Systematic Investment Plan (SIP) Application Form

HSBC

HSBC Mutual Fund

Please read Instructions overleaf carefully.

Application No.: W

New Registration ☐	Change in Bank Account ☐	Cancellation ☐	Distributor/Broker ARN	Sub-Broker Code	Registrar Serial No.
			ARN-3852		

UNITHOLDER INFORMATION

Folio No. (for existing Unitholder) / **Application No.** (for new investor)

Name of First Unitholder	Mr Ms M/s		
Name of Second Unitholder	Mr Ms M/s		
Name of Third Unitholder	Mr Ms M/s		
PAN (Refer to instruction 2a)		Sole / First Unitholder	Second Unitholder / Third Unitholder
Enclosed		PAN proof ☐ Form 60 ☐ Form 61 ☐	PAN proof ☐ Form 60 ☐ Form 61 ☐ / PAN proof ☐ Form 60 ☐ Form 61 ☐

SIP INVESTMENT DETAILS

Scheme Name H S B C **Plan** **Option** ☐ Regular ☐ Institutional ☐ Institutional Plus

Sub-option ☐ Growth ☐ Dividend Reinvestment ☐ Dividend Payout **Dividend Frequency** ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

The Dividend Option (Reinvestment or Payout) chosen will be applied to all Units held in the Scheme in the Folio.

Amount (Rs. Figures) (Rs. in words)

Total No. of Cheques Cheque Nos. From To

Drawn on Bank

Branch A/C No.

Frequency (Please ✔) ☐ Monthly ☐ Quarterly

No. of months/quarters

SIP Date (Please ✔) ☐ 3rd ☐ 10th ☐ 17th ☐ 26th

Period of enrolment (DD / MM / YY)

From D D / M M / Y Y Y Y

To D D / M M / Y Y Y Y

DECLARATION AND SIGNATURE(S)

The Trustees, HSBC Mutual Fund

Having read and understood the contents of the Offer Document(s) and Addenda of the Scheme(s) issued till date, I/We hereby apply to the Trustees of HSBC Mutual Fund for units of the Scheme / Plan / Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I've 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. *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. *Applicable to NRI.

Date	Sole/First Applicant	Second Applicant	Third Applicant
D D / M M / Y Y Y Y			

SIP AUTO DEBIT (ECS) FACILITY FORM - Registration cum Mandate Form for ECS (Debit Clearing)

First SIP Instalment via Cheque drawn on bank details provided below

ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) (Cheque should be drawn on bank, details provided below)

I / We hereby authorise HSBC Asset Management (India) Pvt. Ltd., Investment Manager to HSBC Mutual Fund acting through their authorised service providers to debit my / our following bank account by ECS (Debit Clearing) for collection of SIP payments.

Name of the Account Holder as in Bank Records (First Name / Middle Name / Last Name)

Name of the Bank

Branch Address City

Account Number Account Type ☐ Savings ☐ Current ☐ Cash Credit

9 Digit MICR Code ◄ (Please enter the 9 digit number that appears after your cheque number)

DECLARATION AND SIGNATURE(S)

I/We hereby declare that the particulars given above are correct and express my / our willingness to make payments referred above through participation in ECS. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform HSBC Asset Management (India) Pvt. Ltd., about any changes in my / our bank account. I/We have read and agreed to the terms and conditions mentioned overleaf.

Date	Sole/First Applicant	Second Applicant	Third Applicant
D D / M M / Y Y Y Y			

For Office use only (Not to be filled in by investor)

Recorded on Recorded by Credit Account Number

AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by the Account Holder(s)]

This is to inform I / we have registered for the RBI's Electronic Clearing Service (Debit Clearing) and that my / our payment towards my / our investment in HSBC Mutual Fund shall be made from my / our below mentioned bank account number with your bank. I / We authorise HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), acting through their service providers and representative carrying this ECS mandate Form to get it verified & executed.

Account Number

SIGNATURE(S) (As In Bank Records)

Sole/First Account Holder	Second Account Holder	Third Account Holder

ACKNOWLEDGEMENT SLIP (To be filled in by the Unit Holder)

Application No.: W

Received from Mr Ms M/s

'SIP' application for Units of

☐ No. of Cheques ☐ **SIP Auto Debit Facility** Total Amount (Rs.)

Date D D / M M / Y Y Y Y

Please Note : All purchase are subject to realisation of cheques

ISC Stamp & Signature