Transaction Form for Existing Investors Global Asset This Form is for use by existing Unitholders of all funds of HSBC Mutual Fund only Management Additional Purchase Switch Change of Contact Details Systematic Transfer Plan (STP) Share Demat Account Details Please used this form in case of: Redemption Systematic Withdrawal Plan (SWP) Broker Name & ARN code / RIA code^ Sub-broker ARN code EUIN Sub code ARN-9992 No. CT ^ 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 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. Sole/1st applicant / Authorised Signatory 2nd applicant / Authorised Signatory 3rd applicant / Authorised Signatory UNITHOLDER INFORMATION (Refer above note on 'Transaction Charges'. For details refer page 38 of the Common Scheme Information Document) Sole / First Unitholder's Name Mr./. Ms./ M/s Are you a resident of USA/Canada? (✓) Yes No : # (# Default) Date of Birth~‡ DDMMY Existing Folio No. Guardian / POA Second Unitholder Third Unitholder Sole / First Unitholder KYC Identification No. (KIN) ^{‡‡} PAN ** (Mandatory) PAN Card Copy PAN Card Copy PAN Card Copy PAN Card Copy Proof enclosed (✓) ADDITIONAL PURCHASE (Please ✓ your c ice of Scheme / Plan / Option / Sub-option) (See instruction 1-4) Scheme HSRC HSRC HSRC Other than Direct Other than Direct Other than Direct+ Direct Direct Plan Direct *Continuing Plans only *Continuing Plans only *Continuing Plans only Sub-Option Growth (default) Dividend Reinvestment Growth (default) Dividend Reinvestment Growth (default) Dividend Reinvestment Dividend Payout Dividend Payout Dividend Payout Dividend Frequency Daily Weekly Monthly Quarterly Daily Weekly Monthly Quarterly Daily Weekly Monthly Quarterly Half Yearly Half Yearly Fortnightly Fortnightly Investment Amount (₹) (i) DD Charges (₹) Total Amount (₹) (i+ii) Mode of Payment Cheque RTGS/NEFT RTGS/NEFT RTGS/NEFT RTGS/NEFT No. Cheque/DD No. **Cheque Dated** A/c. No. NRO* Current Savings Current Savings NRO* NRE* Current Savings NRO* NRE* A/c. Type (✓) (* For NRI Investors) (* For NRI Investors) (* For NRI Investors) Others Others Drawn on Bank City Branch City City 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 the section on Third Party Payments in the SAI). 3 REDEMPTION (Please ✓ your choice of Scheme / Plan / Option / Sub-option) Scheme HSBC Option Regular Institutional Institutional Plus Plan Sub-Option Growth (default) Dividend Reinvestment Dividend Payout Amount (₹ in figures) Monthly Dividend Frequency Daily Weekly OR Fortnightly Quarterly No. of Units All Units Half Yearly 4 BANK DETAILS FOR THE ABOVE REDEMPTION FOR INVESTORS WHO HAVE REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY The redemption should be processed into the following registered bank account as per the payout mechanism indicated by me/us: Bank A/C No A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ Others Bank Name IFSC Code CHANGE OF ADDRESS / E-MAIL / CONTACT DETAILS (Address should be same as in KRA records) FOR INVESTORS WHO ARE NOT KYC COMPLAINT: (For Proof of Identity & Proof of Address: Self attested with originals produced to AMC ISC for verification (or) Self-attested along with attestation by KYD compliant distributor or a competent authority as outlined in Uniform KYC guidelines) Address is (Please ✓) : ☐ Home ☐ Office New Address for correspondence: City Pin Code Country Proof of address to be provided by Applicant: Please submit ANY ONE of the following valid documents & tick (🗸) against the document attached. 1111 Passport ☐ Ration Card ☐ Registered Lease / Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ ♣ Latest Bank Statement/Passbook ♣ Latest Telephone Bill (only Land Line) ☐ ♠ Latest Electricity Bill ☐ ♠ Latest Gas Bill ☐ Others (Please specify) ☐ (♠ Not more than 3) (*Not more than 3 months old) Proof of Identity (Please enclose a duly attested copy of your PAN Card.) | Proof of Identity submitted for PAN exempt cases (🗸) (Refer point 9 under Instructions.) UDI (Aadhar Card) Passport Voter Identity Card Driving License Others (Please specify) Contact Details: (Where email ID and Mobile number is not provided the same will be updated from KRA records) Fax Phone O Extn. 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. FOR INVESTORS WHO HAVE COMPLIED KYC Please submit Change of address request in the prescribed format alongwith supporting documents as outlined under uniform KYC guidelines -----ACKNOWLEDGEMENT SLIP (To be filled by the investor) This Acknowledgement Slip is for your reference only. Information provided on the form is considered final. No. CT Scheme Name: HSBC Received from the above mentioned investor the following: Total Amount (Rs.)/ Units: Cheque No.(s) Drawn on OR Units Redemption or Switch Amount (Rs.) Additional Purchase Amount (Rs.) OR Units STP SWP Change of Address ISC Stamp, Signature & Date

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

	SYSTEMATIC V	VITHDRAWAL PLAN (SWP)		Registration Cancellation
	Scheme HSBC			than Direct ⁺ (*Continuing Plans only) Direct
	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)			
		d	121at 22nd	Redemption amount will equal appreciation
		26th 27th 28th 29th 30th 31st	Period of enrolment M	// Y Y Y Y To M M Y Y Y Y
ĺ	To be submitted 10 days prior to the SWP date in case of Registration & 14 days incase of Cancellation.			
7	SWITCH (Please fill in your choice of Scheme / Plan / Option / Sub-option) KYC MANDATORY w.e.f. January 1, 2011. Please enclose KYC acknowledgement.			
	Switch From: Scheme		Switch To: Scheme Name HSBC	
	Plan Oth	er than Direct ⁺ (*Continuing Plans only) Direct		(*Continuing Plans only) Direct
	Option Reg			Dividend Reinvestment Dividend Payout
		wth (default) Dividend Reinvestment Dividend P		Weekly Fortnightly
	Dividend Frequency	Daily Weekly Fortnightly Monthly Quarterly Half Yearly	Monthly	Quarterly Half Yearly
-	Amount (Rs. in figu		No. of Units	All Units
0	_ ` `		No. of Office	
8	SYSTEMATIC	RANSFER PLAN (STP)		Registration Cancellation
	C.I. N. Trops	Transfer From:		Transfer To:
	Scheme Name : HSBC		Scheme Name : HSBC	40 · · · N · · · N
		ner than Direct* (*Continuing Plans only) Direct		(*Continuing Plans only) Direct
		gular Institutional Institutional Plus	Sub-option Growth (defa	
	Sub-option Gro Dividend Frequency	with (default) Dividend Reinvestment Dividend P Daily Weekly Fortnightly	1 1 1	Weekly Fortnightly Quarterly Half Yearly
	2uchu i requency	Monthly Quarterly Half Yearly		Capital Appreciation (1st Business Day of the month
	STP Frequency (✓)	Monthly (Default¶) Quarterly (10th)	_	5th 6th 7th 8th 9th 10th (Default^)
			11th 12th 13th 14th 15th	16th □ 17th □ 18th □ 19th □ 20th □ 21st □ 22nd
		10 days prior to the STP date incase of Registration &		28th 29th 30th 31st instalment Rs.
	To be submitted	14 days incase of Cancellation.		nsfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-
	Please read the Key Information Memorandum for details of the applicable Plan, Sub option and Dividend Frequency of the respective schemes.			
	¶ If no debit date is mentioned default date would be considered as 10th of every month / quarter.			
9	DEMAT ACCOUNT DETAILS			
		INI DETAILS		
		your Depository Participant if you wish to hold units in	Demat Form.	
			Demat Form.	CDSL
		your Depository Participant if you wish to hold units in	Demat Form.	CDSL
	Please provide details of	your Depository Participant if you wish to hold units in	Demat Form.	CDSL
	Please provide details of DP Name	your Depository Participant if you wish to hold units in NSDL I N	Demat Form.	CDSL
10	Please provide details of DP Name DP ID Beneficiary Account No	your Depository Participant if you wish to hold units in NSDL I N		
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION	your Depository Participant if you wish to hold units in NSDL I N		
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA	your Depository Participant if you wish to hold units in NSDL I N		
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu	your Depository Participant if you wish to hold units in NSDL I N	g, signatures of all unit holders are manda	tory)
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo	your Depository Participant if you wish to hold units in NSDL I N	g, signatures of all unit holders are manda	tory) prmation and Addenda of the Scheme(s) issued till date,
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to ti	your Depository Participant if you wish to hold units in NSDL I N	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infort Scheme and agree to abide by the terms, con	tory) ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the
10	Please provide details of DP Name DP ID Beneficiary Account No OTHER DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC	NSDL I N AND SIGNATURES (In case of joint holding triul Fund of the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Inv	g, signatures of all unit holders are manda aformation Document, Statement of Additional Info nt Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to disc restment Advisor and to verify my / our bank de	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to the above mentioned docum my / our bank(s) / HSBC service providers as deen	your Depository Participant if you wish to hold units in NSDL I N D. AND SIGNATURES (In case of joint holding truly and the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the relevatents of HSBC Mutual Fund for units of the relevatents of HSBC Mutual Fund. I / We hereby authorise HSB Mutual Fund's Bank(s) and / or Distributor / Broker / Invited necessary for conduct of business. I / We express my /	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infinit Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank decour willingness to make payments referred above	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility.
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo 1 / We hereby apply to the above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay	NSDL I N D. AND SIGNATURES (In case of joint holding truly in the contents of the Scheme Information Document, Keylar in the Trustees of HSBC Mutual Fund for units of the relevatents of HSBC Mutual Fund for units of the relevatents of HSBC Mutual Fund. I / We hereby authorise HSB Mutual Fund's Bank(s) and / or Distributor / Broker / Inv. med necessary for conduct of business. I / We express my / yed or not effected at all for reasons of incomplete or incomplete or incomplete or incomplete.	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infinit Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank defour willingness to make payments referred aboverrect information, I / We would not hold the Fur	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a	your Depository Participant if you wish to hold units in NSDL I N D. AND SIGNATURES (In case of joint holding truly and the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the relevatents of HSBC Mutual Fund for units of the relevatents of HSBC Mutual Fund. I / We hereby authorise HSB Mutual Fund's Bank(s) and / or Distributor / Broker / Invited necessary for conduct of business. I / We express my /	g, signatures of all unit holders are manda Information Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to disc restment Advisor and to verify my / our bank de ur willingness to make payments referred aboverrect information, I / We would not hold the Furcount. I / We have read and agreed to the terms	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a	NSDL I N AND SIGNATURES (In case of joint holding TIONS tual Fund od the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund. I / We hereby authorise HSB Mutual Fund's Bank(s) and / or Distributor / Broker / Inviecd necessary for conduct of business. I / We express my / yed or not effected at all for reasons of incomplete or incols inform the AMC, about any changes in my / our bank a desidents of Indian Nationality / Origin and that the funds	g, signatures of all unit holders are manda Information Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to disc restment Advisor and to verify my / our bank de ur willingness to make payments referred aboverrect information, I / We would not hold the Furcount. I / We have read and agreed to the terms	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the de	NSDL I N AND SIGNATURES (In case of joint holding trusters of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Invaed necessary for conduct of business. I / We express my / yed or not effected at all for reasons of incomplete or incollate inform the AMC, about any changes in my / our bank a tesidents of Indian Nationality / Origin and that the funds NRI).	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to disc estment Advisor and to verify my / our bank de our willingness to make payments referred above the information, I / We would not hold the Fur count. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representative and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the de is not held or designed for	NSDL I N AND SIGNATURES (In case of joint holding true and correct. I / We hereby or the purpose of contravention of any Act, Rules, Regular the purpose of contravention of any Act, Rules, Rules,	g, signatures of all unit holders are manda aformation Document, Statement of Additional Info nt Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to disc restment Advisor and to verify my / our bank de our willingness to make payments referred above rrect information, I / We would not hold the Fur coount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notificatio	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and ans issued by any governmental or statutory authority
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to the above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the de is not held or designed form time to time. I / We	NSDL I N AND SIGNATURES (In case of joint holding trusters of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Invaed necessary for conduct of business. I / We express my / yed or not effected at all for reasons of incomplete or incollate inform the AMC, about any changes in my / our bank a tesidents of Indian Nationality / Origin and that the funds NRI).	g, signatures of all unit holders are manda Information Document, Statement of Additional Infort Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to disk restment Advisor and to verify my / our bank de our willingness to make payments referred aboverrect information, I / We would not hold the Furceount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notification ax position in particular and that I / we should see	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and ans issued by any governmental or statutory authority seek tax advice on the specific tax implications arising
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen ff the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the de is not held or designed fo from time to time. I / We out of my / our participat in making this investmer	NSDL I N AND SIGNATURES (In case of joint holding TIONS tual Fund od the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund for units of the relevaents of HSBC Mutual Fund. I / We hereby authorise HSB Mutual Fund's Bank(s) and / or Distributor / Broker / Invited or not effected at all for reasons of incomplete or incolso inform the AMC, about any changes in my / our bank a desidents of Indian Nationality / Origin and that the funds viring the purpose of contravention of any Act, Rules, Regula acknowledge that the AMC has not considered my / our to in the Scheme. I / We have understood the details of the tit. I / We confirm that the ARN holder has disclosed to me	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discestment Advisor and to verify my / our bank defour willingness to make payments referred above arrect information, I / We would not hold the Furceount. I / We have read and agreed to the terms are remitted from abroad through approved band by declare that the amount being invested by mely tions or any other applicable laws or Notification ax position in particular and that I / we should see Scheme and I / We have not received nor been / us all the commissions (in the form of trail co	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility. and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and ans issued by any governmental or statutory authority sek tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly,
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the de is not held or designed from time to time. I / We out of my / our participat in making this investmen different competing Schei	NSDL I N AND SIGNATURES (In case of joint holding TIONS tual Fund od the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the releva ents of HSBC Mutual Fund. I / We hereby authorise HSB Mutual Fund's Bank(s) and / or Distributor / Broker / Inv ned or not effected at all for reasons of incomplete or inco lso inform the AMC, about any changes in my / our bank a desidents of Indian Nationality / Origin and that the funds NRI). etails provided by me / us are true and correct. I / We hereb or the purpose of contravention of any Act, Rules, Regula acknowledge that the AMC has not considered my / our tain in the Scheme. I / We have understood the details of the tit. I / We confirm that the ARN holder has disclosed to me tenses of various Mutual Funds from amongst which the Sch	aformation Document, Statement of Additional Infint Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discestment Advisor and to verify my / our bank de our willingness to make payments referred above prect information, I / We would not hold the Furcount. I / We have read and agreed to the terms are remitted from abroad through approved band by declare that the amount being invested by me/ touch or any other applicable laws or Notification ax position in particular and that I / we should see Scheme and I / We have not received nor been / us all the commissions (in the form of trail come is being recommended to me / us.	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other ethrough participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and an issued by any governmental or statutory authority sek tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly, mmission or any other mode), payable to him for the
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the do is not held or designed fi from time to time. I / We out of my / our participat in making this investmen different competing Sche I / We confirm that I am	NSDL I N AND SIGNATURES (In case of joint holding the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the relevant ents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Invaded necessary for conduct of business. I / We express my / yed or not effected at all for reasons of incomplete or incollate inform the AMC, about any changes in my / our bank a tesidents of Indian Nationality / Origin and that the funds will be purpose of contravention of any Act, Rules, Regula acknowledge that the AMC has not considered my / our tion in the Scheme. I / We have understood the details of that. I / We confirm that the ARN holder has disclosed to me thems of various Mutual Funds from amongst which the Schemes of various Mutual Funds from amongst whi	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank defour willingness to make payments referred above wrect information, I / We would not hold the Furcocount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notification ax position in particular and that I / we should so ax position in particular and that I / we should so we Scheme and I / We have not received nor been / us all the commissions (in the form of trail conteme is being recommended to me / us.	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and an issued by any governmental or statutory authority teck tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly, mmission or any other mode), payable to him for the f change to this status, I/We shall notify the AMC,
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the do is not held or designed fi from time to time. I / We out of my / our participat in making this investmen different competing Sche I / We confirm that I am in which event the AMC	NSDL I N AND SIGNATURES (In case of joint holding TIONS tual Fund od the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the releva ents of HSBC Mutual Fund. I / We hereby authorise HSB Mutual Fund's Bank(s) and / or Distributor / Broker / Inv ned or not effected at all for reasons of incomplete or inco lso inform the AMC, about any changes in my / our bank a desidents of Indian Nationality / Origin and that the funds NRI). etails provided by me / us are true and correct. I / We hereb or the purpose of contravention of any Act, Rules, Regula acknowledge that the AMC has not considered my / our tain in the Scheme. I / We have understood the details of the tit. I / We confirm that the ARN holder has disclosed to me tenses of various Mutual Funds from amongst which the Sch	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank defour willingness to make payments referred above wrect information, I / We would not hold the Furcocount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notification ax position in particular and that I / we should so ax position in particular and that I / we should so we Scheme and I / We have not received nor been / us all the commissions (in the form of trail conteme is being recommended to me / us. Inited States or resident(s) of Canada. Incase on the Scheme(s). I / We confirm that primary emi-	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and an issued by any governmental or statutory authority text tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly, mmission or any other mode), payable to him for the f change to this status, I / We shall notify the AMC, all ID provided belongs to self or a family member.
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the do is not held or designed fi from time to time. I / We out of my / our participat in making this investmen different competing Sche I / We confirm that I am in which event the AMC	NSDL I N AND SIGNATURES (In case of joint holding the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the relevant ents of HSBC Mutual Fund for units of the relevant ents of HSBC Mutual Fund for units of the relevant ents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Invaled necessary for conduct of business. I / We express my / yed or not effected at all for reasons of incomplete or incollate inform the AMC, about any changes in my / our bank a tesidents of Indian Nationality / Origin and that the funds with the purpose of contravention of any Act, Rules, Regula acknowledge that the AMC has not considered my / our tain in the Scheme. I / We have understood the details of that. I / We confirm that the ARN holder has disclosed to me the service of the purpose of the service of the servic	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank defour willingness to make payments referred above wrect information, I / We would not hold the Furcocount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notification ax position in particular and that I / we should so ax position in particular and that I / we should so we Scheme and I / We have not received nor been / us all the commissions (in the form of trail conteme is being recommended to me / us. Inited States or resident(s) of Canada. Incase on the Scheme(s). I / We confirm that primary emi-	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and an issued by any governmental or statutory authority teck tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly, mmission or any other mode), payable to him for the f change to this status, I / We shall notify the AMC, all ID provided belongs to self or a family member.
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Muthaving read and understoot I / We hereby apply to the above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the do is not held or designed for from time to time. I / We out of my / our participat in making this investmen different competing Sche I / We confirm that I am in which event the AMC We confirm that we have	NSDL I N AND SIGNATURES (In case of joint holding the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the relevant ents of HSBC Mutual Fund for units of the relevant ents of HSBC Mutual Fund for units of the relevant ents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Invaled necessary for conduct of business. I / We express my / yed or not effected at all for reasons of incomplete or incollate inform the AMC, about any changes in my / our bank a tesidents of Indian Nationality / Origin and that the funds with the purpose of contravention of any Act, Rules, Regula acknowledge that the AMC has not considered my / our tain in the Scheme. I / We have understood the details of that. I / We confirm that the ARN holder has disclosed to me the service of the purpose of the service of the servic	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank defour willingness to make payments referred above wrect information, I / We would not hold the Furcocount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notification ax position in particular and that I / we should so ax position in particular and that I / we should so we Scheme and I / We have not received nor been / us all the commissions (in the form of trail conteme is being recommended to me / us. Inited States or resident(s) of Canada. Incase on the Scheme(s). I / We confirm that primary emi-	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and an issued by any governmental or statutory authority teck tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly, mmission or any other mode), payable to him for the f change to this status, I / We shall notify the AMC, all ID provided belongs to self or a family member.
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Muthaving read and understo I / We hereby apply to the above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the do is not held or designed for from time to time. I / We out of my / our participat in making this investmen different competing Sche I / We confirm that I am in which event the AMC We confirm that we have	NSDL I N AND SIGNATURES (In case of joint holding the contents of the Scheme Information Document, Key Ir ne Trustees of HSBC Mutual Fund for units of the relevant ents of HSBC Mutual Fund for units of the relevant ents of HSBC Mutual Fund for units of the relevant ents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Invaled necessary for conduct of business. I / We express my / yed or not effected at all for reasons of incomplete or incollate inform the AMC, about any changes in my / our bank a tesidents of Indian Nationality / Origin and that the funds with the purpose of contravention of any Act, Rules, Regula acknowledge that the AMC has not considered my / our tain in the Scheme. I / We have understood the details of that. I / We confirm that the ARN holder has disclosed to me the service of the purpose of the service of the servic	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank defour willingness to make payments referred above wrect information, I / We would not hold the Furcocount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notification ax position in particular and that I / we should so ax position in particular and that I / we should so we Scheme and I / We have not received nor been / us all the commissions (in the form of trail conteme is being recommended to me / us. Inited States or resident(s) of Canada. Incase on the Scheme(s). I / We confirm that primary emi-	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and an issued by any governmental or statutory authority text tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly, mmission or any other mode), payable to him for the f change to this status, I / We shall notify the AMC, all ID provided belongs to self or a family member.
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the de is not held or designed fi from time to time. I / We out of my / our participat in making this investmer different competing Sche I / We confirm that I am in which event the AMC We confirm that I am in which event the AMC We confirm that we has subsequently.	NSDL I N AND SIGNATURES (In case of joint holding that the property of the p	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank defour willingness to make payments referred above wrect information, I / We would not hold the Furcocount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notification ax position in particular and that I / we should so ax position in particular and that I / we should so we Scheme and I / We have not received nor been / us all the commissions (in the form of trail conteme is being recommended to me / us. Inited States or resident(s) of Canada. Incase on the Scheme(s). I / We confirm that primary emi-	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and ans issued by any governmental or statutory authority text tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly, mmission or any other mode), payable to him for the f change to this status, I / We shall notify the AMC, till ID provided belongs to self or a family member. IC if bearer shares or share warrants are issued
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the de is not held or designed fe from time to time. I / We out of my / our participat in making this investmer different competing Sche I / We confirm that I am in which event the AMC We confirm that we has ubsequently. SIGNATURE(S) Signature should be in	NSDL I N AND SIGNATURES (In case of joint holding that the property of the p	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank defour willingness to make payments referred above wrect information, I / We would not hold the Furcocount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notification ax position in particular and that I / we should so ax position in particular and that I / we should so we Scheme and I / We have not received nor been / us all the commissions (in the form of trail conteme is being recommended to me / us. Inited States or resident(s) of Canada. Incase on the Scheme(s). I / We confirm that primary emi-	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and ans issued by any governmental or statutory authority tek tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly, mmission or any other mode), payable to him for the f change to this status, I / We shall notify the AMC, till ID provided belongs to self or a family member. IC if bearer shares or share warrants are issued
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the de is not held or designed fi from time to time. I / We out of my / our participat in making this investmer different competing Sche I / We confirm that I am in which event the AMC We confirm that I am in which event the AMC We confirm that we has subsequently.	NSDL I N AND SIGNATURES (In case of joint holding that the property of the p	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank defour willingness to make payments referred above wrect information, I / We would not hold the Furcocount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notification ax position in particular and that I / we should so ax position in particular and that I / we should so we Scheme and I / We have not received nor been / us all the commissions (in the form of trail conteme is being recommended to me / us. Inited States or resident(s) of Canada. Incase on the Scheme(s). I / We confirm that primary emi-	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and ans issued by any governmental or statutory authority text tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly, mmission or any other mode), payable to him for the f change to this status, I / We shall notify the AMC, till ID provided belongs to self or a family member. IC if bearer shares or share warrants are issued
10	Please provide details of DP Name DP ID Beneficiary Account No DECLARATION OTHER DECLARA The Trustees, HSBC Mu Having read and understo I / We hereby apply to tl above mentioned docum my / our bank(s) / HSBC service providers as deen If the transaction is delay responsible. I / We will a that I am / we are Non-R Account (Applicable to N I / We confirm that the de is not held or designed fe from time to time. I / We out of my / our participat in making this investmer different competing Sche I / We confirm that I am in which event the AMC We confirm that we has ubsequently. SIGNATURE(S) Signature should be in	NSDL I N AND SIGNATURES (In case of joint holding that the property of the p	g, signatures of all unit holders are manda aformation Document, Statement of Additional Infant Scheme and agree to abide by the terms, con C Mutual Fund, the AMC and its Agents to discrestment Advisor and to verify my / our bank defour willingness to make payments referred above wrect information, I / We would not hold the Furcocount. I / We have read and agreed to the terms are remitted from abroad through approved ban by declare that the amount being invested by me/ tions or any other applicable laws or Notification ax position in particular and that I / we should so ax position in particular and that I / we should so we Scheme and I / We have not received nor been / us all the commissions (in the form of trail conteme is being recommended to me / us. Inited States or resident(s) of Canada. Incase on the Scheme(s). I / We confirm that primary emi-	ormation and Addenda of the Scheme(s) issued till date, ditions, rules and regulations of the Scheme and the close my / our details including investment details to tails provided by me / us, or to disclose to such other e through participation in ECS / Direct Debit Facility, and, the AMC, its service providers or representatives and conditions for ECS / Direct Debit. I / We confirm king channels or from my / our NRE / NRO / FCNR us in the Scheme(s) is through legitimate sources and ans issued by any governmental or statutory authority text tax advice on the specific tax implications arising induced by any rebate or gifts, directly or indirectly, mmission or any other mode), payable to him for the f change to this status, I / We shall notify the AMC, till ID provided belongs to self or a family member. IC if bearer shares or share warrants are issued

INSTRUCTIONS

GENERAL: (1) If any alteration is made, then a countersign is mandatory. (2) Investors should refer to the Scheme Information Document, Statement of Additional Information, Addenda and KIM of the respective Scheme(s) carefully before filling the Application Form. (3) Please refer to the Scheme Information Document, Statement of Additional Information for cut-off timings, available product features, add-ons and dividend frequency, minimum additional purchase amounts etc., bank charges for Demand draft. The amount in words and figures on the cheque should not be in local languages. (4) In case of multiple holders, the dividend (if applicable) and redemption amount will be paid to the first holder. (5) Additional Purchases - Cheque/DD must be drawn in the name of the Scheme as applicable and crossed "Account payee only". Outstation cheques will not be accepted. (6) The AMC will not entertain any request for refund of demand draft charges. Outstation demands draft will not be accepted. (7) Redemption amounts should not be less then minimum repurchase amounts. (8) Guidance for other proofs: Identity card / document with applicant's Photo, issued by any of the following: Central / State Government and its Departments, Statutory / Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards / Debit cards issued by Banks.

Section 1 ** 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). ## W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). We.f January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process. We.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. ~ 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. Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.

Section 4 Important Note: The Bank account details mentioned above should be pre-registered as a valid bank mandate. If the account details are not filled above OR incorrect, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

FOR INVESTORS WHO HAVE NOT REGISTERED FOR MULTIPLE BANK ACCOUNTS FACILITY: Please use the Multiple Bank Account Registration / Deletion Form. Important Note: If unitholder(s) provides a new and unregistered bank mandate with a specific redemption request (with or without necessary documents) such bank account will not be considered for payment of redemption proceeds. The redemption proceed shall be paid to the existing bank account registered at the time of redemption proceeds. HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due to credit of redemption proceeds into any of the bank accounts registered with us in the aforesaid folio. Please refer to SID / SAI for process of change of bank details along with / before redemption.