Common Application Form for Equity and Fund of Funds Schemes

HSBC Global Asset Management

(To be Filled in BLOCK LETTERS only)

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

Broker Name & ARN code	Sub-broker ARN code	Sub code	EUIN
ARN-97821			

Application No. : E

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.

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 / First Applicant / Authorised Signatory | Second Applicant / Authorised Signatory | Third Applicant / Authorised Signatory

For Office Use Only

1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 20 regarding transaction charges applicability)

☐ I AM A FIRST TIME MUTUAL FUND INVESTOR (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUND (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

2 APPLICANT'S INFORMATION [Please fill in your Folio No. below. In case of existing folio, furnish only KYC and PAN details below (if not provided earlier) and proceed to Section 3]

Folio No. ____ Please note that applicant details and mode of holding will be as per existing Folio Number.

SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON PAN CARD Are you a resident of Canada.? (✓) Yes ☐ No[##] ☐ [##] Default if not ticked.

Name Mr Ms M/s

Date of Birth~‡ (Mandatory) D D M M Y Y Y Y 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)

Nationality‡ ____ Country of Residence‡ ____

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)
+ Document evidencing relationship with Guardian ++ In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

PAN** (Mandatory) ____
Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof*
PAN/KYC not required for contact person but required for Guardian of Minor.

Status of Sole / 1st Applicant (Please ✓) : ☐ Resident Individual ☐ Resident Minor (through Guardian) ☐ Non-Resident (Repatriable) ☐ Non-Resident (Non-Repatriable) ☐ Non-Resident - Minor (Repatriable) ☐ Non-Resident – Minor (Non-Repatriable) ☐ Bank ☐ FIIs ☐ QFI/EFI ☐ AOP ☐ HUF ☐ FPI ☐ Sole-Proprietor ☐ Private Limited Company ☐ Public Limited Company ☐ Body Corporate ☐ Partnership Firm ☐ Trust ☐ NPS Trust ☐ Fund of Fund ☐ Gratuity Fund ☐ Pension and Retirement Fund ☐ Government Body ☐ NGO ☐ BOI ☐ Society ☐ LLP ☐ PIO ☐ Non Profit Organisation ☐ Global Development Network ☐ Others [Specify] ☐ Foreign Nationals [Specify category]

3 KYC DETAILS [Mandatory (Details of Guardian in case the unitholder is a minor)]

To check your KRA KYC compliance status, please follow these steps:

► *Login to the website of the KYC Registration Agency(KRA)* ► *Go to section "KYC enquiry" and check your KYC status by entering your PAN*

Investors are requested to complete the KYC section for Joint holders & POA also, as applicable

Date KYC submitted	Current KYC status	What is required ?
Upto 24 June 2014	Verified by KRA	Sections 3a, 3b & 3c is **not** mandatory. Please complete in case of any change in information
	KYC in progress/KYC submitted	Sections 3a, 3b & 3c is **not** mandatory. Please complete in case of any change in information
	KYC verified by CVL-MF	Submit the following with the investment application: – Section B of the KYC change details form & – Sections 3a, 3b & 3c
	KYC on hold	Submit the pending documents/information to the intermediary where KYC form was submitted earlier
	Incomplete KYC records / Old KYC records submitted etc.	Submit the following with the investment application: – fresh KRA KYC form along with the supporting documents – Sections 3a, 3b & 3c are **mandatory**
Post 24 June 2014 (w.e.f 25 June 2014)	Verified by KRA	Sections 3a, 3b & 3c are **mandatory**
	KYC in progress/KYC submitted	Sections 3a, 3b & 3c are **mandatory**

3a. Occupation Details (Please ✓) : ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ________ ☐ Doctor ☐ Forex Dealer ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify] ________

3b. Gross Annual Income (Please ✓) : ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore

OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y

Source of funds (for this investment) ________ Source of Wealth (for eg: Salary, Business income, Gift, Ancestral property etc.) ________

* W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 10 under Important Instructions).

** 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 8 under Important Instructions. However, for Micro SIP Investment Please see Instruction 4C.

‡ Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

...continued overleaf

ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) ARN-97821

Application No. : E

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

Received from Mr Ms M/s ________

Folio No. ________ application for Units of Scheme ________

Option / Sub-option ________ ☐ Lumpsum investment alongwith Cheque / DD No. ________

Dated ________ Drawn on (Bank) ________ Amount (Rs.) ________

☐ SIP Investment ☐ Total Cheques ☐☐ ☐ **ECS (Debit Clearing)/Direct Debit Facility** Total Amount (Rs.) ________

Date D D / M M / Y Y Y Y

ISC Stamp, Signature & date

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

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3c. For Individuals [Tick (✓) if applicable] :

- ☐ Politically Exposed Person (PEP)
- ☐ Related to a Politically Exposed Person (PEP)
- ☐ Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc.) :

I.	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach mandatory UBO Declaration)	☐ Yes ☐ No
II.	Foreign Exchange / Money Changer Services	☐ Yes ☐ No
III.	Gaming / Gambling / Lottery/ Casino Services	☐ Yes ☐ No
IV.	Money Lending / Pawning	☐ Yes ☐ No

3d. Identification of Beneficial Ownership

Please attach the mandatory UBO declaration form to provide the beneficial owner details. In case there is NO UBO, please declare that the entity does not have anyone holding beneficial interest by completing the UBO form.

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Address for Correspondence‡ [P.O. Box Address is NOT sufficient] (Should be same as in KRA records, please refer to point 10 under Important Instructions)

City Pin Code

State Country

Contact Details Phone O Extn. Fax

R Mobile

e-mail~

~ On providing e-mail id investors shall receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents and marketing material by email

Overseas Address / Registered Address in case of Non-Individual investors

(Mandatory in case of NRI / FII applicant in addition to mailing address) (Should be same as in KRA records, please refer to point 10 under Important Instructions)

City

State Country (Mandatory) Zip Code

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

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 resident of Canada.? (✓) Yes ☐ No# ☐ # Default if not ticked.

Mr Ms M/s

PAN** (Mandatory) Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof* Date of Birth D D M M Y Y Y Y

a. Occupation (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify]

b. Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. Others (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

NAME OF THIRD APPLICANT (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor) Are you a resident of Canada.? (✓) Yes ☐ No# ☐ # Default if not ticked.

Mr Ms M/s

PAN** (Mandatory) Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof* Date of Birth D D M M Y Y Y Y

a. Occupation (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify]

b. Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. Others (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

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 notorised or the original copy of PoA needs to be submitted in case of Investment through PoA.

a. Occupation (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify]

b. Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. Others (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

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6 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 [9 digit number next to your Cheque No.] RTGS IFSC Code [For Rupees One lakh and above] NEFT IFSC Code [For less than Rupees One lakh]

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.

7 INVESTMENT & PAYMENT DETAILS (Please (✓) Scheme / Option / Sub-Option) (refer Important Instruction No. 11 on Third Party Payments)

Scheme (✓) ☐ HEF ☐ HIOF ☐ HPTF ☐ HMEF ☐ HTSF ☐ HDF ☐ HEMF ☐ HDYEF ☐ HBF ☐ HAPDF ☐ HMS-Conservative ☐ HMS-Growth ☐ HMS- Moderate

Plan ______ **Option / Sub-option (✓)** ☐ Growth (default) ☐ Dividend Reinvestment** ☐ Dividend Payout

** Not applicable in case of HTSF

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 cheque only.

☐ A) ONE TIME LUMPSUM INVESTMENT (Please fill the details hereunder. Do not submit SIP Auto Debit Form)

Payment Mode ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Fund Transfer Cheque/RTGS/NEFT/DD/FT Date D D / M M / Y Y Y Y

Cheque/DD/RTGS/NEFT No. ______ Payment from Bank A/c. No. ______

Investment Amount (Rs.) (i) ______ Bank Name ______

DD charges (Rs.) (ii) ______ Branch ______

Total Amount (Rs.) (i + ii) ______ A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE* ☐ FCNR* ☐ 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. 11 on the Third Party Payments).

☐ B) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (All cheques should be of same date of the months/quarters)

First SIP Cheque Details : Drawn on Bank A/c. No. ______

Cheque No. ______ Bank Name ______

Cheque Date D D / M M / Y Y Y Y Branch ______

SIP Date (✓) **Monthly** (Default^): ☐ 3rd ☐ 10th (Default^) ☐ 17th ☐ 26th ☐ 30th ## ☐ All Dates ☐ **Quarterly** (10th)

SIP Period Start Date M M Y Y End Date M M Y Y ☐ March 2025 (Default^^)

Last Business Day of the month for February
^ Refer instruction 4b(g)
^^ Refer instruction 4b(h)

Each SIP Amount (Rs.) ______ Cheque Nos. From ______ To ______

Drawn on Bank A/c. ______ Bank ______ Branch ______

☐ C) SIP : SYSTEMATIC INVESTMENT PLAN (For SIP through ECS Debit Clearing) (Please fill up SIP Auto Debit Form and attach with this)

First SIP Cheque/DD Details : Cheque/DD No. ______ Cheque/DD Date D D / M M / Y Y Y Y

Drawn on Bank A/c. No. ______ Bank Name & Branch ______

MICRO SIP (Refer Note No. 4C on page 19) Date of Birth D D M M Y Y Y Y Supporting Document type* ______ Reference No. (if available) ______

*For the permissible list of applicable documents please refer to Page 20.

8 DEMAT ACCOUNT DETAILS

Please ensure that unit holders are given an option to hold the units in demat form in addition to account statement as per current practice and the sequence of names as mentioned in the application form matches with the Depository Participant.

	NSDL	CDSL
DP Name		
DP ID	I N	N A
Beneficiary Account No.		

9 NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

Please ✓ ☐ **I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.**

Signature(s)	Sole/First Applicant	Second Applicant	Third Applicant

OR

NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 15)

I/We ______ (Unit holder 1), ______ (Unit holder 2)

and ______ (Unit holder 3) *do hereby nominate the person(s) more particularly described hereunder/and*/cancel the nomination made by me/us on the ______ day of ______ in respect of the Units under Folio No. ______ (*strike out which is not applicable)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee‡
	(To be furnished in case the Nominee is a Minor)			
Nominee 1				
Nominee 2				
Nominee 3				

‡ the aggregate total should be 100%.

...continued overleaf

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10 CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FOR DETERMINING US PERSON STATUS

[Mandatory for all investors including Unit holder (Guardian in case of minor) and Joint holder(s)]

Please provide a response common to all holders in the folio(s). For eg : If the answer to any one of the question for any one of the holder is "Yes", please tick on "Yes" against the question

FATCA DECLARATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)

FATCA Compliance Confirmation Indicia	"Yes" or "No" please (✓)	
Are you a resident or Citizen of the United States ?	☐ Yes	☐ No
Is US your place of birth ?	☐ Yes	☐ No
Do you have a US telephone number in the capacity of a resident / citizen of US ?	☐ Yes	☐ No
Do you hold any residence / mailing address / 'C/o address' / hold mail address / PO Box address in the US ?	☐ Yes	☐ No
Is your POA holder based out of US or hold US residence / citizenship ?	☐ Yes	☐ No
Do you pay tax in the US ?	☐ Yes	☐ No
Do you hold an Identification Number or any identification that indicates US residence / citizenship ?	☐ Yes	☐ No

FATCA DECLARATION FOR NON-INDIVIDUAL INVESTORS (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.)

FATCA Compliance Confirmation Indicia	"Yes" or "No" please (✓)	
Does your organisation / entity hold a mailing address / communication address in the US	☐ Yes	☐ No
Is the country of incorporation - US ?	☐ Yes	☐ No
Do you have a US telephone number ?	☐ Yes	☐ No
Does your organisation have a US beneficiary	☐ Yes	☐ No
Is your Director / Promotor / Authorised signatory / POA holder based out of US or holds US residence / citizenship ?	☐ Yes	☐ No
Does your organisation have one or more US beneficial owners /shareholders with more than 10% ownership on vote or value of stock ?	☐ Yes	☐ No
Does your organisation have partners (of US) owning more than a 10% profit or capital interest in a partnership ?	☐ Yes	☐ No
Any US "owner" of a grantor trust or, to the extent provided in regulations, a more than 10% beneficial interest in a trust ?	☐ Yes	☐ No
Does your organisation / entity pay tax in the US?	☐ Yes	☐ No

Declaration : Investor agrees to provide the fund with any documentation or information requested relating to individual or entity tax status. To the extent required by the fund, investor hereby consents to the disclosure and reporting of any tax related information obtained or held by the fund to any local or foreign regulatory or tax authority ("Tax Authority"). Upon request by the fund, investor hereby agrees to obtain a written waiver or consent from the entity's "substantial owners" or "controlling persons" and to provide those consents to the fund to permit it to disclose and report tax and account specific financial information to any local or foreign Tax authority. The terms "substantial owners" and "controlling persons" shall have the meaning as defined under local or foreign tax laws, regulatory guidance or inter governmental cooperation agreements. The potential consequences for failure to comply with requests for tax information, failure to respond to requests for waivers or consents for tax information disclosure, and/or failure to respond to requests to obtain waivers or consents from substantial owners or controlling persons, include, but are not limited to: (a) Fund has the right to carry out actions which are necessary to comply with the local or foreign tax reporting obligations; (b) Fund has the ability to withhold taxes that may be due from certain payments made to the investor's account; (c) Fund has the right to pay relevant taxes to the appropriate tax authority; (d) Fund has the right to refuse to provide certain services; and (e) Fund has the discretion to close investor accounts. The investor agrees to inform, or respond to any request from, the fund, if there are any changes to tax information previously provided.

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

Having read and understood the contents of the Combined 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. I / We 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 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 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 *(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 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 / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. *(Applicable for Micro SIP investments only)*.

I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. Incase 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.

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

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.