Systematic Investment Plan (SIP) Application Form

HSBC

HSBC Mutual Fund

Please read Instructions overleaf carefully.

☐ New Registration
☐ Change in Bank Account
☐ Cancellation

Distributor / Broker ARN	Sub-Broker Code	Registrar Serial No.

Application No. : W

Existing investors of HSBC Mutual Fund wanting to make an SIP investment will need to fill up ONLY the SIP Application Form quoting their folio number. However, new investors will be required to fill up the Application Form as well as the SIP Application Form.

APPLICANTS' INFORMATION (MANDATORY) (See instructions 1 & 2 overleaf)

Folio No. (for existing Unitholder) ____ / ____ **Common Application No.** (for new investor) ____

Name of the First Applicant Mr Ms M/s ____

PAN** ____ Enclosed (please ✓) ☐ PAN proof OR ☐ Form 60 ☐ Form 61 Please attach KYC acknowledgement letter.

Name of the Second Applicant Mr Ms M/s ____

PAN** ____ Enclosed (please ✓) ☐ PAN proof OR ☐ Form 60 ☐ Form 61 Please attach KYC acknowledgement letter.

Name of the Third Applicant Mr Ms M/s ____

PAN** ____ Enclosed (please ✓) ☐ PAN proof OR ☐ Form 60 ☐ Form 61 Please attach KYC acknowledgement letter.

** PAN is Mandatory if amount of purchase is Rs. 50,000 or more irrrespective of mode of holding.

SIP INVESTMENT DETAILS (Please ✔ your choice of Scheme / Plan / Option)

Scheme Name ☐ HEF ☐ HIOF ☐ HMEF ☐ HAIF ☐ HTSF **Option** ☐ Growth* ☐ Dividend Reinvestment ☐ Dividend Payout

* Default Option, if not ticked. The Dividend Option (Reinvestment or Payout) chosen will be applied to all Units held in the Scheme in the Folio.

Amount (Rs. Figures) ____ (Rs. in words) ____

Payment Mechanism (Please ✔ any one only)
☐ **SIP Auto Debit Facility** (Please complete the SIP Auto Debit Facility Form)
☐ **Cheques** (Please provide the details below)

Total No. of Cheques ____ Cheque Nos. From ____ To ____

Drawn on Bank ____

Branch ____ A/C No. ____

Frequency (Please ✔) ☐ Monthly ☐ Quarterly

SIP Date (Please ✔) ☐ 3rd ☐ 10th ☐ 17th ☐ 26th

No. of months/quarters ____

Period of enrolment (MM / YY)

From M M / Y Y Y Y

To M M / Y Y Y Y

DECLARATION AND SIGNATURE(S)

The Trustees, HSBC Mutual Fund;

Having read and understood the contents of the Offer Document(s) and Addenda of the Scheme(s) issued till date, I / We hereby apply 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 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

D D / M M / Y Y Y Y			
Date	Sole/First Applicant	Second Applicant	Third Applicant

SIP AUTO DEBIT (ECS) FACILITY FORM - Registration cum Mandate Form for ECS (Debit Clearing)

First SIP Instalment via Cheque drawn on bank details provided below

ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) (Cheque should be drawn on bank, details provided below)

I / We hereby authorise HSBC Asset Management (India) Pvt. Ltd., Investment Manager to HSBC Mutual Fund acting through their authorised service providers to debit my / our following bank account by ECS (Debit Clearing) for collection of SIP payments.

Name of the Account Holder as in Bank Records First Name Middle Name Last Name

Name of the Bank ____

Branch Address ____ City ____

Account Number ____ Account Type ☐ Savings ☐ Current ☐ Cash Credit

MICR Code ____ ◄ This is a 9 digit number next to your Cheque No. IFSC Code ____

DECLARATION AND SIGNATURE(S)

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. 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 mentioned overleaf.

D D / M M / Y Y Y Y			
Date	Sole/First Applicant	Second Applicant	Third Applicant

For Office use only (Not to be filled in by investor)

Recorded on ____ Recorded by ____ Credit Account Number ____

AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by the Account Holder(s)]

This is to inform I / we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my / our payment towards my / our investment in HSBC Mutual Fund shall be made from my / our below mentioned bank account number with your bank. I / We authorise HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), acting through their service providers and representative carrying this ECS mandate Form to get it verified & executed.

Account Number ____

SIGNATURE(S) (As In Bank Records)

Sole/First Account Holder	Second Account Holder	Third Account Holder

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit Holder)

Application No. : W

Received from Mr Ms M/s ____

'SIP' application for Units of ____

☐ No. of Cheques ____ ☐ **SIP Auto 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