

Common Application Form

(To be Filled in BLOCK LETTERS only)

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units)			
Broker Name & ARN code / RIA code [^]	Sub-broker ARN code	Sub code	EUN
ARN-9992			

App.
No.:

For Office Use Only

[^] I / We hereby confirm that by mentioning RIA code, I / We authorise you to share with the SEBI Registered Investment Adviser (RIA) the details of my / our transactions in the schemes(s) of HSBC Mutual Fund.

I / We hereby confirm that the EUN 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.

Sole / First Applicant / Authorised Signatory	Second Applicant / Authorised Signatory	Third Applicant / Authorised Signatory
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1 TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 61 regarding transaction charges applicability)

I AM A FIRST TIME MUTUAL FUND INVESTOR (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) I AM AN EXISTING INVESTOR IN MUTUAL FUND (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

2 APPLICANT'S INFORMATION [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 APPLICANT'S PERSONAL DETAILS Are you a resident of USA/Canada? (✓) Yes No^{**} (** Default if not ticked)

Name Mr Ms M/s

Date of Birth ^{~ †} (Mandatory) ~ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Passport Marksheet issued by HSC State Board Others _____ (please specify)

KYC Identification No. (KIN) ^{‡‡}

PAN^{**} (Mandatory) Proof to be enclosed (✓) PAN card Copy

Nationality[‡] Country of Residence

GUARDIAN NAME (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only)

Mr Ms M/s

KYC Identification Number (KIN) ^{‡‡}

PAN^{**} (Mandatory) Proof to be enclosed (✓) PAN card Copy

Natural Guardian* (Father or Mother) Legal Guardian^{**} (court appointed Guardian)
* Document evidencing relationship with Guardian ^{**} In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

Status of Sole / 1st Applicant (✓) : Resident Individual Resident Minor (through Guardian) Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) Non-Resident - Minor (Non-Repatriable) Bank FPIs QFI/EFI AOP HUF FPI Sole-Proprietor Private Limited Company Public Limited Co. Body Corporate Partnership Firm Trust NPS Trust Fund of Fund Gratuity Fund Pension and Retirement Fund Government Body NGO BOI Society LLP PIO Non Profit Organisation Global Development Network Foreign Nationals [Specify Country] Others [Specify] _____

3 KYC DETAILS [Mandatory (Details of Guardian in case the unitholder is a minor)]

Investors are requested to complete the KYC section for Joint holders & POA also, as applicable

a. Occupation Details (✓) : Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Doctor Forex Dealer Business [Nature of Business] _____ Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Pl. specify] _____

b. Gross Annual Income (Please ✓) : Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore

OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date)

<p>For Individuals [Tick (✓) if applicable] :</p> <p><input type="checkbox"/> Politically Exposed Person (PEP)</p> <p><input type="checkbox"/> Related to a Politically Exposed Person (PEP)</p> <p><input type="checkbox"/> Not Applicable</p>	<p>For Non-Individual Investors (Companies, Trust, Partnership etc.) :</p> <p>I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach mandatory UBO Declaration) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>II. Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>III. Gaming / Gambling / Lottery/ Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>IV. Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>For Non Individual Investors - Identification of Beneficial Ownership <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Mandatory UBO Declaration form duly filled and signed attached. (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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^{**} W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs). For Micro SIP Investment please refer Instructions for filling up the Application Form.

^{‡‡} W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f. January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 10 under Important Instructions). W.e.f. February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund.

[‡] Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

~ Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID/SAI for instructions related to folios held in the name of Minor. ...continued overleaf ⇨

ACKNOWLEDGEMENT SLIP (To be filled in by the Applicant)

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 _____ alongwith Cheque/DD No. _____

Dated _____ Drawn on (Bank) _____ Amount (₹)

SIP Investment Toal Cheques ECS (Debit / Direct Debit Facility) Total Amount (₹)

Date Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.

App.
No.:

ISC Stamp, Signature & date

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Address for Correspondence † [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

City		Country		Pin Code	
State		Country		Pin Code	

Contact Details

Phone	OR	Extn.	Mobile	Fax
e-mail †				

Yes No † I / We, wish to receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents by email. If unticked, by default the above will be sent on email.

Overseas Address / Registered Address in case of Non-Individual investors (Mandatory in case of NRI / FPI applicant in addition to mailing address) (Should be same as in KRA records)

State		Country (Mandatory)		City		Zip Code	
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5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)

MODE OF HOLDING (✓) Single Joint (Default if not mentioned) Anyone or Survivor

NAME OF SECOND APPLICANT (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes No †† (††Default if not ticked.)

Mr Ms M/s _____

Date of Birth [D D M M Y Y Y Y] **KYC Identification Number (KIN) ††** _____

PAN (Mandatory)** _____ **Proof to be enclosed (✓)** PAN card Copy

Nationality _____ **Country of Residence** _____

a. Occupation (please ✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please specify] _____

b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore **OR** **Net-worth in Rupees (Mandatory for Non-Individuals)** ₹ _____ Net-worth should not be older than 1 year

c. Others (please ✓): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

NAME OF THIRD APPLICANT (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor) Are you a resident of USA/Canada? (✓) Yes No †† (††Default if not ticked.)

Mr Ms M/s _____

Date of Birth [D D M M Y Y Y Y] **KYC Identification Number (KIN) ††** _____

PAN (Mandatory)** _____ **Proof to be enclosed (✓)** PAN card Copy

Nationality _____ **Country of Residence** _____

a. Occupation (please ✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please specify] _____

b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore **OR** **Net-worth in Rupees (Mandatory for Non-Individuals)** ₹ _____ Net-worth should not be older than 1 year

c. Others (please ✓): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

POA HOLDER DETAILS (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).

NAME Mr Ms M/s _____

Date of Birth [D D M M Y Y Y Y] **KYC Identification Number (KIN) ††** _____

PAN (Mandatory)** _____ **Proof to be enclosed (✓)** PAN card Copy

Nationality _____ **Country of Residence** _____

a. Occupation (please ✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business [Nature of Business] _____ Doctor Forex Dealer Money lender Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please specify] _____

b. Gross Annual Income (please ✓): Below ₹ 1 Lac ₹ 1-5 Lacs ₹ 5-10 Lacs ₹ 10-25 Lacs ₹ 25 Lacs - ₹ 1 Crore > ₹ 1 Crore **OR** **Net-worth in Rupees (Mandatory for Non-Individuals)** ₹ _____ Net-worth should not be older than 1 year

c. Others (please ✓): Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP) Not Applicable

6 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines) (refer Instruction No. 3 for Multiple Bank Account Registration details)

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

Bank Name _____

Branch Address _____

MICR Code [9 digit number next to your Cheque No.] _____ **RTGS IFSC Code** [For Rupees Two lakhs and above] _____ **NEFT IFSC Code** [For less than Rupees Two lakhs] _____

Please provide a cancelled cheque leaf with your name and IFSC code pre-printed. This will help us transfer the amount to your bank account quicker, electronically.

Incase of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"

...continued on next page ⇨

CALL US AT

HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:

- **Ahmedabad** : Mardia Plaza, CG. Road, Ahmedabad - 380 006. ● **Bengaluru** : No. 7, HSBC Center, M.G. Road, Bengaluru - 560 001. ● **Chandigarh**: SCO 1, Sector 9 D, Chandigarh - 160 017. ● **Chennai** : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. ● **Hyderabad** : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082.
- **Kolkata** : 31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. ● **Mumbai** : 16, V.N. Road, Fort, Mumbai - 400 001 ● **New Delhi** : Ground Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. ● **Pune** : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411 001.

TOLL FREE NUMBER : 1800 200 2434 / 1800 258 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our customer care centre.

7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please (✓) Scheme/Plan/Option/Sub-Option/Dividend Frequency)

LUMPSUM : Scheme

Plan

Sub-Option Growth (default) Dividend Reinvestment Dividend Payout Growth (default) Dividend Reinvestment Dividend Payout Growth (default) Dividend Reinvestment Dividend Payout

Dividend Frequency Daily Weekly Monthly Quarterly Fortnightly Half Yearly Daily Weekly Monthly Quarterly Fortnightly Half Yearly Daily Weekly Monthly Quarterly Fortnightly Half Yearly

The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the application only. In case of application on behalf of Minor, kindly refer to "Instruction for Filling Up the Application Form"

Payment Mode Cheque DD RTGS NEFT Fund Transfer Cheque DD RTGS NEFT Fund Transfer Cheque DD RTGS NEFT Fund Transfer

Cheque/RTGS/NEFT/DD/FT Date D D / M M / Y Y Y Y D D / M M / Y Y Y Y D D / M M / Y Y Y Y

Cheque/DD/RTGS/NEFT No.

Payment from Bank A/c. No.

Investment Amount (Rs.) (i)

DD charges (Rs.) (ii)

Total Amount (Rs.) (i + ii)

Bank Name

Branch

A/c. Type (✓) Current Savings NRO* NRE* FCNR* Others Current Savings NRO* NRE* FCNR* Others Current Savings NRO* NRE* FCNR* Others (* For NRI Investors)

Documents attached to avoid Third Party Payment Rejection where applicable : Third Party Declarations Bank Certificate for Pre-funded Instruments

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 (✓) Parent Grandparent Employee Custodian Others (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 9 on the Third Party Payments).

SIP : SYSTEMATIC INVESTMENT PLAN (For SIP through Post Dated Cheques (PDCs)) (All cheques should be of same date of the months/quarters)

First SIP Cheque Details : Cheque No. _____ Date D D M M Y Y Y Y **Bank Name** _____

Drawn on Bank A/c. No. _____ **Bank Branch** _____

SIP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st **Frequency** Monthly (Default*) Quarterly (10th)

SIP Period : Start Date M M Y Y End Date M M Y Y March 2099 (Default)

Each SIP Amount (Rs.) _____ **Cheque Nos.** From _____ To _____

Drawn on Bank A/c. _____ Bank _____ Branch _____

8 SYSTEMATIC WITHDRAWAL PLAN (SWP)

Registration

Scheme _____ **Plan** _____

Option Regular Institutional Institutional Plus **Dividend Frequency** Daily Weekly Monthly Quarterly Fortnightly Half Yearly

Frequency (✓) Monthly (Default*) Quarterly (10th) **Sub-Option** Growth (default) Dividend Reinvestment Dividend Payout

Withdrawal Options Fixed Amount Capital Appreciation (1st Business Day of the month) **Withdrawal Amount** (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter)

SWP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st **Rs.** _____ **Redemption amount will equal appreciation.**

Period of enrolment M M Y Y Y Y To M M Y Y Y Y

To be submitted 10 days prior to the SWP date in case of Registration.

9 SYSTEMATIC TRANSFER PLAN (STP)

Registration

Transfer From: Scheme Name _____ **Plan** _____ **Transfer To: Scheme Name :** _____ **Plan** _____

Option Regular Institutional Institutional Plus **Sub-option** Growth (default) Dividend Reinvestment Dividend Payout

Sub-option Growth (default) Dividend Reinvestment Dividend Payout **Dividend Frequency** Daily Weekly Fortnightly Monthly Quarterly Half Yearly

Dividend Frequency Daily Weekly Fortnightly Monthly Quarterly Half Yearly **Transfer Options** Fixed Amount Capital Appreciation (1st Business Day of the month)

STP Frequency (✓) Monthly (Default*) Quarterly (10th) **Transfer Amount** Amount per instalment Rs. _____ (Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-)

Installment commencing From M M Y Y Y Y **To** M M Y Y Y Y

STP Date 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th (Default) 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st

To be submitted 10 days prior to the STP date in case of Registration. * If no debit date is mentioned default date would be considered as 10th of every month / quarter.

10 DEMAT ACCOUNT DETAILS

Please provide details of your Depository Participant if you wish to hold units in Demat Form.

NSDL	CDSL
DP Name _____	_____
DP ID I N _____	_____
Beneficiary Account No. _____	_____

11 I/WE DO NOT WISH TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

Signature(s) X _____	Signature(s) X _____	Signature(s) X _____
Sole/First Applicant	Second Applicant	Third Applicant

OR

Where Nominee details and Non intention to nominate both are mentioned, Non intention to nominate will be considered as "Default". Folio in such case will be updated without Nominee.

I/WE WISH TO NOMINATE AS UNDER: (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 13)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Relationship with Nominee	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1		(To be furnished in case the Nominee is a Minor)			
Nominee 2					
Nominee 3					

* the aggregate total should be 100%.

...continued overleaf

CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS)
[Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]
FATCA / CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)

	Sole / First Applicant Guardian	Second Applicant	Third Applicant
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes' please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are Citizen / Resident / Green Card Holder / Tax Resident in the respective countries			
Country of Tax Residency#			
Tax Identification Number (TIN) or Functional Equivalent^			
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Reason A – The country where the Account Holder is liable to pay tax does not issue TIN to its residents. Reason B – No TIN required [Select this reason only for the authorities of the respective country of tax residence do not required the TIN to be collected] Reason C – Others - Please specify the reason _____			
# To also include USA, where the individual is a citizen / green card holder of USA. ^ In case Tax Identification Number is not available, kindly provide its functional equivalent.			

FATCA / CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBO)
(COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.)
Please complete Annexure A & B
DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)
FATCA / CRS DECLARATION

I acknowledge and confirm that the information provided with respect to FATCA/CRS is true and correct to the best of my knowledge and belief. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA/CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission/update. I also undertake to keep the Fund informed in writing about any changes/modification/update to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund/AMC/RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

OTHER DECLARATIONS

Having read and understood the contents of the 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 authorize 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 primary email ID provided belongs to self or a family member.

I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. In case 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.

X	X	X
Sole / First Applicant / Guardian / PoA	Second Applicant / PoA	Third Applicant / PoA
Date <input style="width: 150px;" type="text"/>		

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

Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.