

**Common Application Form for Debt & Liquid Schemes / Plans**

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

**Application No. : D**

<b>Distributor / Broker ARN</b>	<b>Sub-Broker Code</b>
<b>ARN - 0155 NJ India Invest</b>	

<b>For Office Use Only</b>

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 Section 3]

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<sup>‡</sup>** (Mandatory for Minors)

**Occupation<sup>‡</sup>** (✓)  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<sup>‡</sup>** (Mandatory for Minors)  (PAN/KYC Compliant not required for contact person but required for Guardian of Minor)

**Nationality<sup>‡</sup>**  **Country of Residence<sup>‡</sup>**

**Address for Correspondence<sup>‡</sup>** [P.O. Box Address is NOT sufficient] (Should be same as in CVL records, please refer to point 6 in Important Instructions)

City		Pin Code
State	Country	

**Contact Details**

Phone  O  R  Extn.  Fax  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  Others \_\_\_\_\_

**Mode 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 6 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 7 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)**

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

**Application No. : D**

Received from Mr Ms M/s  application for Units of

Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Sub-option \_\_\_\_\_ alongwith Cheque/DDNo. \_\_\_\_\_ Dated \_\_\_\_\_

Drawn on (Bank) \_\_\_\_\_ Amount (Rs.)

Date

**Please Note :** All purchase are subject to realisation of Instruments.

ISC Stamp, Signature & date

**3 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines)**

A/c. No.  A/c. Type (✓)  Current  Savings  NRO\*  NRE\* \* For NRI Investors  
 Bank Name   
 Branch Address  City   
 MICR Code  RTGS IFSC Code  NEFT IFSC Code   
(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 & PAYMENT DETAILS (Please (✓) Scheme / Plan / Option / Sub-option / Dividend Frequency)**

Scheme  HMIP  HIF  HGF  HFRF  HCF  HUSBF  HFDF Option  Regular  Institutional  Institutional Plus  
 Plan  Sub-option  Growth (default)  Dividend Reinvestment  Dividend Payout  
 Dividend Frequency  Daily\*\*  Weekly†  Monthly#  Quarterly\$  Fortnightly^  Half Yearly††  
The scheme name mentioned on the application form and the cheque has to be same. In case of any discrepancy between the two, units will be allotted as per scheme name mentioned on the cheque only.  
 \*\* Applicable for Institutional / Institutional Plus options of HCF, HFRF-ST & HUSBF and Regular option of HFRF-ST, HUSBF-Regular, HCF-Regular and HFDF-Institutional only.  
 † Applicable for Institutional / Institutional Plus options of HFRF-ST, HFRF-LT, HUSBF, HCF and Regular option of HFRF-ST, HFRF-LT, HUSBF, HCF only. Dividend Payout in case of HFRF-LT is done only for dividend amount equal to or greater than 1 lacs. # Applicable for Institutional / Institutional Plus Options of HCF, HFRF-ST & LT, HIF-SP, HUSBF, HFDF, HGF and HMIP only. \$ Applicable for HMIP and HIF-IR only. ^ Applicable for Institutional Plus Option of HFDF only. †† Applicable for Regular Option of HFDF. Please note that dividend payout is available only in the Monthly Sub-Option.  
 Investment Amount (Rs.)  DD charges (Rs.)  Net Amount (Cheque / DD amount) (Rs.)   
 Mode of Payment  Cheque /  DD /  Fund Transfer Cheque / DD No.  Dated   
 Cheque / DD Drawn on : Bank   
 Branch  City   
 A/C No.  A/c. Type (✓)  Current  Savings  NRO\*  NRE\* (\*For NRI Investors)

**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 is (✓)  Spouse  Child  Parent  Relative  Sibling  Friend  Others. Application Form without this information is liable to be rejected.

**SYSTEMATIC INVESTMENT PLAN (SIP)** is available in all Schemes of HSBC Mutual Fund. Investors can opt for SIP by filling up the SIP Application Form and SIP Auto Debit Form which is available with HSBC Investors Service Centres and CAMS Collection Centres.

**5 SYSTEMATIC TRANSFER PLAN (STP) (For investors in Scheme(s) where applicable)**

<p><b>Transfer from</b></p> <p>Scheme <input type="checkbox"/> HIF <input type="checkbox"/> HGF <input type="checkbox"/> HMIP <input type="checkbox"/> HFRF <input type="checkbox"/> HCF <input type="checkbox"/> HUSBF <input type="checkbox"/> HFDF</p> <p>Plan <input type="text"/></p> <p>Option <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus</p> <p>Sub-option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout</p> <p>Dividend Frequency <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Half Yearly</p>	<p><b>Transfer to</b></p> <p>Scheme <input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HPTF <input type="checkbox"/> HMEF <input type="checkbox"/> HEMF <input type="checkbox"/> HTSF <input type="checkbox"/> HDF <input type="checkbox"/> HMIP</p> <p>Option <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout</p> <p>Amount per instalment (Rs.) <input type="text"/>  <small>(Minimum transfer amount Rs.1000/- and in multiples of Re.1/- thereafter)</small></p> <p>STP Date (✓) <input type="checkbox"/> 3rd <input type="checkbox"/> 10th <input type="checkbox"/> 17th <input type="checkbox"/> 26th <input type="checkbox"/> 30th ## <input type="checkbox"/> All Dates  <small>## Last day of the month for February</small></p> <p>Instalment commencing From <input type="text"/> To <input type="text"/></p>
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**6 NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly)**

(ref. important instruction 12)

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			
Guardian's Name			
Address			
Allocation %			
Date of Birth (if nominee is a minor)			

**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.

	Sole / First Applicant / Guardian / PoA	
	Second Applicant / PoA	
	Third Applicant / PoA	
	Date	<input type="text"/>

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.in](mailto:hsbcmf@hsbc.co.in)

Visit us at [www.assetmanagement.hsbc.com/in](http://www.assetmanagement.hsbc.com/in)