

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

Distributor / Broker ARN ARN -0988 / Ganesh S. Shanbhag	Sub-Broker / Bank Branch Code	M.O. Code
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Application No. : **D**

For Office Use Only

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor. Any correction of Broker Code requires investor's authentication.

1 EXISTING UNITHOLDER [Please fill in your Folio No. below. Please furnish only KYC and PAN details in Section 2 (if not provided earlier) and proceed to Section 3]

Please note that applicant details and mode of holding will be as per existing Folio Number.

Folio No.

2 APPLICANT'S INFORMATION (Please fill in Block Letters use one box for one alphabet leaving one box blank between two words)

SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON PAN CARD Are you a US person/resident of Canada? (✓) Yes No^{††}

Name Mr Ms M/s

Date of Birth[‡] (Mandatory for Minors) PAN** (Mandatory) Enclosed (✓) PAN Card Copy KYC Compliance Proof*
~ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Marksheet issued by HSC/State Board Passport Others _____ (please specify)

Receive Account Statement, Annual Reports and other information instantly by e-mail[^] I/We wish to receive updates via SMS on my mobile (✓)

e-mail
 I / We wish to receive the above by email I / We do not wish to receive the above by email
[^] Note : Where the investor has not opted for any option or has opted for both options, the application will be processed as per the default option, i.e., receive the account statement, annual reports and other correspondence by e-mail and receive SMS updates on Mobile.

Occupation[‡] (✓) Private Sector Service Public Sector / Government Service Business Professional Agriculturist Retired
 Housewife Student Proprietorship Forex Dealer Others (Please specify) _____

Guardian Name (if Sole / First applicant is a Minor) **Contact Person** (in case of Non-individual Investors only)
Mr Ms M/s
 Natural Guardian⁺ (Father or Mother) Legal Guardian^{††} (court appointed Guardian) PAN** (Mandatory)
⁺ Document evidencing relationship with Guardian Enclosed (✓) PAN Card Copy KYC Compliance Proof*
^{††} In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support. PAN/KYC not required for contact person but required for Guardian of Minor.

Nationality[‡] Country of Residence[‡]

Address for Correspondence[‡] [P.O. Box Address is NOT sufficient] (Should be same as in CVL records, please refer to point 8 under Important Instructions)

City Pin Code
State Country

Contact Details
Phone O Extn. Fax
R Mobile

Overseas Address (Mandatory in case of NRI / FII applicant in addition to mailing address) (Should be same as in CVL records, please refer to point 12 under Important Instructions)

State Country (Mandatory) City
Zip Code

Status (✓) Resident Individual Minor Partnership Company HUF FII NRI Trust Society AOP / BOI Others _____

Mode of Holding (✓) Single Joint (Default if not mentioned) Anyone or Survivor

Name of Second Applicant (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor) Are you a US person/resident of Canada? (✓) Yes No^{††}

Mr Ms M/s
PAN** (Mandatory) Enclosed (✓) PAN Card Copy KYC Compliance Proof* Date of Birth


Name of Third Applicant (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor) Are you a US person/resident of Canada? (✓) Yes No^{††}

Mr Ms M/s
PAN** (Mandatory) Enclosed (✓) PAN Card Copy KYC Compliance Proof* Date of Birth

PoA Holder Details* (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder)

Mr Ms M/s
PAN** (Mandatory) Enclosed (✓) PAN Card Copy KYC Compliance Proof*
PoA copy notarised or the original copy of PoA needs to be submitted in case of Investment through PoA.

* W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch) (for details refer point 8 under Important Instructions).
** Please note that w.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs). Please see point 7 under Important Instructions.
[‡] Please note that information sought here will be obtained from CVL also. In case of any differences, the CVL input will apply.
^{††} Default if not ticked.

...continued overleaf 

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor)

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

Application No. : **D**

Received from Mr Ms M/s
Folio No. application for Units of Scheme _____
Plan _____ Option _____ Sub-option _____ alongwith Cheque/DD No. _____
Dated _____ Drawn on (Bank) _____ Amount (Rs.)
Date / /

Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.

ISC Stamp, Signature & date

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

Core Banking A/C No. A/c. Type (✓) Current Savings NRO* NRE* * For NRI Investors
 Bank Name
 Branch Address
 MICR Code RTGS IFSC Code For Rupees One lakh and above NEFT IFSC Code For less than Rupees One lakh
 ▲ (9 digit number next to your Cheque No.)
 Please also provide a cancelled cheque leaf of the same bank account as mentioned above.
 Mentioning your 11 digit RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us transfer the amount to your bank account quicker, electronically.

4 INVESTMENT & PAYMENT DETAILS (Please (✓) Scheme / Plan / Option / Sub-option / Dividend Frequency)

Scheme HMP-R HMP-S HIF HGF HFRF HCF HUSBF HFDF **Option** Regular Institutional Institutional Plus
Plan ^^ **Sub-option** Growth (default) Dividend Reinvestment Dividend Payout
Dividend Frequency Daily** Weekly† Monthly# Quarterly\$ Fortnightly^ Half Yearly††
 The scheme name mentioned on the application form and the cheque has to be same. In case of any discrepancy between the two, units will be allotted as per scheme name mentioned on the cheque only.
 ^^ Applicable for HMP-R, HMP-S, HIF and HFRF only. ** Applicable for Institutional / Institutional Plus options of HCF & HUSBF and Regular option of HUSBF and HCF only. † Applicable for Institutional / Institutional Plus options of HFRF-LT, HUSBF, HCF and Regular option of HFRF-LT, HUSBF, HCF only. Dividend Payout in case of HFRF-LT is done only for dividend amount equal to or greater than 1 lacs. # Applicable for Institutional / Institutional Plus Options of HCF & HFRF-LT, HIF-SP, HUSBF, HFDF, HGF, HMP-R and HMP-S only. \$ Applicable for HMP-R, HMP-S, HUSBF, HFDF and HIF-IP only. ^ Applicable for Regular & Institutional Option of HFDF and Institutional Option of HFRF LT. †† Applicable for Regular and Institutional Options of HFDF. Please note that dividend payout is available only in the Monthly, Quarterly & Half Yearly Sub-Options.
 Investment Amount (Rs.) DD charges (Rs.) Net Amount (Cheque / DD amount) (Rs.)
 Mode of Payment Cheque / DD / Fund Transfer Cheque / DD No. Dated
 Cheque / DD Drawn on : Bank
 Branch City
 A/C No. A/c. Type (✓) Current Savings NRO* NRE* Others _____ (* For NRI Investors)

Documents attached to avoid Third Party Payment Rejection where applicable : Third Party Declarations Bank Certificate for Pre-funded Instruments
MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account in my/our name Yes No. If no, my relationship with the bank account holder (✓)
 Parent Grandparent Employee Custodian Others _____ (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 10 on the Third Party Payments).

SYSTEMATIC INVESTMENT PLAN (SIP) is available in all Schemes of HSBC Mutual Fund. Investors can opt for SIP by filling up the SIP Application Form and SIP Auto Debit Form which is available with HSBC Investors Service Centres and CAMS Collection Centres.

5 SYSTEMATIC TRANSFER PLAN (STP) (For investors in Scheme(s) where applicable)

Transfer from Scheme : HIF HGF HMIP-R HMIP-S HFRF HCF HUSBF HFDF
Plan
Option Regular Institutional Institutional Plus
Sub-option Growth Dividend Reinvestment Dividend Payout
Dividend Frequency Daily Weekly Monthly Quarterly Fortnightly Half Yearly
Transfer to Scheme : HEF HIOF HUOF HPTF HMEF HEMF HTSF HSCF HDF HBF
Option Growth Dividend Reinvestment Dividend Payout
 Amount per instalment (Rs.)
 (Minimum transfer amount Rs.1000/- and in multiples of Re.1/- thereafter)
 STP Date (✓) 3rd 10th 17th 26th 30th ## All Dates
 Instalment commencing ## Last Business Day of the month for February
 From / / To / /

6 NOMINATION DETAILS (To be filled and signed by Individual(s) applying singly or jointly) (ref. Important Instruction 13)

I/We _____ and _____ and _____
 (strike out which is not applicable) do hereby nominate the undermentioned nominee(s) to receive the units allotted to my / our credit in my Folio in the event of my / our death.
Name and Address of Nominee(s) If the nominee is a minor, Name & Address of the guardian is Mandatory

	First Nominee	Second Nominee	Third Nominee
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian's Address (in case of Minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allocation %	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (if nominee is a minor)	<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We do not wish to appoint a Nominee in this Folio (default in case details above are not provided).

Signature(s)	Sole/First Applicant	Second Applicant	Third Applicant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

The Trustees, HSBC Mutual Fund
 Having read and understood the contents of the Combined Scheme Information Document, SAI and Addenda of the Scheme(s) issued till date, I / We hereby apply under Direct / AMFI Certified empanelled distributors to the Trustees of HSBC Mutual Fund for units of the Scheme / Plan / 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. I/We have read and agreed to the terms and conditions for ECS / Direct Debit. *I/We confirm that I am/we are Non-Residents of Indian Nationality/ Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. 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) 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 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).

Sole / First Applicant / Guardian / PoA	<input type="text"/>
Second Applicant / PoA	<input type="text"/>
Third Applicant / PoA	<input type="text"/>
Date	<input type="text"/>

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.

CALL US AT
HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:
 • Ahmedabad : Tel : 98983 77319 • Bengaluru : Tel : 080 4118 6519 • Chandigarh : Tel : 017 2500 8119 • Chennai : Tel : 044 4200 8719 • Coimbatore : Tel : 98944 77319
 • Hyderabad : Tel : 040 6667 4719 • Indore : Tel : 98934 77319 • Kochi : Tel : 98954 77319 • Kolkata : Tel : 033 2213 9919 • Lucknow : Tel : 99367 97319
 • Mumbai : Tel : 022 6666 8819 • New Delhi : Tel : 011 4149 0719 • Pune : Tel : 020 2600 1119 • Vadodara : Tel : 98983 77319
CAMS CENTRES: Tel.: 1-800-200-2267