

HSBC FIXED TERM SERIES (HFTS)

APPLICATION FORM

Application No.:

Please read the Instructions before completing this Application Form

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units of HSBC Mutual Fund)

Distributor / Broker ARN

Sub-Broker Code

Registrar Serial No

ARN-3852

1 EXISTING UNIT HOLDER INFORMATION (Please fill in the following and then proceed to Section 3)

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

Folio No. Name of Sole / First Unit Holder

2 APPLICANT INFORMATION (Please fill in Block Letters)

Personal Details of Sole / First Applicant Title Mr Ms M/s Others

Name of Sole / First Applicant Date of Birth

Contact Person and Designation (in case of Non-individual Investors) / Name of Guardian (in case of Minor) d d / m m / y y y y

Name of Second Applicant

Name of Third Applicant

Mode of Holding (please) Single Joint Anyone or Survivor

Mailing Address of Sole / First Applicant [P.O. Box Address is not sufficient]

City State Pin Code

Phone O R Fax Mobile

e-mail

Overseas Address in case of NRIs / FIIs (in addition to mailing address)

City

State Country Postal Code

Would you like a PIN assigned? (please) (ref. instruction 2e)

I/We wish to receive all communications including the Annual Report by e-mail instead of the physical document. (Please)

Status of First Applicant (please)

Resident Individual
 Partnership
 Company
 HUF FII
 NRI Trust
 Society AOP
 BOI
 On behalf of Minor
 Others

Occupation (please)

Service *
 Professional *
 Business *
 Housewife
 Retired
 Student
 Others *

* Specify details of Service / Profession / Business / Others (please)

Politician Bureaucrat
 Military Official
 Money Service Bureau
 PSU/Government Employee
 Dealers in High Value Commodities (Ams, Bullion, Jewellery, etc.)
 Relative/Associate/Advisor of above

3 MANDATORY INFORMATION (Mandatory as per SEBI Guidelines)

PAN DETAILS (Mandatory if amount of purchase is Rs. 50,000 or more) irrespective of mode of holding

PAN*	Sole / First Applicant	Second Applicant	Third Applicant
Enclosed	PAN proof <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 <input type="checkbox"/>	PAN proof <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 <input type="checkbox"/>	PAN proof <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 <input type="checkbox"/>

* Irrespective of the mode of holding, in addition, proof of PAN (copy of PAN Card / PAN letter / Copy of IT Assessment Order / Copy of IT Notice or such other Correspondence from the Income-tax Department) is required to evidence the PAN quoted above for all holders where the amount of Investment is INR 50,000 or more. Please also refer to instruction 2b. In case PAN is not available, please provide Form 60 / Form 61, duly filled up, with necessary proof as specified therein.

BANK ACCOUNT DETAILS

Please provide the following details relating to the Sole / First Holder for Redemption / Dividend Warrants.

Name of the Bank

Branch Address City

A/c. No. Account Type (please) Resident : Current Savings Non-Resident : NRO NRE

ACKNOWLEDGEMENT SLIP (To be filled by the investor)

Application No.:

Received from Mr. / Ms. / M/s

an application for Units of **HSBC Fixed Term Series** Plan Option
 alongwith Cheque / DD No. Dated

Drawn on (Bank)
 for Rs. (in figures) Signature, Stamp & Date

4 INVESTMENT AND PAYMENT DETAILS (ref. instruction 4 & 5) Please ensure there is only one Cheque / DD per application form

Scheme **HSBC Fixed Term Series** Plan*

Option ‡ (Please ✓) Regular Institutional Sub-Option (Please ✓) Growth Dividend Reinvestment

‡ Available only for the 370 days Plan(s). * Please check the opening and closing date of the Series before selecting your choice.

Cheque/DD* No. Date A/c. No.

Bank Rs.

Branch For NRI Investors Only (please ✓)
 NRO NRE FCNR

Amount in Words

* Please mention the Application No. on the reverse of the Cheque / DD. Cheque / DD must be drawn in the name of the Scheme / Plan or their abbreviations, as applicable and crossed 'account payee only'.

5 SWITCH

Switch From Scheme Plan

Option (Please ✓) Regular Institutional Sub-Option (Please ✓) Growth Dividend Reinvestment Dividend Payout

Amount (Rs. in figures)

* Please check the opening and closing date of the Series before selecting your choice. ‡ Available only for the 370 days Plan(s).

To Scheme **HSBC Fixed Term Series** Plan*

Option ‡ (Please ✓) Regular Institutional Sub-Option (Please ✓) Growth Dividend Reinvestment

OR No. of Units

6 NOMINATION / CANCELLATION OF NOMINATION (To be filled in by Individual(s) applying singly or jointly)

I/We and * do hereby nominate the person more particularly described hereunder / and / cancel the nomination made by me / us on the day of in respect of units held by me / us under Folio No. (* strike out which is not applicable)

<p>Name and Address of Nominee</p> <p>Name <input type="text"/></p> <p>Address <input type="text"/></p> <p>Date of Birth (in case Nominee is a minor) <input type="text"/></p> <p>PAN <input type="text"/></p>	<p>To be furnished in case Nominee is a Minor (delete if not applicable)</p> <p>Name of Guardian <input type="text"/></p> <p>Address of Guardian <input type="text"/></p> <p>PAN <input type="text"/></p> <p>Signature of Guardian <input type="text"/></p>
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Sole / First Applicant's Name and Address	Second Applicant's Name and Address	Third Applicant's Name and Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7 DECLARATION AND SIGNATURES

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 / Plan as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme / Plan. I / we have understood the details of the Scheme / Plan 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. * 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 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.

*Applicable to NRI Date:

SIGNATURES	Sole / First Applicant <input type="text"/>
	Second Applicant <input type="text"/>
	Third Applicant <input type="text"/>

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

COLLECTION CENTRES

(For details of Designated Collection Centres and Investor Service Centres please refer to inside back cover)

Contact us at hsbcmf@hsbc.co.in

Visit us at www.hsbcinvestments.co.in