1	DISTRIBUTOR INFORMATION (Only	y empanelled Distributors / Brokers	will be permitted to distribute Units)	Global Asset Management				
	Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub code EUIN					
	South Gujarat ARN: 54854			Application No. : D				
	By mentioning RIA code, I / we authorise your ansactions in the schemes(s) of HSBC Mutual F		vestment Adviser (RIA) the details of my / our					
E	I / We hereby confirm that the EUIN box has	been intentionally left blank by me / u		For Office Use Only				
	interaction or advice by the employee / relation the advice of in-appropriateness, if any, provide							
	Sole / First Applicant / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory					
			tt 5 on page 20 regarding transaction charge					
	I AM A FIRST TIME MUTUAL FUN (r 150 will be deducted as transaction char		re) I AM AN EXISTING INVESTO (r 100 will be deducted as transactio	DR IN MUTUAL FUND n charge for per purchase of r 10,000 and more)				
			isting folio, furnish only KYC and PAN details below					
Τ	Folio No.	Please not	te that applicant details and mode of holdi	ng will be as per existing Folio Number.				
	SOLE/FIRST APPLICANT'S PERSONA	L DETAILS AS APPEARING ON	A ADHAAR Are you a resident of Cana	da. ? (\checkmark) Yes \square No ^{‡‡} \square ^{‡‡} Default if not ticked.				
	Name [^] Mr Ms M/s		Should match with Aadhaar					
	Date of Birth ~‡ (Mandatory) D D M M	Y Y Y Y	 ∼ Proof Enclosed (✓) Birth Certificat Marksheet issued by HSC State Board 	e School Leaving Certificate Passport Others (please specify)				
ĺ	KYC Identification No. (KIN) ‡‡							
Ì	Aadhaar Number**		Where Aadhaar number has not been assig					
	PAN** (Mandatory)		Proof of application of enrollment of AProof to be enclosed (\checkmark)PAN card C					
	,			opy				
	Nationality‡ Guardian Name [^] (if Sole / First applican	nt is a Minor) Contact Barrow	_ Country of Residence					
	Mr Ms M/s	in is a winter) Contact Person (in						
ł	KYC Identification Number (KIN) ^{‡‡}							
	Aadhaar Number**		Where Aadhaar number has not been ass					
			Proof of application of enrollment of $Proof$ to be applead ((x) PAN and C					
			PAN** (Mandatory) Proof to be enclosed (✓) PAN card Copy					
	Natural Guardian ⁺ (Father or Mother) Legal Guardian ⁺⁺ (court appointed Guardian) * Document evidencing relationship with Guardian ** In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.							
				bintment letter, affidavit etc. to support.				
	* Document evidencing relationship with Guardian Status of Sole / 1st Applicant (\checkmark): Reside	n ++ In case of Legal G ent Individual Resident Minor (throug	uardian, please submit attested copy of the court appoint of the court a	Non-Resident (Non-Repatriable) Non-Resident				
	+ Document evidencing relationship with Guardiau Status of Sole / 1st Applicant (✓): Reside Minor (Repatriable) Non-Resident – Minor	n ++ In case of Legal G ent Individual Resident Minor (throug r (Non-Repatriable) Bank FPIs	uardian, please submit attested copy of the court appr gh Guardian) Non-Resident (Repatriable) N QFI/EFI AOP HUF FPI Sole-Pi	Von-Resident (Non-Repatriable) Non-Resident roprietor Private Limited Company Public				
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City	Pin Code
State	Country
	Extn. Fax
Details Phone R	Mobile
e-mail~	
[~] On providing e-mail id investors shall receive scheme wise annual report or an abridged s	ummary thereof / account statements / statutory & other documents and marketing material by er
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)
State Country (M	andatory) Zip Code
JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (\checkmark) where	•••••••••••••••••••••••••••••••••••••••
	t if not mentioned) Anyone or Survivor
NAME [^] OF SECOND APPLICANT (Not applicable if Sole / First Applicant is a Minor and	
Mr Ms M/s	puld match with Aladhaar
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Aadhaar Number**	Where Aadhaar number has not been assigned : Please enclose -
	Proof of application of enrollment of Aadhaar
PAN** (Mandatory)	Proof to be enclosed (\checkmark) PAN card Copy
Nationality	Country of Residence
	Government Service Professional Agriculturist Retired Housewife Stu
Business [Nature of Business]	Doctor Forex Dealer Money lender Casino Owner Arms manufact
Gambling services offerer Money lender Pawn Broker Others	Please specify]
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NAME [^] OF THIRD APPLICANT (Not applicable if Sole / First Applicant is a Minor and T	'hird Applicant cannot be a Minor) Are you a resident of Canada.? (✓) Yes No [#] Default if not ticked
	ould match with Aadhaar
Date of Birth D D M M Y Y Y Y	KYC Identification Number (KIN) ‡‡
Aadhaar Number**	Where Aadhaar number has not been assigned : Please enclose -
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PAN** (Mandatory)	Proof to be enclosed (\checkmark) PAN card Copy
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INVESTMENT & SOURCE OF F	UNDS DETAILS (Please (1))	Scheme/Plan/Option/Sub-Option	n/Dividend Frequency) (refer Importa	nt Instruction No. 10 on Third Party Payments				
	HMIP HIF-STP	HIF-IP	HCF	HUSBF HFDF				
	-option (✓) Growth (defa	ault) Dividend Reinv						
Dividend Frequency The scheme name mentioned on the application	Daily** Weekly†	In case of any discrepancy betwee		Fortnightly^ Half Yearly ^{††}				
** Applicable for HCF & HUSBF on for HMIP, HIF-IP and HFDF onl	ly. † Applicable for HIF-ST,	HCF & HUSBF only. # App	blicable for HMIP, HIF–ST, HCI	, HUSBF & HFDF only. ^S Applicable				
the Monthly, Quarterly & Half Yearly	& under scheme HCFWD for	dividend amount equal or g	reater to INR 250/ Dividend Pa	yout will be dependent on the scheme				
A) SIP : SYSTEMATIC INVES		hrough ECS Debit Clear						
First SIP Cheque/DD Details : Drawn on Bank A/c. No.	Cheque/DD No.	Bank Name &	Chieque/BB Bute	D D M M Y Y Y Y				
MICRO SIP (Refer Note No. 4C on p	ago 20) Doto of Birth			Reference No.				
For the permissible list of applicable docum		M M Y Y Y Y Supportin Documen	t type	(if available)				
B) ONE TIME LUMPSUM IN								
	DD RTGS NEFT			M M / Y Y Y Y				
Cheque/DD/RTGS/NEFT No			1 Bank A/c. No.					
DD charges (Rs.) (ii)		Bank Name Branch						
Total Amount (Rs.) (i + ii)		·	Savings NRO* NRE* FC	NR* Others(* For NRI Investors				
Documents attached to avoid Third P	arty Payment Rejection where	e applicable : Third Party	Declarations Bank Certificate	for Pre-funded Instruments				
MANDATORY DECLARATION : The If no, my relationship with the bank acc		·						
the Third Party declaration form is attac				(Flease specify), and				
C) SIP : SYSTEMATIC INVE	STMENT PLAN [For SIP t	through Post Dated Cheq	ues (PDCs)] (All cheques should	be of same date of the months/quarters				
First SIP Cheque Details :		Drawn on Ba	nk A/c. No.					
Cheque No. D D M Cheque Date D D M M	Y Y Y Y	Bank Name Branch						
SIP Date (\checkmark) Monthly (Default^)		17th 26th 30th ## A		ast Business Day of the month for February				
SIP Period Start Date M M	A Y Y End Date M M	Y Y March 2025 (Def	C 1. A A \	efer instruction 4b(f) Refer instruction 4b(g)				
Each SIP Amount (Rs.)	Chequ	ue Nos. From	То					
Drawn on Bank A/c.	Bank	ζ.	Branch					
SYSTEMATIC TRANSFER PLAN	(STP) (For investors in Sc	cheme(s) where applicable)						
Transfer from Scheme : HIF-S	STP HIF-IP HM HUSBF HF		Scheme : HEF HIOI HEMF HTSI					
		Option	Growth Divid	end Reinvestment Dividend Payout				
Plan			Instalment (Rs.) usfer amount Rs.1000/- and in multiple	s of Re 1/- thereafter)				
Option Regular Institu	utional Institutional	Plus `) 3rd 10th 17th	26th 30th ^{##} All Dates				
	nd Reinvestment Divide	end Payout ## Last Busine Instalment co	ess Day of the month for February					
Dividend Frequency Daily Weekly Mon	thly Quarterly Fortnightly			D D M M Y Y Y Y				
DEMAT ACCOUNT DETAILS		•						
Please ensure that unit holders are giv as mentioned in the application form			o account statement as per curre	nt practice and the sequence of names				
	NSDL	A	(DSL				
DP Name								
DP ID I N			N A					
Beneficiary Account No.								
NON-INTENTION TO NOMINAT	× •		0 0	· · · · · · · · · · · · · · · · · · ·				
Please \checkmark I/We hereby confirm t	hat <u>I/We do not wish to exe</u>	ercise the right of nomina	ation in respect of units subso	ribed/purchased by me/us.				
Signature(s)								
Sole	/First Applicant	Second App	licant	Third Applicant				
OR NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 14)								
	it holder 1)	with the second s	(Unit holder 2	× ,				
	holder 3)	*do hereby nomi	nate the person(s) more particular	y described hereunder/and*/cancel the				
(Unit			r Folio No.	•				
	day of							
nomination made by me/us on the	• ·	•	Signature of Nominee / Guardi	Proportion (%) in which the				
	Date of Birth Name	e & Address of Guardian e the Nominee is a Minor)	Signature of Nominee / Guardi of Nominee (Optional)	units will be shared by each				
nomination made by me/us on the Name & Address of Nominee(s)	Date of Birth Name	e & Address of Guardian						
nomination made by me/us on the Name & Address of Nominee(s) Nominee 1	Date of Birth Name	e & Address of Guardian		units will be shared by each				
nomination made by me/us on the Name & Address of Nominee(s) Nominee 1 Nominee 2	Date of Birth Name	e & Address of Guardian		units will be shared by each				
nomination made by me/us on the Name & Address of Nominee(s) Nominee 1	Date of Birth Name	e & Address of Guardian		units will be shared by each				

11

CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) [Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]

Place and Country of Birth		dian Second Apj	piicalit	Third Applicant					
	Place	Place		Place					
	Country	Country		_ Country					
Address Type	Residential Busines	ss Residential	Business	Residential Business					
for KYC address]	Registered Office	Registered Office		Registered Office					
Tax Resident (i.e. are you	Yes No	Yes	No	Yes No					
assessed for Tax) in any country other than India?									
	s (other than India) in which you are	a Pasidant for tax purposa i a wha	ra vou ara Citizan	/ Resident / Green Card Holder / Tax Re					
in the respective countries	s (other than india) in which you are	a Resident for tax purpose i.e. whe	ie you are Citizen	/ Resident / Green Card Holder / Tax Re					
Country of Tax Residency#									
5									
Tax Identification Number (TIN) or Functional Equivalent [^]									
Identification Type (TIN or									
Other, please specify)									
If TIN is not available, please tick \checkmark the reason A, B or C	A B C	A B	C	A B C					
[as defined below]]								
Reason A – The country where th	e Account Holder is liable to pay tax	does not issue TIN to its residents							
• -	lect this reason only for the authoritie	es of the respective country of tax r	esidence do not re	quired the TIN to be collected]					
Reason C – Others - Please specif	•								
	ne individual is a citizen / green card hber is not available, kindly provide i								
	· • • 1	1							
FATCA / CRS SELF		DIVIDUAL INVESTORS AND JST / SOCIETY / PARTNERSH		TE BENEFICIAL OWNER (UBO)					
DI	•	JST / SUCIEIT / PARTNERS	TIP FIRIVI etc.)						
Please complete Annexure A &	х В 								
DECLARATION AND SIGN	ATURES (In case of joint holding	ng, signatures of all unit holder	rs are mandator	v)					
FATCA / CRS DECLARATIO				J /					
				f my knowledge and belief. I certify that					
the Account Holder (or am author	prised to sign for the Account Holde	r) of all the account(s) to which the	is form relates. In	case any of the above specified informa					
found to be false or untrue or mis	leading or misrepresenting I am aw	are that I will be responsible for it	I authorize the Fu	nd to update its records from the FATCA					
				e Fund to share the given information pro-					
by me to the Fund with other SE!	BI Registered Intermediaries to facil	litate single submission / updation.	I also undertake t	o keep the Fund informed in writing abo					
				formation as may be required at the Fund					
				on to me for non-submission of document					
·			(s) under intimatio	on to me for non-submission of document					
ONSENT FOR UPDATION AND VALIDATION OF AADHAAR									
T/TT/ 1 1	/We hereby provide my /our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage (ii) validating/authentics ind (ii) updating my/our Aadhaar number(s) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA.								
I/We hereby provide my /our cons	number(s) in accordance with the A	We hereby provide my/our consent for sharing/disclosing of my Aadhaar number(s) including demographic information with the asset management companies of							
and (ii) updating my/our Aadhaar	r number(s) in accordance with the A		phic information						
and (ii) updating my/our Aadhaar I/We hereby provide my/our cons	r number(s) in accordance with the A	dhaar number(s) including demogra		with the asset management companies of					
and (ii) updating my/our Aadhaar I/We hereby provide my/our cons registered mutual fund and their I	r number(s) in accordance with the A sent for sharing/disclosing of my Aa	dhaar number(s) including demogra		with the asset management companies of					
and (ii) updating my/our Aadhaar I/We hereby provide my/our cons registered mutual fund and their I OTHER DECLARATIONS	r number(s) in accordance with the A sent for sharing/disclosing of my Aaœ Registrar and Transfer Agent (RTA) :	dhaar number(s) including demogra for the purpose of updating the sam	e in my/our folios	with the asset management companies of s.					
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and (ii) updating my/our Aadhaar I/We hereby provide my/our cons registered mutual fund and their H OTHER DECLARATIONS Having read and understood the Scheme(s) issued till date, I / We l regulations of the Scheme and the	r number(s) in accordance with the A sent for sharing/disclosing of my Aac Registrar and Transfer Agent (RTA) : contents of the Scheme Information hereby apply to the Trustees of HSB(e above mentioned documents of HSB	dhaar number(s) including demogra for the purpose of updating the sam n Document, Key Information Doc C Mutual Fund for units of the relev SBC Mutual Fund. I / We hereby au	ument,Statement ant Scheme and ag thorise HSBC Mu	with the asset management companies of of Additional Information and Addenda gree to abide by the terms, conditions, rul atual Fund, the AMC and its Agents to di					
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Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.