••	for Equity Schemes (To be Fil			HSBC 🚺
DISTRIBUTOR INFORMATION (Only	y empanelled Distributors / Brokers will be	e permitted to distribute	e Units)	Global Asset Managemen
Distributor / Broker ARN*	Employee Unique Identification No. (EUIN)	Sub-Broker Code	M.O. Code	
ARN - 6574	EUIN- E019976			Application No. :
*AMFI Registered Distributors empanelled w	vith the AMC (Default : "DIRECT" if incom	ectly mentioned/blank)		For Office Use Only
I/We hereby confirm that where the EUIN spa		•		
Upfront commission shall be paid directly by various factors including the service rendered				
TRANSACTION CHARGES (Please	refer point 5 on page 19 regarding transa	ction charges applical	oility)	
New Investor - <i>I am a First time Mu</i> (INR.150 deductible as transaction charge	e and payable to the distributor) (INR	.100 deductible as trar	saction charge a	<i>Autual Fund Investor</i> (^{‡‡} Default if not ticked) and payable to the distributor) ed product type, the same is deductible as above from
the investment amount and payable to the Distri	ibutor. Units will be issued against the balance a	mount invested.		
	-			w (if not provided earlier) and proceed to Section 3]
Folio No. SOLE/FIRST APPLICANT'S PERSONAL D		11		ling will be as per existing Folio Number. nada? (\checkmark) Yes \square No [#] \square [#] Default if not ticked
Name Mr Ms M/s	ETAILS AS AFFEATING ON FAN CARD	Are you a 0.3. person		
Date of Birth~‡ D D M M Y	V V V PAN**		Enclosed (\checkmark)	PAN Card Copy KYC Compliance Proof*
(Mandatory)	(Mandatory)	· 11 UCC/C/ / T		
 Proof Enclosed (✓) Birth Certificate e-mail 	School Leaving Certificate Marksheet	issued by HSC/State E	soard Passpor	t Others (please specify)
Occupation ^{\ddagger} (\checkmark) Private Sector S	Service Dublic Sector / Government	Service Business	Profession	al Agriculturist Retired
Housewife	Student Proprietorship Fore:	x Dealer Others	(Please specify)	
Guardian Name (if Sole / First applicant	t is a Minor) Contact Person (in case of	Non-individual Inves	tors only)	
Mr Ms M/s				
□ Natural Guardian ⁺ (Father or Mother)	Legal Guardian ⁺⁺ (court appointed G			
* Document evidencing relationship with a submit attested copy of the court appointme		Enclosed (() PAN Card	Copy KYC Compliance Proof* ontact person but required for Guardian of Minor
Nationality [‡]	Country of Reside		iot required for et	
5				
Address for Correspondence [‡] [P.O. Bo	bx Address is NOT sufficient] (Should be sa	me as in KRA records,	please refer to po	Sint 9 under Important Instructions)
City				Pin Code
State	C	ountry		
Contact Details				
Phone O R	Extn.	Fax fobile		
			KRA records, plea	ase refer to point 9 under Important Instructions)
		Cit	y	
State	Country (Mandator	y)		Zip Code
Status (🖌) 🗌 Resident Individual 🗌 Min	or 🗌 Partnership 🗌 Company 🗌 HUF 🗌 I	FII 🗌 NRI 🗌 Trust 🗌	Society AOP	/ BOI Others
Mode of Holding (\checkmark) \Box Single \Box Join	· / · ·			
Name of Second Applicant (Not applicable if S	Sole / First Applicant is a Minor and Second Applicant canno	t be a Minor) Are you a U.	8. person / resident o	of Canada? (✓) Yes No [#] [#] Default if not ticked.
Mr Ms M/s				
PAN** (Mandatory)	Enclosed (✓) PAN Card Copy	KYC Compliance	Proof* D	Date of Birth D D M M Y Y Y Y
Name of Third Applicant (Not applicable if Sol	le / First Applicant is a Minor and Third Applicant cann	ot be a Minor) Are you a U.	S. person / resident o	f Canada? (1) Yes No [#] [#] Default if not ticked
Mr Ms M/s				
PAN**	Enclosed () PAN Card Copy	KYC Compliance	Proof* D	ate of Birth D D M M Y Y Y Y
(Mandatory) PoA Holder Details * (If the investme	ent is being made by a Constituted Atto	rnev please furnish N	ame and PAN	of PoA holder)
Mr Ms M/s				
PAN** (Mandatory)	Enclos	sed (✓) PAN Card (Copy KY	C Compliance Proof*
PoA copy notorised or the original copy of PoA n				· · · · · · · · · · · · · · · · · · ·
to complete the uniform KYC process (for detail	ls refer point 9 under Important Instructions). ** V under Important Instructions. However, for Micro	W.e.f. January 1, 2008, PAN SIP Investment Please see	Instruction 4C.	2, applicants who are not KYC compliant are required ory for all investors (including Joint Holders, Guardian not tickedcontinued overleaf
ACKNOWLEDGEMENT SLIP (To be	filled in by the Investor)			
Note: This Acknowledgement Slip is for your re		is considered final.	Ар	
Received from Mr Ms M/s				
Folio No.	application for Units of S	cheme		
Option / Sub-option	Lumpsum investment alongwith Cheq			
Dated Drawn on (Bank)				ISC Stamp, Signature & date
NIP Investment Total Cheques	FUS (Dobit Cloaring)/Direct Dobit Facili	ty Lotal Amount (De)		

X

X

Date D D / M M / Y Y Y Y

Please Note : All purchase are subject to realisation	n of instruments.	All transaction	processing is subject to	final verification.
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Core Banking A/c No	NT DETAILS (U U
).			A/c. Type (\checkmark) \Box Current \Box	Savings 🗆 1	NRO* 🗌 NRI	E* * For NRI Investo
Bank Name								
Branch Address								
MICR Code 9 digit	number next to you	Cheque No. RTGS IFS	C Code For Rupee	s One lakh a	nd above NEFTI	FSC Code	for less th	an Rupees One laki
Please also provide a cance	elled cheque leaf of the sa	ame bank account as mentioned a	bove. Mentioning your 11 digit R	TGS IFSC Code or NEFT	IFSC Code, as applicable	, will help us tran	sfer the amount to yo	our bank account quicker, electronica
INVESTMENT	& PAYMENT I	DETAILS (Please (*	() Scheme / Option /	Sub-Option)	(re	efer Instruct	tion No. 10 o	on Third Party Payments
			DF HEMF HUOF		Plan^^			
The scheme name ment	ioned on the application		to be the same. In case of any	y discrepancy between	the two, units will be	allotted as per	iv) for more details. the scheme name	** Not applicable in case of HTS mentioned on the cheque only.
			ase fill the details hereu				/	/ X7 X7 X7 X7
Payment Mode	1	e DD RIGS	NEFT Fund Transfer	Payment from	EFT/DD/FT Date	DD	/ M M	/ Y Y Y Y
Cheque/DD/RTGS/I Investment Amount					Dalik A/C. NO.			
DD charges (Rs.)	(ii) (ii)			Bank Name				
Total Amount (Rs.)			A/c T	Branch $Vne(\checkmark) \square Current$	Savings NRO	* NRE*	FCNR* Oth	ers (* For NRI Investor
. ,	· · /	Payment Rejection where a	pplicable : Third Party D					
	ARATION : The deta	ails of the bank account prov	ided above pertain to my/our	r own bank account in	my/our name 🗌 Yes	No. If no,		with the bank account holder (✓ 10 on the Third Party Payments)
B) SIP : SYST	FEMATIC INV	ESTMENT PLAN	[For SIP through Pos	st Dated Chequ	es (PDCs)] (All o	cheques shou	ld be of same o	date of the months/quarters
First SIP Cheque I	Details :			Drawn on Ban	k A/c. No.			
Cheque No.				Bank Name				
Cheque Date			Y	Branch		(10.1) #	#1 (5)	D 04 40 D1
SIP Date (✓)			efault^) 17th 26th		- •	7 (10th) "	" Last Business Refer instructio	Day of the month for Februar $h(g)$
SIP Period		M Y Y End Dat		March 2025 (Defa	ult^^)	^	^ Refer instructi	
Each SIP Amount ((Rs.)		Cheque Nos. Fro	om		То		
Drawn on Bank A	A/c.		Bank			Branch	1	
C) SIP : SYS	TEMATIC INV	ESTMENT PLAN	(For SIP through EC	CS Debit Cleari	ng) (Please fill up	SIP Auto D	ebit Form and	d attach with this)
First SIP Cheque/	DD Details :	Cheque/DD No.			Cheq	ue/DD Date	D D / 1	M M / Y Y Y
Drawn on Bank A/o	c. No.			Bank Name &	Branch			
MICRO SIP (Ref	fer Note No. 4C o	n Page 19)						
	D M M Y		Document type*		Reference	e No. (if avai	ilable)	
*For the permissible list	of applicable document	11 0						
NON-INTENTIO	ON TO NOMIN	IATE (Mandatory fo	or new Folios of Indi	ividuals where	node of holding	is single a	nd who do r	not wish to nominate)
Please 🗸 🗌 I/We		that <u>I/We do not w</u>	ish to exercise the ri	ight of nominat	<u>on</u> in respect of	f units subs	scribed/purc	hased by me/us.
	hereby confirm						This	d Applicant
	-	ole/First Applicant		Second App	licant		1 11110	
Signature(s)	S	A A .	lies of Individuals w	OR				* *
Signature(s) NOMINATION	DETAILS (Ma	A A .	lios of Individuals w	OR		(Unit holder	(ref.	Important Instruction 13
Signature(s) NOMINATION I/We and	DETAILS (Ma	undatory for new Fo Unit holder 1) init holder 3)	*	OR here mode of h	olding is single) ate the person(s)	(Unit holder	(ref. 2) larly described	Important Instruction 13 d hereunder/and*/cancel t
Signature(s) NOMINATION I/We	DETAILS (Ma	indatory for new Fo Unit holder 1)	* in respect	OR where mode of h do hereby nomin of the Units under	olding is single) ate the person(s) Folio No.	(Unit holden more particu	(ref. 2) larly described (*strike	Important Instruction 12 d hereunder/and*/cancel t out which is not applicabl
Signature(s) NOMINATION I/We and nomination made	DETAILS (Ma	Indatory for new Fo Unit holder 1) nit holder 3) day of) Date of Birth	* in respect Name & Address	OR there mode of h do hereby nomin of the Units under of Guardian	olding is single) ate the person(s) Folio No. Signature of Non	(Unit holder more particu ninee / Guard	(ref. 2) larly described (*strike dian Propor	Important Instruction 13 d hereunder/and*/cancel t out which is not applicabl tion (%) in which t
Signature(s) NOMINATION I/We and nomination made	DETAILS (Ma (U by me/us on the _	Indatory for new Fo Unit holder 1) nit holder 3) day of) Date of Birth	* in respect	OR there mode of h do hereby nomin of the Units under of Guardian	olding is single) ate the person(s) Folio No.	(Unit holder more particu ninee / Guard	(ref. 2) larly described (*strike dian Propor	Important Instruction 12 d hereunder/and*/cancel t out which is not applicabl
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