

Systematic Investmen	nt Plan (SIP)	Application	Form	HSBC (X)
HSBC Mutual Fund Please read Instructions overleaf carefu	illy.			
Change in Bank Account	or / Broker ARN	Sub-Broker Code	Registrar Serial No.	Application No. : W
Cancellation	D'	NIVAL CIDA P. C. F	d'er la H	The second of th
Existing investors of HSBC Mutual Fund wanting to make an SIP investment will need to fill up ONLY the SIP Application Form quoting their folio number. However, new investors will be required to fill up the Application Form as well as the SIP Application Form. APPLICANTS' INFORMATION (MANDATORY) (See instructions 1 & 2 overleaf)				
Folio No. (for existing Unitholder)			Common Application	on No. (for new investor)
Name of the First Applicant PAN** Enclosed (please ✓) PAN proof OR Form 61 Please attach KYC acknowledgement letter.				
News of the				
Second Applicant Mr Ms M/s	England (lace () DAN week	OR Form 60 For	m 61 Please attach KYC acknowledgement letter.
PAN** Name of the	Eliciosed (nease 🗸) 🗌 PAN proof	OK FOIII 60 FOI	III of Trease attach KTC acknowledgement letter.
Third Applicant Mr Ms M/s	Englosed (Jacca () DAN proof	OP Form 60 For	m 61 Please attach KYC acknowledgement letter.
PAN**				
SIP INVESTMENT DETAILS (Please	se 🗸 your choice o	Scheme / Plan / Opti	on)	Dividend Payout
	F HMEF H		Option Growth*	Dividend Reinvestment
	(Rs. in words)		will be applied to al	1 Units held in the Scheme in the Folio.
		1 4 275 1	D.17 F. 37 F.	
(Please / any one only) Cheque	to Debit Facility (Pleases (Please provide the		Debit Facility Form)	Frequency (Please ✔) ☐ Monthly ☐ Quarterly SIP Date (Please ✔) ☐ 3rd ☐ 10th ☐ 17th ☐ 26th
of Cheques Cheque Nos. From		To		No. of months/quarters Period of enrolment (MM / YY)
Drawn on Bank				From MM/YYYY
Branch DECLARATION AND SIGNATURE	A/C No.			To M M / Y Y Y Y
The Trustees HSBC Mutual Fund:		cheme(s) issued till date, I / We here	by apply to the Trustees of HSBC Mutt	nal Fund for units of the Scheme / Plan / Option as indicated above and agree luced by any rebate or gifts, directly or indirectly, in making this investment. nd's Bank(s) and / or Distributor / Broker / Investment Advisor and to verify
I / We hereby authorise HSBC Mutual Fund, its Investmer my / our bank details provided by me / us. *I / We confirm Account. I / We confirm that the details provided by me /	nt Manager and its Agents to d m that I am/we are Non-Reside / us are true and correct. I / W	isclose details of my / our investment nts of Indian Nationality / Origin and the hereby declare that the amount bei	it to my/our bank(s) / HSBC Mutual Fu d that the funds are remitted from abroa ng invested by me/us in the Scheme(s)	and's Bank(s) and / or Distributor / Broker / Investment Advisor and to verify the through approved banking channels or from my / our NRE / NRO / FCNR of HSBC Mutual Fund is derived through legitimate sources and is not held as issued by any governmental or statutory authority from time to time.
or designed for the purpose of contravention of any Act, *Applicable to NRI	Rules, Regulations or any statu	tte or legislation or any other applic	able laws or any Notifications, Direction	ons issued by any governmental or statutory authority from time to time.
D D / M M / Y Y Y				
Date	Sole/First A	pplicant	Second Applicant	Third Applicant
SIP AUTO DEBIT (ECS) FACI	LITY FORM - R	egistration cum Manda	te Form for ECS (Debit (Clearing)
First SIP Instalment via Cheque drawn on	bank details provided	below		
ECS DEBIT BANK ACCOUNT DE				ils provided below) rised service providers to debit my / our following bank account
by ECS (Debit Clearing) for collection of SIP pa				F
Name of the Account Holder as in Bank Records	ret Nama		Middle Name	Last Nama
Name of the Bank	rst Name		Middle Name	Last Name
Branch Address				City
Account Number		1		vings Current Cash Credit
MICR Code	-(6)	✓ This is a 9 digit number	next to your Cheque No. IF	SC Code
DECLARATION AND SIGNATURE I/We hereby declare that the particulars given above	ve are correct and express i	ny / our willingness to make pa	yments referred above through par	ticipation in ECS. If the transaction is delayed or not effected at
all for reasons of incomplete or incorrect information responsible. I/We will also inform HSBC Asset M	n, I/We would not hold HSB(Ianagement (India) Pvt. Ltc	C Asset Management (India) Pvt. ., about any changes in my / ou	Ltd. (Investment Manager to HSBC ir bank account. I/We have read an	Mutual Fund), their appointed service providers or representatives and agreed to the terms and conditions mentioned overleaf.
D D / M M / Y Y Y Y Date	Sole/First	Applicant	Second Applicant	Third Applicant
For Office use only (Not to be filled i	in by investor)			
Recorded on Recorded	ed by		Credit Ac	count Number
AUTHORISATION OF THE BANK	ACCOUNT HOLE	FR Ito be signed by	he Account Holdon(c)]	
This is to inform I / we have registered for the RBI's Electr	ronic Clearing Service (Debit Cl	earing) and that my / our payment tov lanager to HSBC Mutual Fund), actir	wards my / our investment in HSBC Mu ig through their service providers and re	tual Fund shall be made from my / our below mentioned bank account number presentative carrying this ECS mandate Form to get it verified & executed.
Account Number SIGNATURE(S) (As In Bank Records)				
	Sol	e/First Account Holder	Second Account	t Holder Third Account Holder
ACKNOWLEDGEMENT SLIP (To be filled in by the Unit Holder)				
D : 10	be inied in by the C	mt Holder)		Application No. : W
Received from Mr Ms M/s				
'SIP' application for Units of				

SIP Auto Debit Facility Total Amount (Rs.) No. of Cheques Date D D / M Please Note: All purchase are subject to realisation of cheques ISC Stamp & Signature