

Systematic Investment Plan (SIP) Application Form



HSBC Mutual Fund

Please read Instructions overleaf carefully.

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

Application No. : W

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 No. (for new investor)
Name of the First Applicant Mr Ms M/s	
PAN**	Enclosed (please ✓) ☐ PAN proof OR ☐ Form 60 ☐ Form 61 Please attach KYC acknowledgement letter.
Name of the Second Applicant Mr Ms M/s	
PAN**	Enclosed (please ✓) ☐ PAN proof OR ☐ Form 60 ☐ Form 61 Please attach KYC acknowledgement letter.
Name of the Third Applicant Mr Ms M/s	
PAN**	Enclosed (please ✓) ☐ PAN proof OR ☐ Form 60 ☐ Form 61 Please attach KYC acknowledgement letter.

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

SIP INVESTMENT DETAILS (Please ✓ your choice of Scheme / Plan / Option)

Scheme Name	☐ HEF ☐ HIOF ☐ HMEF ☐ HAIF ☐ HTSF	Option	☐ Growth* ☐ Dividend Reinvestment ☐ Dividend Payout
* Default Option, if not ticked. 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)		
Payment Mechanism	☐ SIP Auto Debit Facility (Please complete the SIP Auto Debit Facility Form) ☐ Cheques (Please provide the details below)		
(Please ✓ any one only)			
Total No. of Cheques	Cheque Nos. From	To	
Drawn on Bank			
Branch	A/C No.		
		Frequency (Please ✓)	☐ Monthly ☐ Quarterly
		SIP Date (Please ✓)	☐ 3rd ☐ 10th ☐ 17th ☐ 26th
		No. of months/quarters	
		Period of enrolment (MM / YY)	
		From	M M / Y Y Y Y Y
		To	M M / Y 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 / 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.

*Applicable to NRI

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

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			
Account Number	Account Type	☐ Savings ☐ Current ☐ Cash Credit	
MICR Code	◀ This is a 9 digit number next to your Cheque No.		IFSC Code

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.

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

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.

SIGNATURE(S) (As In Bank Records)

Account Number			
	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 Y	
Please Note : All purchase are subject to realisation of cheques	
ISC Stamp & Signature	