

Common Application Form for Equity Schemes



HSBC Mutual Fund

Please read the instructions before filling the Application Form

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

Application No. : W

Distributor / Broker ARN	Sub-Broker Code	Registrar Serial No.
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1 EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. below. Please furnish PAN details in Section 2 & 3 and then proceed to section 4)

Please note that applicant details and mode of holding will be as per existing Folio Number.

Folio No.	Name of Sole / First Unit Holder
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2 SOLE / FIRST APPLICANT'S PERSONAL DETAILS (Please fill in Block Letters use one box for one alphabet leaving one box blank between two words)

Name	Mr Ms M/s
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Date of Birth	PAN**	Enclosed <input type="checkbox"/> PAN proof OR <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 (please <input checked="" type="checkbox"/>)
Gender (please <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female)	Please attach KYC acknowledgement letter.	

Guardian Name (if Sole / First applicant is a Minor) **Contact Person** (in case of Non-individual Investors only) (PAN not required for contact person)

Mr Ms M/s	
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Date of Birth	PAN**	Enclosed <input type="checkbox"/> PAN proof OR <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 (please <input checked="" type="checkbox"/>)
Gender (please <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female)	Please attach KYC acknowledgement letter.	

Nationality	Country of Residence
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Address for Correspondence [P.O. Box Address is not sufficient]

City	Pin Code
State	Country

Contact Details

Phone O	Extn.	Fax
R	Mobile	

☐ I/We wish to receive updates via SMS on my mobile (Please ☒)

e-mail

I/We wish to receive the following documents via e-mail in lieu of physical document(s) (Please ☒ Account Statement ☐ All other Statutory Communications ☐ Marketing Updates

Overseas Address (Mandatory in case of NRI / FII applicant in addition to mailing address)

City	Zip Code
State	Country

Status (please ☒ Resident Individual ☐ Minor ☐ Partnership ☐ Company ☐ HUF ☐ FII ☐ NRI ☐ Trust ☐ Society ☐ AOP / BOI ☐ Others

Occupation of Sole / First Applicant (please ☒ Private Sector Service ☐ Public Sector / Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Forex Dealer ☐ Others (Please specify)

3 JOINT APPLICANTS' DETAILS

Second Applicant

Name	Mr Ms M/s
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Date of Birth	PAN**	Enclosed <input type="checkbox"/> PAN proof OR <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 (please <input checked="" type="checkbox"/>)
Gender (please <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female)	Please attach KYC acknowledgement letter.	

Third Applicant

Name	Mr Ms M/s
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Date of Birth	PAN**	Enclosed <input type="checkbox"/> PAN proof OR <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 (please <input checked="" type="checkbox"/>)
Gender (please <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female)	Please attach KYC acknowledgement letter.	

Mode of Holding (please ☒ Single OR ☐ Joint OR ☐ Anyone or Survivor

PoA Holder Details (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder)

Name	Mr Ms M/s
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Date of Birth	PAN**	Enclosed <input type="checkbox"/> PAN proof OR <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 (please <input checked="" type="checkbox"/>)
Gender (please <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female)	Please attach KYC acknowledgement letter.	

** PAN is Mandatory for investments of Rs. 50,000 or more or attach a Form 60 / 61 duly filled up with address proof as specified therein (see instruction 2c).

ACKNOWLEDGEMENT SLIP (To be filled by the investor)

Application No. : W

Received from Mr. / Ms. / M/s	
an application for Units of	<input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HAIF <input type="checkbox"/> HTSF Option
Sub-option	alongwith Cheque / DD No.
Dated	Drawn on (Bank)
	Amount (Rs.)

Signature, Stamp & Date

A/c. No.																A/c. Type (please <input checked="" type="checkbox"/>) Resident : <input type="checkbox"/> Current <input type="checkbox"/> Savings Non-Resident : <input type="checkbox"/> NRO <input type="checkbox"/> NRE																			
Bank Name																																			
Branch Address																																			
																										City									
MICR Code											◀ This is a 9 digit number next to your Cheque No.															IFSC Code									

Scheme Name	<input type="checkbox"/> HEF	<input type="checkbox"/> HIOF	<input type="checkbox"/> HMEF	<input type="checkbox"/> HAIF	<input type="checkbox"/> HTSF	Option	<input type="checkbox"/> Growth*	<input type="checkbox"/> Dividend Reinvestment	<input type="checkbox"/> Dividend Payout
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