

## Application Form

## HSBC UNIQUE OPPORTUNITIES FUND (HUOF)



## HSBC Mutual Fund

Please read the instructions before filling the Application Form

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

Distributor / Broker ARN	Sub-Broker Code	Registrar Serial No.
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Application No.: W

## 1 EXISTING UNIT HOLDER INFORMATION (Please fill in your Folio No. below. Please furnish PAN details in Section 2 &amp; 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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MIN*	Date of Birth	Gender (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
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PAN**	Enclosed (please ✓) <input type="checkbox"/> PAN proof OR <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61
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Guardian Name (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) (MIN and PAN not required for contact person)

Mr Ms M/s
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MIN*	Date of Birth	Gender (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
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PAN**	Enclosed (please ✓) <input type="checkbox"/> PAN proof OR <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61
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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
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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 ☐ OthersOccupation 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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MIN*	Date of Birth	Gender (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
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PAN**	Enclosed (please ✓) <input type="checkbox"/> PAN proof OR <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61
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## Third Applicant

Name	Mr Ms M/s
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MIN*	Date of Birth	Gender (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
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PAN**	Enclosed (please ✓) <input type="checkbox"/> PAN proof OR <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61
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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 MIN of PoA holder)

Name	Mr Ms M/s
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MIN*	Date of Birth	Gender (please ✓) <input type="checkbox"/> Male <input type="checkbox"/> Female
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\* Please see instruction 2d.

\*\* 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 2e).

## ACKNOWLEDGEMENT SLIP (To be filled by the Applicant)

Application No.: W

Received from Mr. / Ms. / M/s

an application for Units of H S B C U N I Q U E O P P O R T U N I T I E S F U N D

Option (please ✓) ☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout alongwith

Cheque / DD No. \_\_\_\_\_ Dated \_\_\_\_\_ Drawn on (Bank) \_\_\_\_\_

Amount (Rs.) \_\_\_\_\_

Signature, Stamp &amp; Date

<b>4</b>	<b>BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines)</b>			
A/c. No. <input type="text"/> 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 <input type="text"/> Branch Address <input type="text"/> <div style="text-align: right;">City <input type="text"/></div> MICR Code <input type="text"/> ◀ This is a 9 digit number next to your Cheque No. IFSC Code <input type="text"/>				
<b>5</b>	<b>INVESTMENT DETAILS (Refer instruction 3)</b>			
Scheme Name <b>H S B C U N I Q U E O P P O R T U N I T I E S F U N D</b> Option (Please <input checked="" type="checkbox"/> ) <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout * Default Option, if not ticked.				
<b>6</b>	<b>PAYMENT OPTIONS (Please ensure there is only one Cheque / DD per application form) (Refer instruction 4)</b>			
Investment Amount (Rs.) <input type="text"/> DD charges (Rs.) <input type="text"/> Net Amount (Cheque / DD amount) (Rs.) <input type="text"/> Mode of Payment <input type="text"/> Cheque / DD* No. <input type="text"/> Dated <input type="text"/> Drawn on Bank <input type="text"/> Branch <input type="text"/> City <input type="text"/> For NRI Investors Only (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> NRO <input type="checkbox"/> NRE <small>* Please mention the application No. on the reverse of the Cheque / DD.  Cheque/DD must be drawn in favour of <b>HSBC Unique Opportunities Fund</b> or <b>HUOF</b> and crossed 'account payee only'.</small> The details of the bank account provided above pertain to my / our own bank account in my / our name <input type="checkbox"/> Yes <input type="checkbox"/> No. If No, my relationship with the bank account holder is <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Others. <b>Application Form without this information is liable to be rejected.</b>				
<b>7</b>	<b>NOMINATION DETAILS (To be filled in by Individual(s) applying singly or jointly) (Refer instruction 6)</b>			
I/We <input type="text"/> and <input type="text"/> * do hereby nominate the undermentioned nominee to receive the units allotted to my / our credit in my Folio in the event of my / our death. (* strike out which is not applicable) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Name and Address of Nominee</b>  Name <input type="text"/>  Address <input type="text"/>  Date of Birth (in case Nominee is a minor) <input type="text"/> </td> <td style="width: 50%; vertical-align: top;"> <b>To be furnished in case Nominee is a Minor (delete if not applicable)</b>  Name of Guardian <input type="text"/>  Address of Guardian <input type="text"/>  Signature of Guardian <input type="text"/> </td> </tr> </table>			<b>Name and Address of Nominee</b> Name <input type="text"/> Address <input type="text"/> Date of Birth (in case Nominee is a minor) <input type="text"/>	<b>To be furnished in case Nominee is a Minor (delete if not applicable)</b> Name of Guardian <input type="text"/> Address of Guardian <input type="text"/> Signature of Guardian <input type="text"/>
<b>Name and Address of Nominee</b> Name <input type="text"/> Address <input type="text"/> Date of Birth (in case Nominee is a minor) <input type="text"/>	<b>To be furnished in case Nominee is a Minor (delete if not applicable)</b> Name of Guardian <input type="text"/> Address of Guardian <input type="text"/> Signature of Guardian <input type="text"/>			
<b>8</b>	<b>OTHER SERVICES (Optional)</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>E-mail Services (please <input checked="" type="checkbox"/>)</b>  I/We wish to receive the following documents via e-mail in lieu of physical document(s)  <input type="checkbox"/> Account Statement <input type="checkbox"/> All other Statutory Communications <input type="checkbox"/> Marketing Updates  e-mail <input type="text"/> </div> <div style="width: 45%;"> <b>Other E-mail Services (please <input checked="" type="checkbox"/>)</b>  <input type="checkbox"/> Daily NAV <input type="checkbox"/> Weekly Market Review <input type="checkbox"/> Event Updates  <b>PIN Services (please <input checked="" type="checkbox"/>)</b>  Would you like a PIN assigned? <input type="checkbox"/>  (refer instruction 2f) </div> </div>				
<b>9</b>	<b>DECLARATION AND SIGNATURES</b>			
<div style="display: flex;"> <div style="flex: 1;"> <p>The Trustees, HSBC Mutual Fund  Having read and understood the contents of the Offer Document of the Scheme, I / We hereby apply to the Trustees of HSBC Mutual Fund for units of the Scheme / 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.</p> <p><small>*Applicable to NRI</small> Date: <input type="text"/></p> </div> <div style="flex: 0.5; text-align: center; font-weight: bold; writing-mode: vertical-rl; transform: rotate(180deg);">SIGNATURES</div> <div style="flex: 1;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Sole / First Applicant</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Second Applicant</div> <div style="border: 1px solid black; padding: 5px;">Third Applicant</div> </div> </div>				

Applications from investors resident in USA or Canada shall be rejected.

#### INVESTOR SERVICE CENTRES\*

**HSBC MUTUAL FUND INVESTOR SERVICE CENTRES :** • Ahmedabad : Tel: 9898377319, 9898377321 • Bangalore : Tel: 080 41186519 • Chandigarh : Tel: 0172 5008119/21 • Chennai : Tel: 044 42008719 • Coimbatore : Tel: 9894477319, 9893477321 • Hyderabad : Tel: 040 66674719/21 • Indore : Tel: 9893477319, 9893477321 • Jaipur : Tel: 9928037319, 9928037321 • Kochi : Tel: 9895477319, 9895477321 • Kolkata : Tel: 033 22139919 • Lucknow : Tel: 9936797319, 9935097321 • Mumbai : Tel: 022 66668819 • New Delhi : Tel: 011 41490719 • Pune : Tel: 020 – 26001119 / 21 • Vadodara : Tel: 9898377319, 9898377321

**CAMS COLLECTION CENTRES:** Tel: 1-800-425-2267

\* ISCs will also be collection centres. Please contact our ISCs for an updated list of Official Points of Acceptance.

▶ **Contact us at** [hsbcmf@hsbc.co.in](mailto:hsbcmf@hsbc.co.in)

▶ **Visit us at** [www.hsbcinvestments.co.in](http://www.hsbcinvestments.co.in)