Distri	butor / Broker ARN		Sub-Bro	ker Code	Ар	plication N	0. :	
ARN - 13	308					-		nly
Upfront commission shall be	paid directly by the investor to the	AMFI registered Dis	tributors based on the	investor's assessment	of		For Office Use O	шу
various factors including the	service rendered by the distributor.	r. Any correction of B	roker Code requires ir	vestor's authenticatio	n.	(if wat	d coulier) d	d to frat' a
	IOLDER [Please fill in your licant details and mode of					· · ·	d earlier) and procee	d to Section 3
		-	-	-		Folio No.		
APPLICANT'S IN SOLE / FIRST APP	FORMATION (Please fil LICANT'S PERSONAL I	ll in Block Lette DETAILS		r one alphabet le Are vou a reside				# Default if
Name Mr Ms M/s								Deluart II
Date of Birth~‡	D D M M Y Y	y y PAN**			Enclos	sed (🖌) 🗌 PA	N Card Copy 🗌 K	VC Complia
(Mandatory for Minors)		(Mandator		· 11 UG				-
. ,	Birth Certificate Sch	<u> </u>		•				a
	nent, Annual Reports and ou	ler mormation m	stantiy by e-man		I/We wish to r	eceive update	s via SMS on my n	nobile (✓)
e-mail	to the observe here "	A N T 4	Where the interior	has not out-1 f	w ontion 1	tad far 1-4	iona tha analia d	vill bo me
\Box I / We wish to receiv I / We do not wish to	b receive the above by email	default op	where the investor l otion, i.e., receive the	account statement, a	nnual reports and o	ther corresponde	ions, the application w nce by e-mail and recei	ve SMS update
Occupation [‡] (✓)	Private Sector Service	e 🗌 Public Se	ector / Governme	nt Service	Business 🗌 I			
			Dealer Othe	· ·	• /			_
	Sole / First applicant is a l	Minor) Contact	Person (in case	e of Non-individu	ual Investors on	ly)		
Mr Ms M/s					DAN++ Of	ulatar:		
Document evidencin	(Father or Mother)	Legal Guardian+ in	+ (court appointed	d Guardian)	PAN** (Mar Enclosed (d Copy 🗌 KYO	Compliance
++ In case of Legal (Guardian, please submit atte	ested copy of th	e court appointme	ent letter,	PAN/KYC no		contact person but	
affidavit etc. to suppor	t.				of Minor.			
Nationality [‡]			Country of Res					
Address for Corres	pondence [‡] [P.O. Box Add	Iress is NOT sum	icient] (Should be	e same as in CVL	records, please	refer to point	s under Important II	nstructions)
City				Country			Pin Code	
State Contact Details				Country				
Phone O			Extn.		Fax			
R				Mobile				
	Mandatory in case of NRI / FII							Important Ins
					City			
State			Country		City		Zip Code	
	ent Individual 🗌 Minor 🗌 1	Partnershin C	5		Trust 🗌 Societs		1	
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Mr Ms M/s								
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PAN** (Mandatory)				closed (\checkmark) PA	IN Card Copy	KYC Co	ompliance Proof*	
	oplicant (Not applicable i	II Sole / First Aj	oplicant is a Min	or)				
Mr Ms M/s								
PAN** (Mandatory)			En	closed (\checkmark) \square PA	N Card Copy	KYC Co	ompliance Proof*	
PoA Holder Detai	Is* (If the investment is	being made by	a Constituted A	ttorney please f	furnish Name a	nd PAN of F	oA holder)	
Mr Ms M/s								
PAN** (Mandatory)				closed (\checkmark) \square PA	N Card Copy	KYC Co	ompliance Proof*	
	e original copy of PoA needs to all the applicants need to be K			0	og ewitch) (for dot	uile rafar naint 0	under Important Inst-	uctions)
** Please note that w.e.f. However, for Micro SI	January 1, 2008, PAN number i P Investment Please see Instruct ation sought here will be obtain	is Mandatory for al tion 4C.	l investors (including	g Joint Holders, Gua	ardian in case of N	finor and NRIs)	. Please see point 6 un	ider Important
	ENT SLIP (To be filled ment Slip is for your reference	v	,	orm is considered f	inal.	oplication I		'
	· · · · · · · · · · · · · · · ·							
Note: This Acknowledge		appli	cation for Units o	f Scheme				

Core Banking A/c No.				
	A/c. Type (✓) □ Current	Savings NRO* NRE* * For NRI Investors		
D 1 4 11				
Branch Address				
	Bank City	NEFT Før less than Rupeles One lakh		
MICR Code (9 digit number next to your Cheque N	RTGS IFSC Code	NEFT IFSC Code Iled cheque leaf of the same bank account as mentioned above		
	FSC Code or NEFT IFSC Code, as applicable, will help us tran	sfer the amount to your bank account duicker, electronically		
INVESTMENT & PAYMENT DETAILS (Plea		· · · · · · · · · · · · · · · · · · ·		
Scheme (\checkmark) HEF HIOF HPTF HMEF H	TSF HDF HEMF HUOF HSCF Option / Sub-option ()	Growth (default) Dividend Reinvestment** Dividend Payou		
The scheme name mentioned on the application form and the cheque has to be	be the same. In case of any discrepancy between the two, units will be allotted as per the sc	theme name mentioned on the cheque only. ** Not applicable in case of HTSI		
(A) LUMPSUM INVESTMENT :	(B) SIP INVESTMENT(\checkmark): Amount (Rs. Figure	s)		
Investment Amount	Frequency Quarterly (10th) Monthly SIP Date	□ 3rd □ 10th □ 17th □ 26th □ 30th ## □ All Dates		
Rs.	Period of enrolment From M M / Y Y Y Y To	M M / Y Y Y H Hast Business Day of the month for Februar		
DD charges (Rs.)	PAYMENT M	ECHANISM :		
Net Amount (Cheque / DD amount)	(1) Cheques Total No. of Cheques	(2) ECS (Debit Clearing) / Direct Debit Facility		
Rs.	First SIP instalment Cheque details : Cheque No.	(Please complete the SIP Auto Debit Form if you choose this Option)		
Mode of Payment Cheque / DD	Dated	First instalment has to be through cheque / DD.		
Cheque / DD No.	Drawn on Bank	Cheque/ DD No.		
	Branch	Bank		
Dated	City	Branch		
Cheque / DD Drawn on :	A/c No.	City		
Bank	Second & subsequent instalments Cheque details :	A/c No.		
Branch	Cheque Nos. From	Auto-Debit instructions will apply for subsequent instalments beginning		
	To	with the nearest SIP Date at least 25 business days after the first SIF Date. Please note that the first SIP instalment cheque and Auto-Debit		
City	Drawn on Bank	instruction should be for the same amount. Minimum 12 instalments under Monthly SIP and 4 quarters for Quarterly SIP.		
A/c No.	Branch City	MICRO SIP (Refer Note No. 4C on Page 12)		
A/c. Type (✓) Current Savings NRO*	A/c No.	Date of Birth D D M M Y Y Y Y		
NRE* Others (* For NRI Investors)	on where applicable : _ Third Party Declarations _ Bank Certificate f	Supporting Document type*		
Pre-funded Instruments		D - former No. (if and italia)		
MANDATORY DECLARATION : The details of the bank accound \square No. If no, my relationship with the bank account holder (\checkmark) \square F	unt provided above pertain to my/our own bank account in my/our name Yearent Grandparent Employee Custodian Others	*For the permissible list of applicable documents please refer to Page 12.		
(Please specify); and the Third Party declaration form is attached	(Refer important instruction No. 10 on the Third Party Payments).	For the permission list of applicable documents please refer to Fage 12.		
• • • • • • • • • • • • • • • • • • •	signed by Individual(s) applying singly or jointly)	(ref. Important Instruction 13)		
I/Weand	and			
	te the undermentioned nominee(s) to receive the units allotted to r	ny / 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 Nomine	e Second Nominee	Third Nominee		
Name Guardian's Name				
Guardian's Name				
Guardian's Name Guardian's Address				
Guardian's Name Guardian's Address (in case of Minor)				
Guardian's Name Guardian's Address (in case of Minor) Allocation %				
Guardian's Name Guardian's Address (in case of Minor) Allocation % Date of Birth (if nominee is a minor)				
Guardian's Name Guardian's Address (in case of Minor) Allocation % Date of Birth (if nominee is a minor)	this Folio (default in case details above are not provi	ded).		
Guardian's Name Guardian's Address (in case of Minor) Allocation % Date of Birth (if nominee is a minor)		ded).		
Guardian's Name Guardian's Address (in case of Minor) Allocation % Date of Birth (if nominee is a minor) I/We do not wish to appoint a Nominee in Signature(s) Sole/First Applied	cant Second Applicant	Third Applicant		
Guardian's Name Guardian's Address (in case of Minor) Allocation % Date of Birth (if nominee is a minor) I/We do not wish to appoint a Nominee in Signature(s) Sole/First Applied		Third Applicant		
Guardian's Name Guardian's Address (in case of Minor) Allocation % Date of Birth (if nominee is a minor) IVWe do not wish to appoint a Nominee in Signature(s) Sole/First Applic DECLARATION AND SIGNATURES (In ca The Trustees, HSBC Mutual Fund Having read and understood the contents of the Combined Se	cant Second Applicant ase of joint holding, signatures of all unit holders are cheme Information Document, SAI and Addenda of the Scheme(s) issued	Third Applicant mandatory) Sole / First		
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HSBC MUTUAL FUND INVESTOR SERVICE CENTRES: ● Ahmedabad : Tel : 98983 77319 ● Bengaluru : Tel : 080 4118 6519 ● 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