

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	EUN	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 EUN is not furnished: I/We confirm that the EUN 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"/>
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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^	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
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 Date

Sponsor Bank Code Create Modify Cancel

Utility Code I/We hereby authorize **HSBC Mutual Fund**

To debit (✓) SB CA CC SB-NRE SB-NRO Others Bank Account No.

with Bank IFSC/MICR

An amount of Rupees In Words ₹ In Figures

Debit Type : Fixed Amount Maximum Amount Frequency: Monthly Quarterly Half Yearly Yearly As & when presented

Reference 1 Reference 2

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 From To Or Until Cancelled

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

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

Received from _____ Folio No./Application No.

Scheme _____ Plan _____ Option/Sub-option _____

New SIP Registration SIP Renewal Update New OTM Debit Mandate OTM Debit Mandate to be registered in the folio.

OTM Debit Mandate is already registered in the folio.

SIP Amount Rs. _____ Frequency Weekly Monthly Quarterly

STP Top Up Amount Rs. _____ Frequency Half Yearly Yearly

Acknowledgement Stamp & Date