## Common Application Form for Debt & Liquid Schemes / Planes (To be Filled in BLOCK LETTERS only)

DISTRIBUTOR INFORMATION	(Only	empanelled Distributors	Brokers will be	permitted to distribute II	nits)
DIGITUDO FOIL HAI OTHALATION	(Omy	chipanenca Distributors /	DIORCIS WIII OC	permitted to distribute of	musi



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

 $I/\ We\ hereby\ confirm\ that\ the\ EUIN\ box\ has\ been\ intentionally\ left\ blank\ by\ me\ /\ us\ as\ this\ transaction\ is\ executed\ without\ any\ interaction\ or\ advice\ by\ the\ employee\ /\ relationship\ manager\ /\ sales\ person\ of\ the\ above\ distributor\ /\ sub\ broker\ or\ notwithstanding\ the\ advice\ of\ in-appropriateness,\ if\ any,\ provided\ by\ the\ employee\ /\ relationship\ manager\ /\ sales\ person\ of\ the\ distributor\ /\ sub\ broker.$ 

For Office Use Only

	Sole / First Applicant /	Authorised Signatory Second	Applicant / Authorised Signatory Third Applicant / Authorised Signatory
1	TRANSACTION CH	IARGES (Please tick any one	e of the below. Refer point 5 on page 20 regarding transaction charges applicability)
•			
		ME MUTUAL FUND INVES sted as transaction charge for per p	
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2		JRIVIATION [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 APPLIC	ANT'S PERSONAL DETAIL	S AS APPEARING ON PAN CARD Are you a resident of Canada.? (✓) Yes No <sup>#</sup> Default if not ticked
	Name Mr Ms M/s		Should match with PAN Card
	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 L	eaving Certificate Marksheet issued by HSC/State Board Passport Others (please specify)
	Nationality <sup>‡</sup>		Country of Residence <sup>‡</sup>
	Guardian Name (if S	ole / 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 <sup>++</sup> (court appointed Guardian) PAN <sup>**</sup> (Mandatory)
	+ Document evidencing	g relationship with Guardian +	† In case of Legal Guardian, please
	submit attested copy of	the court appointment letter, aff	idavit etc. to support. PAN/KYC not required for contact person but required for Guardian of Minor
			t Individual 🗌 Resident Minor (through Guardian) 🔲 Non-Resident (Repatriable) 🔲 Non-Resident (Non-Repatriable)
			ident – Minor (Non-Repatriable) 🗌 Bank 🔲 FIIs 🔲 QFI/EFI 🔲 AOP 🔲 HUF 🔲 FPI 🔲 Sole-Proprietor
			ompany 🗌 Body Corporate 🔲 Partnership Firm 🔲 Trust 🗀 NPS Trust 🗀 Fund of Fund 🗔 Gratuity Fund
			dy NGO BOI Society LLP PIO Non Profit Organisation Global Development Network
	Others [Specify]		Foreign Nationals [Specify category]
3		latory (Details of Guardian in	
3	To check your KRA KY	C compliance status, please fo	llow these steps:
3	To check your KRA KY ► Login to the website of	YC compliance status, please for the KYC Registration Agency(K	llow these steps: (RA) ► Go to section "KYC enquiry" and check your KYC status by entering your PAN
3	To check your KRA KY ► Login to the website of Investors are requested	YC compliance status, please for f the KYC Registration Agency(K I to complete the KYC section 1	llow these steps: (RA) ▶ Go to section "KYC enquiry" and check your KYC status by entering your PAN (FOR Joint holders & POA also, as applicable)
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‡ Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

...continued overleaf

	DGEMENT SLIP (To be filled in by to owledgement Slip is for your reference only. Ir	nformation provided on the form is considered final.	
Received from	Mr. Ms. M/s.	Application No. :D	
Folio No.		application for Units of Scheme	
Plan	Option	alongwith Cheque/DD No	
Dated	Drawn on (Bank)	Amount (₹)	
☐ SIP Investm	ent Toal Cheques ECS (Del	bit / Direct Debit Facility) Total Amount (₹) ISC Stamp, Sign	ature & date
Date D D	/   M   M   /   Y   Y   Y   Y   Please	Note: All purchase are subject to realisation of instruments. All transaction processing is subject to final	verification.

c.	For Indiv	idual	s [Ti	ck (v	() if	appl	licab	le]:			Fo	r N	on-In	divi	idual	l In	vesto	ors (	(Coı	mpa	anies	, Tr	ust,	Pa	rtne	ersh	ip e	tc.)	:															
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## 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? ☐ No Yes 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 ☐ No Do you pay tax in the US? Yes 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 ☐ No Yes Is your Director / Promotor / Authorised signatory / POA holder based out of US or holds US residence / citizenship? 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.

## 12 DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are Mandatory)

Does your organisation have partners (of US) owning more than a 10% profit or capital interest in a partnership?

Does your organisation / entity pay tax in the US?

Does your organisation have one or more US beneficial owners/shareholders with more than 10% ownership on vote or value of stock?

Any US "owner" of a grantor trust or, to the extent provided in regulations, a more than 10% beneficial interest in a trust?

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	

Yes

Yes

Yes

Yes

No

No

☐ No

No

Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.