

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

Distributor / Broker ARN

Sub-Broker Code

ARN-97821

Application No. :

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.

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 Auto Debit Form]

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**

Name Mr Ms M/s

PAN** (Mandatory)

Enclosed (✓)

 PAN Card Copy KYC Compliance Proof*

Date of Birth† (Mandatory for Minors)

D D M M Y Y Y Y

Occupation† (✓)

 Private Sector Service Public Sector / Government Service Business Professional Agriculturist Retired Housewife Student 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

PAN** (Mandatory)

Enclosed (✓)

 PAN Card Copy KYC Compliance Proof*

Date of Birth† (Mandatory for Minors)

D D M M Y Y Y Y

(PAN/KYC Compliant 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 6 in Important Instructions)

City

State

Country

Pin Code

Contact Details

Phone

O

Extn.

Fax

R

Mobile

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.

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 9 in Important Instructions)

State

Country

City

Zip Code

Status (✓) Resident Individual Minor Partnership Company HUF FII NRI Trust Society AOP / BOI OthersMode of Holding (✓) Single Joint Anyone or Survivor**Name of Second Applicant**

Mr Ms M/s

PAN** (Mandatory)

Enclosed (✓)

 PAN Card Copy KYC Compliance Proof***Name of Third Applicant**

Mr Ms M/s

PAN** (Mandatory)

Enclosed (✓)

 PAN Card Copy KYC Compliance Proof***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

* W.e.f 01 February, 2008, if the investment is Rs. 50,000 and above, all the applicants including PoA Holder need to be KYC Compliant. Please see point 7 under Important Instructions.

** Please note that w.e.f 01 January, 2008, copy of PAN Card is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs). Please submit photocopy of PAN Card (alongwith the original) for verification, which will be return across the counter. Please see point 6 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.

...continued overleaf %

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

Application No. :

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

Received from Mr Ms M/s

application for

Units of Scheme _____ Plan _____

Option / Sub-option _____

 Total Cheques ECS (Debit Clearing) / Direct Debit Facility

Total Amount (Rs.)

Date D D / M M / Y Y Y Y

Please Note : All purchase are subject to realisation of cheques.

ISC Stamp, Signature & date

3 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines)My / our bank details are the same as mentioned in point 1 of the Auto Debit Form (✓) Yes No

If no, please provide the following details:

A/c. No. A/c. Type (✓) Current Savings NRO* NRE* * For NRI Investors

Bank Name

Branch Address

City

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 RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us transfer the amount to your bank account quicker, electronically.

4 INVESTMENT DETAILS (Please (✓) Scheme / Plan / Option and then choose Option A, B or C below) (Please use separate forms for Options A, B and C below)Scheme † (✓) HEF HIOF HPTF HMEF HTSF HDF Plan / Option (✓) Growth Dividend Reinvestment Dividend Payout(A) MONTHLY SIP : SIP Date 3rd 10th 17th 26th 30th** All Dates Period of enrolment 36 months 48 months 60 months
Amount (Rs. Figures) (minimum instalment amount is Rs. 2000)The first SIP instalment cheque should be dated the date of submission of the Application Form. Auto-Debit instructions will apply for subsequent instalments beginning with the nearest SIP Date at least 25 business days after the first SIP Date. Please note that the first SIP instalment cheque and Auto-Debit instruction should be for the same amount. Any SIP into equity scheme listed under † is eligible for insurance cover (Insurance cover per SIP = instalment amount x tenure). Maximum total insurance cover per investor is Rs. 10,00,000. ** Last day of the month for February(B) STP : From Scheme (✓) HIF HGF HMIP HFRF HCF HUSBF HFDF
STP Date (✓) 3rd 10th 17th 26th 30th** All Dates Period of enrolment 36 months 48 months 60 months
Amount (Rs. Figures) (minimum instalment amount is Rs. 2000)Any STP into equity scheme listed under † is eligible for insurance cover (Insurance cover per STP = instalment amount x tenure). Maximum total insurance cover per investor is Rs. 10,00,000. ** Last day of the month for February(C) LUMP SUM INVESTMENT : Scheme **HSBC TAX SAVER EQUITY FUND** Amount (Rs. Figures) (Min investment amount Rs. 10,000)
Only minimum investment of Rs.10,000 in HSBC Tax Saver Equity Fund qualifies for insurance cover (Insurance cover = amount invested). Please use the normal form for investment of lesser denomination.(D) MICRO SIP : Date of Birth Supporting Document type* Reference No. (if available)
** Last day of the month for February. *For the permissible list of applicable documents please refer to Page 8.**5 PAYMENT MECHANISM (✓ any one only)**(A) Cheques (Please provide the details) Total No. of Cheques Cheque Nos. From To Drawn on Bank
Branch City A/C No. A/c. Type (✓) Current Savings NRO* NRE* * For NRI Investors(B) ECS (Debit Clearing) / Direct Debit Facility (Please complete the SIP Auto Debit Form if you have ticked Option B)First instalment has to be through cheque / DD. Bank Cheque / DD No. Branch With respect to the cheque for the 1st instalment, 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 is (✓) Spouse Child Parent Relative Sibling Friend Others. Application Form without this information is liable to be rejected.**6 NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly)**

(ref. important instruction 11)

I/We 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"/>
Address	<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"/>

7 DECLARATION AND SIGNATURES

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 / 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)

Sole / First Applicant / Guardian / PoA

Second Applicant / PoA

Third Applicant / PoA

Date

Applications from investors resident in USA or Canada shall be rejected.

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 : 0172 500 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

Contact us at hsbcmf@hsbc.co.inVisit us at www.assetmanagement.hsbc.com/inalok
94113
0169

