify the SCSBs to unblock the blocked amount of the ASBA Applicants within one day from the day of receipt of such notification.

5. **Obligations of the AMC:** AMC shall ensure that adequate arrangements are made by the R&TA to obtain information about all ASBAs and to treat these applications similar to non-ASBA applications while allotment of Units, as per the procedure specified in the Securities and Exchange Board of India (Issue of Capital and Disclosure Requirements) Regulations, 2009.
Investors are requested to check with their respective banks about the availability of the ASBA facility.
6. **Other Information for ASBA Investors:**
 1. On the closure date of the NFO, the ASBA form should be submitted to the SCSBs before the 3.00 p.m. or such other time as may be decided by respective SCSBs.
 2. The Applicant intending to invest in the Scheme through ASBA Process will be required to have a beneficiary account with a Depository Participant (DP) of NSDL/ CDCL and will be required to mention in the application form DP ID No. and Beneficiary Account No. with the DP at the time of purchasing Units during the NFO.
 3. Signatures as available with depository will be taken for all purpose after the allotment of units in case of demat holding.
 4. All static details in our records would be taken from the demat account (DP ID) provided by you.
 5. Bank account details provided in the ASBA Application form will be used for refunding reject applications where DP ID is not matching.
 6. Bank Mandate for redemptions/dividend will be as per your DP ID in case of demat holding.
 7. SCSB shall give ASBA investors an acknowledgement for the receipt of ASBAs.
 8. SCSB shall not upload any ASBA in the electronic system of the Stock Exchange(s) unless (i) it has received the ASBA in a physical or electronic form; and (ii) it has blocked the application money in the bank account specified in the ASBA or has systems to ensure that Electronic ASBAs are accepted in the system only after blocking of application money in the relevant bank account opened with it.
 9. SCSB shall ensure that complaints of ASBA investors arising out of errors or delay in capturing of data, blocking or unblocking of bank accounts, etc. are satisfactorily redressed.
 10. SCSB shall be liable for all its omissions and commissions in discharging responsibilities in the ASBA process.
 11. R&TA shall act as a nodal agency for redressing complaints of ASBA and non-ASBA investors, including providing guidance to ASBA investors regarding approaching the SCSB concerned.
 12. ASBA facility is currently available only to those investors who wish to hold the units in dematerialized form.

Grounds for rejection of ASBA applications

ASBA application forms can be rejected by the AMC/Registrar/ SCSBs, on the following technical grounds:

1. Applications by persons not competent to contract under the Indian Contract Act, 1872, including but not limited to minors, insane persons etc.
2. Mode of ASBA i.e. either Physical ASBA or Electronic ASBA, not selected or ticked.
3. ASBA Application Form without the stamp of the SCSB.
4. Application by any person outside India if not in compliance with applicable Foreign and Indian laws.
5. Bank account details not given/incorrect details given.
6. Duly certified Power of Attorney, if applicable, not submitted along with the ASBA Application Form.
7. No corresponding records available with the Depositories matching the parameters namely (a) Names of the ASBA applicants (including the order of names of joint holders) (b) DP ID (c) Beneficiary account number or any other relevant details pertaining to the Depository Account.
8. Insufficient funds in the investor's account.
9. Application accepted by SCSB and not uploaded on/with the Exchange/ Registrar.



Third Party Payment Declaration Form

Please refer to the Third Party Payment Rules and Instructions carefully before completing this Form.

For Office Use Only		
Date of Receipt	Folio No.	Branch Trans. No.

1. BENEFICIAL INVESTOR INFORMATION (Refer instruction no. 2a)

Folio No. (For Existing Unit Holders)	Application No.
Name of Beneficial Investor (Refer instruction no. 2b)	
F i r s t N a m e	M i d d l e N a m e
	L a s t N a m e

2. THIRD PARTY INFORMATION (Refer instruction no. 3)

Name of third party (person making the payment)																																					
F	i	r	s	t		N	a	m	e				M	i	d	d	l	e		N	a	m	e				L	a	s	t		N	a	m	e		

[illegible]

Mobile No. + 9 1 _____ E-mail ID _____

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year.
^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

Name of contact person & designation (in case of Non-Individual Third Party)																																								
F	i	r	s	t		N	a	m	e				M	i	d	d	l	e		N	a	m	e					L	a	s	t		N	a	m	e				

Designation _____

Mailing address (p.o. Box Address may not be sufficient)

City/Town _____ State _____ Pin Code _____

Contact Details																												
Tel. (O)	(ISD/STD)															Tel. (R)	(ISD/STD)											
Mobile	+	9	1													Fax												
Email ID																												

Relationship of Third Party with the Beneficial Investor (Refer Instruction No. 3) [Please tick (✓) as applicable]

Status of the Beneficial Investor	<input type="checkbox"/> FPI <input type="checkbox"/> Client	<input type="checkbox"/> Employee(s)	<input type="checkbox"/> Empanelled Distributor	<input type="checkbox"/> Agent <input type="checkbox"/> Dealer <input type="checkbox"/> Distributor
Relationship of Third Party with the Beneficial Investor	Custodian SEBI Registration No. of Custodian <div style="text-align: center;"> _ _ _ _ _ _ _ _ _ _</div> Registration Valid Till <div style="text-align: center;"> D D M M Y Y Y Y _</div>	Employer	AMC	Corporate
Declaration by Third Party	I/We declare that the payment is made on behalf of FPI/Client and the source of this payment is from funds provided to us by FPI/Client.	I/We declare that the payment is made on behalf of employee(s), as per the list enclosed herewith, under Systematic Investment Plan or lump sum/one time subscription through Payroll Deductions or deductions out of expense reimbursements.	I/We declare that the payment is made on behalf of empanelled distributors on account of commission/incentive etc in the form of Mutual Fund units through Systematic Investment Plan or lump sum/one time subscription	I/We declare that the payment is made on behalf of agents/dealer/distributor on account of commission/incentive payable for sale of its goods/services in the form of Mutual Fund units through Systematic Investment Plan or lump sum/one time subscription.

3. THIRD PARTY PAYMENT DETAILS (Refer instruction no. 4) - Maximum value should not exceed Rs. 50,000

Mode of Payment (Please tick (✓))		Mandatory Enclosure(s)*
<input type="checkbox"/> Cheque	In case the account number and account holder name of the third party is not pre-printed on the cheque then a copy of the bank passbook / statement of bank account or letter from the bank certifying that the third party maintains a bank account.	
<input type="checkbox"/> Pay Order <input type="checkbox"/> Demand Draft <input type="checkbox"/> Banker's Cheque	<p>Procured against registered pay-in account: Any one of the following (please tick ✓)</p> <p><input type="checkbox"/> Letter from Bank Manager with details of account holder's name, bank account number and PAN as per bank records (if available) or</p> <p><input type="checkbox"/> Debit instruction from the bank, mentioning the bank account details and name of the Third Party, or</p> <p><input type="checkbox"/> A copy of the passbook/bank statement evidencing the debit for issuance of a Demand Draft / Pay Order.</p> <p>Procured against cash (For investments below ₹ 50,000/- only):</p> <p>A banker's certificate for issuance of a Demand Draft / Pay Order against cash stating the name of the Third Party, bank account number and PAN as per bank record (if available)</p>	
<input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> Fund Transfer	Copy of the Instruction to the Bank stating the Bank Account Number which has been debited.	

* HSBC Mutual Fund, the AMC reserves the right to seek information and/or obtain such other additional documents/information from the Third Party for establishing the identity of the Third Party.

Amount#	in figures (₹)	in words								
Cheque/DD/PO/UTR No.	Cheque/DD/PO/RTGS Date <table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>		D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Pay-in Bank A/c No.										
Name of the Bank										
Branch	Bank City									
Bank A/c. Type:	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRI-NRO <input type="checkbox"/> NRI-NRE <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____ (please specify)									
# including Demand Draft charges, if any.										

4. DECLARATION & SIGNATURE (Refer instruction no. 5)

Third Party Declaration:

I/We confirm having read and understood the Third Party Payment rules, as given below and hereby agree to be bound by the same.

I/We declare that the information declared herein is true and correct, which HSBC Mutual Fund is entitled to verify directly or indirectly. I/We agree to furnish such further information as HSBC Mutual Fund may require from me/us. I/We agree that, if any such declarations made by me/us are found to be incorrect or incomplete, HSBC Mutual Fund is not bound to pay any interest or compensation of whatsoever nature on the said payment received from me/us and shall have absolute discretion to reject/not process the Application Form received from the Beneficial Investor(s) and refund the subscription monies.

I/We hereby declare that the amount invested in the Scheme is through legitimate sources only and does not involve and is not designed for the purpose of contravention and/or evasion of any Act, Rules, Regulations, Notifications or Directions issued by any regulatory authority in India. I/We will assume personal liability for any claim, loss and/or damage of whatsoever nature that HSBC Mutual Fund may suffer as a result of accepting the aforesaid payment from me/us towards processing of the transaction in favour of the Beneficial Investor(s) as detailed in the Application Form.

Applicable to NRIs only :

I/We confirm that I am/We are Non-Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through normal banking channels or from funds in my/our Non-Resident External/Ordinary Account/FCNR Account.

Please (✓) ☐ Yes ☐ No

If yes, (✓) ☐ Repatriation basis ☐ Non-repatriation basis

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of the Third Party) X _____

Beneficial investor(s) declaration & signature/s:

I/We certify that the information declared herein by the Third Party is true and correct.

I/We acknowledge that HSBC Mutual Fund reserves the right in its sole discretion to reject/not process the Application Form and refund the payment received from the aforesaid Third Party and the declaration made by the Third Party will apply solely to my/our transaction as the Beneficial Investor(s) detailed in the Application Form. HSBC Mutual Fund will not be liable for any damages or losses or any claims of whatsoever nature arising out of any delay or failure to process this transaction due to occurrences beyond the control of HSBC Mutual Fund.

X _____
*Sole/First Applicant

X _____
Second Applicant

X _____
Third Applicant

* Authorised signatory on behalf of employee(s), as per the list enclosed.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

THIRD PARTY PAYMENT RULES

- In accordance with AMFI best practice guidelines Circular No. 16/2010-11, pertaining to "risk mitigation process against Third Party instruments and other payment modes for mutual fund subscriptions", mutual funds/asset management companies shall ensure that Third-Party payments are not used for mutual fund subscriptions.

- The following words and expressions shall have the meaning specified herein:

- "Beneficial Investor"** is the first named applicant/investor in whose name the application for subscription of Units is applied for with the Mutual Fund.
- "Third Party"** means any person making payment towards subscription of Units in the name of the Beneficial Investor.
- "Third Party payment"** is referred to as a payment made through instruments issued from a bank account other than that of the first named applicant/ investor mentioned in the application form.

In case of payments from joint bank account, the first holder of the mutual fund folio has to be one of the joint holders of the bank account from which the payment is made.

Illustrations

Illustration 1: An Application submitted in joint names of A, B & C along with cheque issued from a bank account in names of B, C & Y. This will be considered as Third Party payment.

Illustration 2: An Application submitted in joint names of A, B & C along with cheque issued from a bank account in names of C, A & B. This will not be considered as Third Party payment.

Illustration 3: An Application submitted in joint names of A, B & C along with cheque issued from a bank account in name of A. This will not be considered as Third Party payment.

- HSBC Mutual Fund will not accept subscriptions with Third Party payments

except in the following exceptional cases, which is subject to submission of requisite documentation/ declarations:

- Payment by Employer on behalf of employee(s) under Systematic Investment Plan (SIP) or lump sum/one-time subscription, through Payroll deductions or deductions out of expense reimbursements.
 - Custodian on behalf of an Foreign Institutional Investor (FII) or a Client
 - Payment by an AMC to its empanelled distributor on account of commission/ incentive etc. in the form of Mutual Fund units through SIP or lump sum/one time subscription.
 - Payment by a Corporate to its Agent/Dealer/Distributor on account of commission or incentive payable for sale of its goods/services in the form of Mutual Fund units through SIP or lump sum/one time subscription.
- Applications submitted through the above mentioned 'exceptional cases' are required to comply with the following, without which applications for subscriptions for units will be rejected / not processed / refunded.
 - KYC Acknowledgement letter (as issued by CDSL Ventures Limited) of the Beneficial Investor and the person making the payment i.e. Third Party.
 - Declaration Form containing the details of the bank account from which the payment is made and the relationship with the investor(s). The declaration has to be given by the person making the payment i.e., third party. The said form shall be available at Investor Service Centres of the Fund or can be downloaded from our website www.assetmanagement.hsbc.co.in.
 - Investor(s) are requested to note that any application for subscription of Units of the Scheme(s) of HSBC Mutual Fund accompanied with Third Party payment other than the above mentioned exceptional cases as described in Rule (2b) above is liable for rejection without any recourse to Third Party or the applicant investor(s).

The above mentioned Third Party Payment Rules are subject to change from time to time. Please contact any of the Investor Service Centres of HSBC Mutual Fund for any further information or updates on the same.

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.

Broker Name & ARN Code / RIA Code	Sub-broker ARN Code	Sub Code	EUIN	Branch Code

Time Stamp

Transaction Charges: SEBI (Mutual Fund) Regulations allow deduction of transaction charges of Rs. 100/- from your investment for payment to your distributor if your distributor has opted to receive transaction charges for investments sourced by him. The transaction charges deductible are Rs. 150/- if you are investing in Mutual Funds for the first time. If you are making a SIP Investment, the transaction charges would be deducted over 3-4 instalments. No transaction charges would be levied if you are not investing through a Distributor or your investment amount is less than Rs. 10,000/-.

If this is the first time, you are investing in any mutual fund, please tick here ☐

Investor's Declaration where EUIN is not furnished: I/We confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction

Sole/1st Applicant / Authorised Signatory <input checked="" type="checkbox"/>	2nd Applicant / Authorised Signatory <input checked="" type="checkbox"/>	3rd Applicant / Authorised Signatory <input checked="" type="checkbox"/>
--	---	---

☐ New SIP Registration ☐ SIP Renewal ☐ Update new OTM debit mandate for already registered SIP ☐ OTM Debit Mandate to be registered in the folio.
☐ OTM Debit Mandate is already registered in the folio. Please fill, Unique Mandate Reference Number (UMRN)

1 APPLICANT INFORMATION

Name of Sole/1st Unit Holder	First Name	Middle Name	Last Name
Folio No.	Mobile No. + 9 1		
	First Unit Holder	Second Unit Holder	Third Unit Holder
PAN/PEKRN**			
KIN^			
Date of Birth^			
Email ID^			

*KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year.
^ 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).*

2 OTM DEBIT MANDATE FOR NACH/ECS/AUTO DEBIT

UMRN	F O R O F F I C E U S E O N L Y	Date	D D M M Y Y Y Y
Sponsor Bank Code		<input type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel	
Utility Code		I/We hereby authorize	HSBC Mutual Fund
To debit (✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Others	Bank Account No.	
with Bank	Name of customers bank	IFSC/MICR	
An amount of Rupees	In Words	₹	In Figures
Debit Type :	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency:	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented
Reference 1	Folio No.	Reference 2	Application Number
Mobile No.		Email ID	

1. 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 declaration has 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 understood that 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 debit.

PERIOD* Mandatory	Maximum period of validity of this mandate is 40 years only.		
From	D D M M Y Y Y Y	×	×
To	D D M M Y Y Y Y	×	×
	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
	Name as in bank records	Name as in bank records	Name as in bank records

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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

Received from	Folio No./Application No.
Scheme	Plan
<input type="checkbox"/> New SIP Registration <input type="checkbox"/> SIP Renewal <input type="checkbox"/> Update New OTM Debit Mandate <input type="checkbox"/> OTM Debit Mandate to be registered in the folio.	
<input type="checkbox"/> SIP Amount Rs.	Frequency <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
<input type="checkbox"/> STP Top Up Amount Rs.	Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly

Acknowledgement
Stamp & Date

3 SIP & INVESTMENT DETAILS

First SIP Details

Instrument No.	<input type="text"/>	Dated	<input type="text"/>	Cheque Amount	₹ <input type="text"/>
Bank Name	<input type="text"/>			A/C No.	<input type="text"/>
Branch	<input type="text"/>			City	<input type="text"/>
A/c. Type	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> Others			UMRN for One Time Mandate <input type="text"/>	
Reason for your SIP (✓)	<input type="checkbox"/> Children's Education <input type="checkbox"/> Children's Marriage <input type="checkbox"/> House <input type="checkbox"/> Car <input type="checkbox"/> Retirement <input type="checkbox"/> Others				
Scheme Name	HSBC India Export Opportunities Fund			Plan	Option/Sub option
IDCW Frequency	<input type="text"/>			SIP Date <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default^*) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st	
SIP period	From	<input type="text"/>	To	<input type="text"/>	
[If end date is not mentioned then the SIP will be considered based on end date provided in NACH Mandate]					
SIP Frequency	<input type="checkbox"/> Weekly^ <input type="checkbox"/> Monthly^* <input type="checkbox"/> Quarterly (10th)			SIP Day <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday^ <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	
SIP Amount (figures)	₹ <input type="text"/>	(words)	<input type="text"/>		

☐ **SIP Top Up** (Optional) – Available only for investments effected through Auto Debit.

Top Up Amount	₹ <input type="text"/>	Top Up Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Annual (Default)^
Top Up to continue till SIP amount reaches^^	₹ <input type="text"/>	OR Top Up to continue till #	<input type="text"/>

* For NRI Investors. ^ 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. 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. Please ensure the amount mentioned in the NACH form is a total of per SIP installment requested above. ^^ 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.

4 DECLARATION AND SIGNATURE(S) (to be signed by all Unit Holders if Mode of Holding is 'Joint')

OTHER DECLARATIONS (Signature(s) should be as it appearing on the Application Form and in the same order

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.

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

Mutual Fund investments are subject to market risks, read all scheme related documents carefully.

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

SYSTEMATIC INVESTMENT PLAN (SIP)/MICRO SIP - GENERAL INSTRUCTIONS

Please read the below instructions carefully before filling the form. Please fill up the form in English in BLOCK LETTERS with black or dark ink. All information sought in the form is mandatory except where it is specifically indicated as optional. All instructions & notes are subject to SEBI and AMFI guidelines as amended from time to time. Please note in case of any error while filling the form all applicants must sign against the corrections.

1. ONE TIME DEBIT MANDATE FORM (OTM):

- Investors who have already submitted One Time Debit Mandate Form (OTM) or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors wish to add a new bank account towards OTM facility, may fill the form with the new bank details.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed with their name mentioned.
- Alongwith OTM, investors need to provide an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered failing which registration may not be accepted. Investor's cheque/bank account details are subject to third party validation.
- Investors are deemed to have read and understood the terms and conditions of SIP registration, Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and addendum issued from time to time of the respective Scheme(s) of HSBC Mutual Fund.
- Date and validity of the mandate should be mentioned in DD/MM/YYYY format.
- Sponsor Bank Code and Utility Code of the Service Provider will be mentioned by HSBC Mutual Fund.
- For the convenience of investors, the frequency of the mandate mentioned "As and when presented".
- From date and To date is mandatory. However, the maximum duration for enrollment is 40 years.

Mandatory Information to be provided by investors in One Time Debit Mandate Form (OTM):

• Date of Mandate	• Bank A/c Type
• Bank Account Number	• Bank Name
• IFSC and/or MICR Code	• Maximum Amount (Rupees in figures and words)
• Folio No./Appln No.	• Mandatory From Date
• Mandate To Date	• Signature(s) as per Bank records
• Name(s) as per Bank records	

2. Applicant Information:

Please furnish the Folio Number, Name and PAN of Sole/First Applicant Section 2 of the Form. Your investment would be processed in the specified folio.

Investors/Unit holders should provide the Folio & Name of the Sole/Primary Holder. In case the name as provided in this application does not correspond with the name appearing in the existing Folio, the application form may be rejected.

Your personal information and bank account details would apply to this investment as well.

Please provide the Mobile Number and E-Mail Address of the Sole/First Applicant in the form in case of Individuals and Key Contact in case of Non-Individuals. This would help us seamlessly communicate with you on your investments.

KYC is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year. * 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).

Permanent Account Number (PAN): Furnishing of PAN is mandatory for all applicants except where specific dispensation is provided under law.

Upon signing and submitting the Application Form and tendering payment it will be deemed that the investors have accepted, agreed to and shall comply with the terms and conditions detailed in the respective Scheme Documents.

3. SIP & Investment Details:

- For SIP in more than 1 scheme, your investment cheque should be crossed "Account Payee only" and drawn favoring "HSBC Multi SIP Collection Account").
- New Investors who wish to enroll for SIP investment are required to fill (i) OTM Mandate Form (ii) SIP Registration Form and (iii) the respective Scheme Application form (included in the Key Information Memorandum).
New Investors can apply for SIP into respective Scheme/Plans/Option without any existing investment/folio. Please mention the name of the Scheme where you plan to make your investment and your preferred option. If you do not indicate your preferred option, your application would be processed based on the terms & conditions set out in the Scheme Information Document. If you are not investing through a Distributor, please suffix "Direct Plan" after the scheme name.
- Where a One Time Mandate is already registered in a folio for a bank account, the Unit Holder(s) is not required to fill the OTM debit mandate again. However, please mention the UMRM, debit bank name & account number.
- Where the OTM mandate is getting submitted for the first time, please fill the OTM debit mandate form for NACH/ECS/Auto debit mandatorily.
- Enclose cancelled cheque leaf of the bank where OTM is getting registered if the initial purchase cheque is not from the same bank account.
- Investors can choose any preferred day/date of the month as SIP debit day/date. In case the chosen day/date falls on a non-business day or on a date which is not available in a particular month, the SIP will be processed on the immediate next business day.
- Investors can discontinue a SIP at any time by sending a written request to any Official Point of Acceptance or to the registrar CAMS. Please note that it would take 10 calendar days for the SIP to discontinue from the date of receipt of the duly filled request. Any installment due during this period might get debited from the bank account if it falls within 10 calendar days.

Further in case of 3 consecutive SIP payment instructions provided by the investor are dishonored for insufficiency of funds, the AMC reserves the right to discontinue the SIP.

Micro SIP:

- As per AMFI notification and guidelines issued on July 4, 2009, SIPs or Lumpsum purchases by eligible investors in a rolling 12 month period not exceeding Rs. 50,000 shall

be exempt from the requirement of PAN. From January 1, 2012, KYC is mandatory for all holders of Micro investments.

- The exemption of PAN requirement is only available to individuals.
- Eligible investors may invest through SIP or lumpsum purchase without providing PAN subject to the threshold amount as mentioned above.
- Eligible investors should attach a copy of KYC acknowledgment letter quoting PAN exempt KYC Reference No. (PEKRN) along with the application form.

Third Party Payments:

- Third Party Payments for investments are not accepted except in the below cases
 - Payment by employer on behalf of employees under SIP or lump sum subscription through Pay Roll deductions or deductions out of expense reimbursements.
 - Custodian on behalf of an FPI or Client made by Custodian.
 - Payment by an AMC to its empanelled distributor on account of commission/incentive etc. in the form of Mutual Fund units through SIP or lump sum/one time subscription.
 - Payment by a Corporate to its Agent/Dealer/Distributor on account of commission or incentive payable for sale of its goods/services in the form of Mutual Fund units through SIP or lump sum/one time subscription.
- Investors can opt for SIP Top Up facility wherein the amount of SIP can be increased at fixed intervals.
 - Top Up facility will be available for valid new registration(s) under SIP or renewal of SIP & for the existing SIPs;
 - Top Up facility will be available only for investments under SIP effected through auto – debit;
 - Amount of Top Up shall be in multiples of ₹500;
 - Top Up can be done on a half yearly/annual basis;
 - Top Up Facility will not be available for investments under SIP where the auto debit period has not been indicated by the investor at the time of investments.
 - Unit holders have the option of indicating the threshold in terms of amount or the date up to which the Top Up will continue. On reaching the threshold, Top Up with respect to the SIP concerned shall cease and SIP instalments will continue at the amount which was invested last for such period as may be specified in the SIP application form.

Default Option is Annual

- Your investment cheque should be crossed "Account Payee only" and drawn favoring the scheme name where the investment is in a specific scheme
- Please ensure that the investment cheque issued by you complies with CTS 2010 requirement stipulated by the Reserve Bank of India. The words "CTS 2010" should appear on the face of the cheque.
- Payments made by Cash/Money Order/Postal Order, Non-MICR cheque, outstation cheques are not accepted.
- For detailed terms and conditions on SIP, SIP Top-up, OTM facility, please visit our website www.assetmanagement.hsbc.co.in and also refer to scheme related documents.
- Note:** 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 amount. Net Asset Value (NAV) will be applied based on realization of funds for all purchases including systematic transactions registered prior or post February 1, 2021.
- Applications incomplete in any respect are liable to be rejected. AMC/RTA shall have absolute discretion to reject any such Application Forms.
- Investors are advised to retain the acknowledgment slip till they receive a confirmation of processing of their SIP Mandate from the HSBC Mutual Fund Investor Service Centre (ISC)/CAMS.
- Minimum application amount and number of instalments:

Frequency	Minimum Installment Amount			Minimum number of Installments			SIP Dates
	Equity, Hybrid and Equity Index Schemes#	Debt Schemes#	HSBC ELSS Tax Saver Fund and HSBC Tax Saver Equity Fund*	Equity, Hybrid and Equity Index Schemes#	Debt Schemes#	HSBC ELSS Tax Saver Fund and HSBC Tax Saver Equity Fund*	
Weekly	Rs. 500/-	Rs. 500/-	Rs. 500/-	Min 6 instalments and Aggregate of Rs. 6,000	Min 6 instalments and Aggregate of Rs. 6,000	Min 6 instalments and Aggregate of Rs. 3,000	Any Dates ❖
Monthly	Rs. 500/-	Rs. 1,000/-	Rs. 500/-	Min 6 instalments and Aggregate of Rs. 6,000	Min 6 instalments and Aggregate of Rs. 6,000	Min 6 instalments and Aggregate of Rs. 3,000	
Quarterly	Rs. 1,500/-	Rs. 1,500/-	Rs. 500/-	Min 4 instalments and Aggregate of Rs. 6,000	Min 4 instalments and Aggregate of Rs. 6,000	Min 4 instalments and Aggregate of Rs. 3,000	

in multiples of Re 1 *in multiples of Rs 500

However, as per ELSS guidelines, a mutual fund can have only one open-ended ELSS scheme. In view of the said restriction, subscription into HSBC Tax saver Equity Fund has been closed from business hours on November 25, 2022.

❖ In case investor has missed to tick the date for Monthly and Quarterly frequency then the default date will be considered as 10th. Similarly, in case of Weekly SIP frequency the Default day will be considered as Wednesday. In case the chosen date falls on a Non-Business Day or on a date which is not available in a particular month, the SIP will be processed on the immediate next available Business Day. If the choice of date selected is more than one date then the SIP installment will be processed only for Business Days when NAV is available. No SIP installment shall be processed for Saturday, Sunday or any other non-business day.

4. Declarations & Signatures:

Unit holders need to sign here in accordance to the Mode of Holding provided to us and as per the mode of holding in the bank account in the same sequence and manner in the relevant boxes provided in the form.