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Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.	continued overleaf
	. :
-ve [ves]	m for
Units of Scheme Plan Option/Sub-option	
Total Cheques ECS (Debit Clearing) / Direct Debit Facility Total Amount (Rs.)	
Date D / M / Y Y Y Please Note : All purchase are subject to realisation of cl	ieques. ISC Stamp, Signature & d

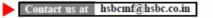
3	BANK ACCOUN	BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines)					
	My / our bank details are the same as mentioned in point 1 of the Auto Debit Form (✓) 🗌 Yes 🗌 No						
	If no, please provide the following details;						
	A/c. No. A/c. Type (✓) Current Savings NRO* NRE* * For NRI In Bank Name						
	Branch Address			s s s s s			
	Branch Address City						
	MICR Code	RTGS	For Rupees One lakh and above	NEFT EL	r less than Rupees One lakh		
		(9 digit number next to your Cheque No.) RTGS IFSC Code		- IFSC Code	he same bank account as mentioned above.		
		entioning your RTGS IFSC Code or NEFT IFSC					
4	INVESTMENT DE	ETAILS (Please (✓) Scheme / Plan / Option and	d then choose Option A, B or C below) (P	lease use separate	forms for Options A, B and C below)		
	Scheme † (✓) □ H	EF HIOF HPTF HMEF HTS	SF ☐ HDF Plan / Option (✓) □	Growth 🗌 Divid	end Reinvestment 🗌 Dividend Payout		
	(A) MONTHLY SIF	P: SIP Date 3rd 10th 17th 26	th 30th ## All Dates Period of en	rolment 🗌 36 m	onths 48 months 60 months		
Amount (Rs. Figures) (minimum instalment amount is Rs. 2000)							
	The first SIP instaln	nent cheque should be dated the date of submission of the A	pplication Form. Auto-Debit instructions will apply i	for subsequent installm	ents beginning with the nearest SIP Date at least		
	for insurance cover	ter the first SIP Date. Please note that the first SIP instalment (Insurance cover per SIP is = 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 S	cheme (✓) □ HIF □ HGF □ HMIP □	HFRF HCF HUSBF	FDF			
	STP Date (✓)	3rd 10th 17th 26th 3	0th ** All Dates Period of en	irolment 🗌 36 m	onths 48 months 60 months		
		Amount (Rs. Figures)	(minimum in	istalment amount i	s Rs. 2000)		
	Any STP into equity s	cheme listed under \uparrow is eligible for insurance cover (Insurance cover p	er STP is = instalment amount x tenure). Maximum total ins	urance cover per investor i	s Rs. 10,00,000. 🏘 Last day of the month for February		
		VESTMENT : Scheme HSBC TAX SAVER			ent amount Rs. 10,000)		
	Only minimum inve	stment of Rs.10,000 in HSBC Tax Saver Equity Fund qualifies	s for insurance cover (Insurance cover = amount iinve	sted). Please use the not	mal form for investment of lesser denomination.		
	(D) MICRO SIP :	Date of Birth D D M M Y Y Y Y Su	pporting Document type*	Reference N	lo. (if available)		
	# Last day of the m			*For the permissible l	ist of applicable documents please refer to Page 8.		
5		IANISM (✓ any one only)					
	(A) Cheques (P		Cheque Nos. From	To			
	Drawn on Bank						
	Branch		City				
	A/C No.	Charrier) / Direct Dabit Excility (Plane	A/c. Type (✓) Current Savin	·			
			e complete the SIP Auto Debit Form if yo Bank	u nave ticked Opt			
	Cheque / DD N	has to be through cheque / DD.	Branch				
	-	eque for the 1st instalment, the details of the bank acc	· · · · · · · · · · · · · · · ·	ank account in my /	our name (v) Vec No. If No. my		
		ank account holder is (1) _ Spouse _ Child _ Parent					
6	NOMINATION D	ETAILS (To be filled in by Individual(s) ap	plying singly or jointly)		(ref. important instruction 11)		
I/We and (strike out which is not ap							
	-	the undermentioned nominee(s) to receive the unit		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						
	Guardian's Name						
	Address						
	Allocation %						
	Date of Birth						
-7	(if nominee is a minor)						
	The Trustees, HSBC Mutua	AND SIGNATURES					
	Having read and understood	the contents of the Combined Scheme Information Document, SAI an	d Addenda of the Scheme(s) issued till date, I / We hereby	Sole / First			
	above and agree to abide by	pply under Direct / AMFI Certified empanelled distributors to the Trustees of HSBC Mutual Fund for units of the Scheme / Plan / Option as indicated bove 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					
	Investment Manager and its	ed by any rebate or gifts, directly or indirectly, in making this invest. Agents to disclose details of my / our investment to my / our bank((s) / HSBC Mutual Fund's Bank(s) and / or Distributor /	Guardian / PoA			
	and express my / our willing	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 A	Asset Management (India) Pvt. Ltd. (Investment Manager	Second			
to HSBC Mutual Fund), their appointed service providers or representatives responsible. I / We will also inform HSBC Asset Management (India) Pvt. Second 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 sbroad through approved banking channels or from my /							
	our NRE / NRO / FCNR A	ccount. I / We confirm that the details provided by me / us are true a	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 1/ We do not have any existing Micro SID** investments which together with the current application will result in aggregate investments							
	I/We confirm that I/We do	not have any existing Micro SIP** investments which together with th	he current application will result in aggregate investments	D (
	I/We confirm that I/We do		he current application will result in aggregate investments	Date			
	I/We confirm that I/We do	not have any existing Micro SIP** investments which together with th year. (Applicable for Micro SIP investments only:)	restors resident in USA or Canada shall be	rejected.	discremancy.		

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