## Common Application Form for Equity and Fund of Funds Schemes

(To be Filled in BLOCK LETTERS only)



Global Asset Management **DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units) EUIN Broker Name & ARN code / RIA code' Sub-broker ARN code Sub code 127182 E206630 Application No. : E ^ By mentioning RIA code, I / we authorise you to share with the SEBI Registered Investment Adviser ( RIA) the details of my / our transactions in the schemes(s) of HSBC Mutual Fund. I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any For Office Use Only interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding  $the \ advice \ of \ in-appropriateness, \ if \ any, \ provided \ by \ the \ employee \ / \ relationship \ manager \ / \ sales \ person \ of \ the \ distributor \ / \ sub \ broker.$ Sole / First Applicant / Authorised Signatory Second Applicant / Authorised Signatory Third Applicant / Authorised Signatory TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 26 regarding transaction charges applicability) I AM A FIRST TIME MUTUAL FUND INVESTOR I AM AN EXISTING INVESTOR IN MUTUAL FUND (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) APPLICANT'S INFORMATION [Please fill in your Folio No. below. In case of existing folio, furnish only KYC and PAN details below (if not provided earlier) and proceed to Section 3 Please note that applicant details and mode of holding will be as per existing Folio Number. SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON PAN CARD Are you a resident of Canada.? (✓) Yes "Default if not ticked. Name Mr Ms M/s Should match with PAN Card Date of Birth ~ (Mandatory) D D M M Y Y Proof Enclosed (✓) Birth Certificate School Leaving Certificate Marksheet issued by HSC State Board (please specify) PAN\*\* (Mandatory) KYC Identification Number (KIN) ‡‡ Enclosed (✓) PAN Card Copy KYC Compliance Proof\* Nationality<sup>‡</sup> Country of Residence Guardian Name (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Mr Ms M/s KYC Identification Number (KIN) ‡‡ PAN\*\* (Mandatory) Natural Guardian + (Father or Mother) ☐ Legal Guardian<sup>++</sup> (court appointed Guardian) Enclosed (✓) PAN Card Copy KYC Compliance Proof\* \* Document evidencing relationship with Guardian \*+ In case of Legal Guardian, please submit | PAN/KYC not required for contact person but required for Guardian of Minor attested copy of the court appointment letter, affidavit etc. to support. Status of Sole / 1st Applicant (Please 🗸): 🗌 Resident Individual 🔲 Resident Minor (through Guardian) 🗎 Non-Resident (Repatriable) 🗎 Non-Resident (Non-Repatriable) 🔲 Non-Resident - Minor (Repatriable) 📄 Non-Resident - Minor (Non-Repatriable) 🔲 Bank 🔲 FPIs 🔲 QFI/EFI 🔲 AOP 🔲 HUF 🔲 FPI 🔲 Sole-Proprietor Private Limited Company 🗌 Public Limited Company 🔲 Body Corporate 🔲 Partnership Firm 🦳 Trust 🔲 NPS Trust 🗀 Fund of Fund 🗍 Gratuity Fund ☐ Pension and Retirement Fund ☐ Government Body ☐ NGO ☐ BOI ☐ Society ☐ LLP ☐ PIO ☐ Non Profit Organisation ☐ Global Development Network Foreign Nationals [Specify Country] Others [Specify] KYC DETAILS [Mandatory (Details of Guardian in case the unitholder is a minor)] Investors are requested to complete the KYC section for Joint holders & POA also, as applicable Occupation Details (Please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business ☐ Doctor ☐ Forex Dealer ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify] 3b. Gross Annual Income (Please ✓): ₹ Net-worth should not be older than 1 year OR Net-worth in Rupees (Mandatory for Non-Individuals) as on (date) For Non-Individual Investors (Companies, Trust, Partnership etc.): For Individuals [Tick (✓) if applicable]: Politically Exposed Person (PEP) Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed ☐ Yes ☐ No Company (If No, please attach mandatory UBO Declaration) Related to a Politically Exposed Person (PEP) II. Foreign Exchange / Money Changer Services ☐ Yes ☐ No ☐ Not Applicable III. Gaming / Gambling / Lottery/ Casino Services ☐ No ☐ Yes IV. Money Lending / Pawning ☐ Yes □ No For Non Individual Investors -Mandatory UBO Declaration form duly filled and signed attached. 3d. □ No □ Yes (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) **Identification of Beneficial Ownership** W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process (for details refer point 10 under Important Instructions). \*\* W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs). Please see point 8 under Important Instructions. However, for Micro SIP Investment Please see Instruction 4C ‡ Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply. ‡‡ W.e.f February 1, 2017, New individual investors who have never done KYC under KRA (KYC Registration Agency) regime and whose KYC is not registered or verified in the KRA system will be required to fill the new CKYC form while investing with the Fund. ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final Application Received from Mr Ms M/s No. : Eapplication for Units of Scheme Folio No. Option / Sub-option Lumpsum investment along with Cheque / DD No. Drawn on (Bank) Amount (Rs.)

Dated \_\_\_\_\_ Drawn on (Bank) Amount (Rs.) \_\_\_\_\_ ISC Stamp, Signature & date

		Corresp			[			1	1.0			, (~1						~)										
																										+		
City																							Pin	Code				
State														Cou	ntry													
Conta	ct	Phone	О											F	Extn.					Fax								
Details		riione	R														M	obile										
e-mai	l~																											
On prov Oversea (Mandat	as Addr		gistere	ed Ad	ldres	s in c	ase o	f No	n-Ind	lividua	al inv	vesto	rs		•					statuto	y & othe	er docu	iment	s and 1	narket	ting r	nateria	l by
													Щ					City										
State												Coun	try (M	<b>T</b> andat	tory)								Zıp	Code				
JOINT	APPL	ICANT	S, IF	AN	ΥΑ	ND	ГНЕІ	R D	ETA	ILS (	Pleas	se tic	k (✓)	) whe	erever a	pplica	able)											
Mode o	f Hold	ing 🗹				Single	:			□ J	loint	(De	fault	if no	ot men	tioned	l)		□ A	nyone	or Sur	vivor						
NAME	OF SE	COND	APPL	.ICA	NT (	Not ap	olicable	e if So	le / Fir	st Applic	ant is	a Min	or and	Secon	d Applica	nt canno	ot be a	Minor)	Are yo	u a resid	lent of Ca	nada.?	(√) Y	es 🔲 1	No <sup>#</sup>	] # De	efault if	not
Mr Ms	M/s												Shou	ld ma	atch w	th PA	N Ca	rd										
KYC Id	lentifica	ation Nu	ımber	(KIN	1) ‡‡			T			Т						PAN	** (M	andata	ory)								
Date of		D D		` _	_	Y	Y				_	-						osed (		•	Card Co	ру	KY	C Co	mplia	nce P	roof*	
Nationa	dity							1									Cour	ntrv o	f Rac	idence					•			
		n (please	· <b>/</b> ):	P	rivate	Secto	or Ser	vice	□ Pı	ıblic Se	ector	Serv	ice 「	Gov	vernme	nt Serv					Agriculti	rist [	Ret	ired [	Ho	usew	ife $\square$	Stu
	Busine	ss [Nat	ure of	Busi	ness									Doc	tor 🗌	Forex					der [							
		ng servi						_										**			er.						1.5	
		ual Inco									Lacs	s 🗌	₹ 5-1	0 Lac	os of	:	ı	Net-	wort		ipees (N -worth s							ı
		5 Lacs									1 D.	11	4 1	D = 1343	11 17.		D		D) [				пого	C Oldic	1 tilan	LLyc	au.	
		ease ✓)																					/ A 1/		. #	1#5	0 1 1	
NAME		IIRD A	PPLIC	ANI	(Not	applica	ble if	Sole /	First A	pplicant	is a M	linor a	ind Th	ird App	plicant ca	nnot be	a Mino	r)	Are yo	u a resid	lent of Ca	папал	(v ) 1	es	NO	] De	erauit 11	not
	M/s												Shou	ld ma	atch w	th PA	N Ca	rd										
Mr Ms	1100																											
KYC Id		ation Nu	ımber	(KIN	D ‡‡												PAN*	** (Ma	ındato	rv)								
	lentifica	ation Nu		<u> </u>	_	Y	Y											** (Ma			Card C	ору	KY	C Co	mplia	nce I	Proof*	
KYC Id	lentifica Birth			<u> </u>	_	YY	Y										Encl	osed (	✓)	PAN	Card C	ору	KY	C Co	mplia	nce I	Proof*	
KYC Id Date of Nation	lentifica Birth ality	D D	M	M	YY			vice	☐ Pı	ıblic Se	ector	Serv	ice [	Gov	vernme		Encl	osed ( ntry o	√) f Res	PAN idence								
KYC Id Date of Nation:	lentifica Birth ality cupatio Busine	n (please	M :	M P	Y Y	Secto	or Ser							Doc	tor 🗆	nt Serv Forex	Encl Cour	osed ( ntry o Profe	√) f Resession	PAN idence		ırist [	Ret	ired [	Ho	usew	ife 🔲	Stu
KYC Id Date of Nation:	lentifica Birth ality cupatio Busine	n (please ss [Nat	M : e✓):   ure of	M Property Busing	rivate	Secto	or Ser	r 🖂	Pawr	Broke	ar [	] Oth	ers []	Doct	tor 🗆	nt Serv Forex	Encl Cour	osed ( ntry o Profe	√) f Resession Mo	PAN idence al  A ney ler	Agricultu Ider 🔲	rist [	Ret	ired I wner	Ho	usew	ife 🗖 manu	Stu
Nation:  a. Occ.  b. Gro	dentifica Birth ality cupatio Busine Gambli	n (please ss [Nat ng service ual Inco	M : e✓):   ure of ces offe	M Property Businesses	rivateiness M	Sectooney B	or Ser lende	r □	Pawr	n Broke	ar [	] Oth	ers []	Doct	tor 🗆	nt Serv Forex	Encl Cour	osed ( ntry o Profe ler Net-	√) f Resession Mo	PAN idence al  A ney ler	Agricultu Ider == Ipees (M	rist [   Casin	Ret	ired I wner	Hor A	usew vrms	ife  manu als)	Stu
Nation  a. Occ b. Gro	lentifica Birth ality cupatio Busine Gambli oss Ann ₹ 10-2:	n (please ss [Nat ng service ual Inco	M :  wre of ces offe me (pl  ₹ 2	M Property Businesses	rivate ness M ✓):	Sectoroney  Better	or Ser lende elow i	r □ ₹1L □>	Pawr ac □	n Broke ₹ 1-5	er Lacs	Oth	ers [I ₹ 5-1	Doct Please 0 Lac	tor constant	nt Serv Forex	Encl Cour ice a Deal	osed ( ntry o Profe ler  Net- ₹	f Resession More	PAN idence al A ney ler h in Ru Net-	Agricultuder  upees (Months)	rist [   Casin	Ret	ired I wner	Hor A	usew vrms	ife  manu als)	Stu
KYC Id Date of Nation  a. Occ b. Gro C. Oth	lentifica Birth ality cupatio Busine Gambli oss Ann ₹ 10-2: hers (pl	n (please ss [Nat ng service ual Inco 5 Lacs case )	M   M   M   M   M   M   M   M   M   M	Businerer Eease	rivate iness M √): cs -₹ ticall	Sector oney Both Both Both Both Both Both Both Both	lende elow ire	r ☐ ₹1L □> Perso	Pawr ac □ ₹ 1 C on (PE	n Broke ₹ 1-5 rore EP)	er Lacs	Oth	ers [I ₹ 5-1	Doct Please 0 Lac	tor cally Ex	nt Serv Forex	Encl Cour ice Deal Deal Perso	osed ( ntry o Profe ler  Net- ₹ on (PE	f Resession More	PAN idence al A ney ler h in Ru Net-	Agricultuder  upees (Months see Applical	rist [   Casin	Ret	ired I wner	Hor A	usew vrms	ife  manu als)	Stu
KYC Id Date of Nation a. Occ b. Gro C. Ott	lentifica Birth ality cupatio Busine Gambli oss Ann ₹ 10-2: hers (pl	n (please ss [Nat ng service ual Inco 5 Lacs case )	M   M   M   M   M   M   M   M   M   M	Businerer Eease	rivate iness M √): cs -₹ ticall	Sector oney Both Both Both Both Both Both Both Both	lende elow ire	r ☐ ₹1L □> Perso	Pawr ac □ ₹ 1 C on (PE	n Broke ₹ 1-5 rore EP)	er Lacs	Oth	ers [I ₹ 5-1 to a ]	Doct Please 0 Lac Politic	tor specifies OF cally Ex	nt Serv Forex	Encl Cour ice  Deal Perso e and	osed ( ntry o Profeler  Net- ₹ on (PE	f Resession More	PAN idence al A ney ler h in Ru Net-	Agricultuder  upees (Months see Applical	rist [   Casin	Ret	ired I wner	Hor A	usew vrms	ife  manu als)	Stu
KYC Id Date of Nation  a. Occ b. Gr C. Ott POA H Mr Ms	lentifica Birth ality cupatio Busine Gambli oss Ann ₹ 10-2: hers (plo	n (please sss [Nat ng service ual Inco 5 Lacs   casc /)	M  ev):   ure of ces offe me (pl  ₹ 2 : □  ILS* (	Property Pro	rivate iness M ✓): cs - ₹ ticall;	oney Bell Cro y Exp	lende elow ire	r ☐ ₹1L □> Perso	Pawr ac □ ₹ 1 C on (PE	n Broke ₹ 1-5 rore EP)	er Lacs	Oth	ers [I ₹ 5-1 to a ]	Doct Please 0 Lac Politic	tor cally Ex	nt Serv Forex	Encl Cour ice  Deal Perso e and	osed ( ntry o Profeler  Net- ₹ on (PE	f Resession More	PAN idence al A ney ler h in Ru Net-	Agricultuder  upees (Month see Application	Tarist Casin	Ret no O	ired I wner or Note olde	Hon An-Indi	usew vrms	ife  manu als)	Stu
KYC Id Date of Nation a. Occ b. Gro C. Ott	lentifica Birth ality cupatio Busine Gambli oss Ann ₹ 10-2: hers (plo	n (please sss [Nat ng service ual Inco 5 Lacs   casc /)	M  ev):   ure of ces offe me (pl  ₹ 2 : □  ILS* (	Property Pro	rivate iness M ✓): cs - ₹ ticall;	oney Bell Cro y Exp	lende elow ire	r ☐ ₹1L □> Perso	Pawr ac □ ₹ 1 C on (PE	n Broke ₹ 1-5 rore EP)	er Lacs	Oth	ers [I ₹ 5-1 to a ]	Doct Please 0 Lac Politic	tor specifies OF cally Ex	nt Serv Forex	Encl Cour ice Deal Deal Perso	osed ( ntry o Profeler  Net- ₹ on (PE	f Resession More	PAN idence al A ney ler h in Ru Net-	Agricultuder  upees (Months see Applical	Tarist Casin	Ret no O	ired I wner or Note olde	Hor A	usew vrms	ife  manu als)	Stu
KYC Id Date of  Nation  a. Occ.  C. Oth  POA H  Mr Ms  KYC Id  PAN**	dentification Busine Gambli oss Ann ₹ 10-2: hers (plotted M/s) dentification (Manda	n (pleases ss [Nat ng service ual Inco 5 Lacs case ✓)  R DETA  Paration Natory)	M :  e ✓):    ure of ces offe  me (pl  ₹ 2  : □  ILS* (	Pi Busicerer Lease v Politi	MM  ✓): inves  inves  MN) ‡‡	Sector oney Be 1 Croy Exp	elow Elow Elosed	r ☐ ₹ 1 L > Persong ma	Pawr ac □ ₹ 1 C on (PE	n Broke  ₹ 1-5 rore  EP)  a Cons	Lacs Restitute	Oth	to a l	Doct Please 0 Lac Politic v pleas ald m	tor Specifics OF Card Card Card Card Card Card Card Card	rith PA	Encl Counice Deal Deal Perso e and Date KY	osed ( ntry o Profe ler  Net-  Ton (PE PAN of ard  of Bin C Cor	f Resession More	PAN idence al A ney ler h in Ru Net-	Agricultuder   appees (Months application of the Months application of	Tarist Casin	Ret no O	ired I wner or Note olde	Hon An-Indi	usew vrms	ife  manu als)	Stu
KYC Id Date of Nation  a. Occ  b. Grc  C. Oth  POA H  Mr Ms  KYC Id  PAN*** POA CO	lentifica Birth ality cupatio Busine Gambli oss Ann ₹ 10-2: hers (plantification) M/s dentification	n (pleases ss [Nat ng service ual Inco 5 Lacs case ✓)  R DETA  Paration Natory)	M :  e ✓):    ure of ces offe  me (pl  ₹ 2  : □  ILS* (	Pi Busicerer Lease v Politi	MM  ✓): inves  inves  MN) ‡‡	Sector oney Be 1 Croy Exp	elow Elow Elosed	r ☐ ₹ 1 L > Persong ma	Pawr ac □ ₹ 1 C on (PE	n Broke  ₹ 1-5 rore  EP)  a Cons	Lacs Restitute	Oth	to a l	Doct Please 0 Lac Politic v pleas ald m	tor Specifics OF Card Card Card Card Card Card Card Card	rith PA	Encl Cour Cour Cour Cour Cour Cour Cour Cour	Net- ₹ Don (PE PAN of ard  of Bin CC Cor	f Resession Mort  TPOA	PAN idence al  A ney ler h in Ru Net- Not. holder) D D nce Pro	Agricultuder   upees (Months & Applical Months &	Tarist Casin	Ret no O	ired I wner or Note olde	Hon An-Indi	usew vrms	ife  manu als)	Stu
KYC Id Date of Nation  a. Occ  b. Grc  C. Oth  POA H  Mr Ms  KYC Id  PAN** POA CO  Nation	lentifica Birth ality cupatio Busine Gambli oss Ann ₹ 10-2: hers (plate of the control of the control is M/s dentification (Manda py noto nality	n (pleases ss   Nattang service usl Inco 5 Lacs   case ✓)  R DETA  Pation N  atory) □	M :  we we'):    we es offer  eses offer  me (pl    ₹ 2  :      LS* (     umber  the ori	Property Pro	rivates ness M  M  ✓): cs - ₹ ticall; inves	Sector Se	or Ser	rr	Pawr ac □ ₹ 1 C on (PF ade by	n Broke  ₹ 1-5 rore EP)  Z a Constant Ends submi	Lacs Reconstitute  close	Oth	to a literate shows the shown in the shown	Political PAN Invess	tor specifics OF Carly Executive Section 1. Card Castment	Apposed hth Name of Copy Copy	Encl Couries Deal Perso e and Date KY h PoA Cour	ntry o Profes  Net-  Temperature  Net-  N	f Resession Moortl PP)  If PoA  If PoA  If Pof Resession  If Pof Resession  If PoA  If Pof Resession	PAN idence al Anney ler h in Ru Net- Not Annote Proceeding	Agricultuder   upees (Neworth s Applical  M N of*.	urist Casin	Ret one O	ired I wwner	Hoo	urms vidua 1 ye	manu manu als)	Stufact
KYC Id Date of Nation  a. Occ  b. Grc  C. Oth  POA H  Mr Ms  KYC Id  PAN** POA CO  Nation  A. Occ  Nation	Birth  ality  cupatio  Busine  Gambli  oss Ann  ₹ 10-2:  M/s  dentific  (Manda  (Manda  Manda  Manda	n (pleases ss   Nat ng service ual Inco 5 Lacs   case ✓)  R DETA  ration N  ratory) □  rised or	M  M  M  M  M  M  M  M  M  M  M  M  M	Property Pro	rivate  mess  M  M	Sector  Sector  Barana	or Ser	rr	Pawr ac □ ₹ 1 C on (PF ade by	n Broke  ₹ 1-5 rore EP)  Z a Constant Ends submi	Lacs Reconstitute  close	Oth	to a losse of	Doct Please 0 Lac Politic y please 11d m	cally Exse furnishatch w	xposed  xposed  in Nam  inth PA	Encl Couries Deal Perso e and Date KY h PoA Cou	osed ( ntry o Profe ler  Net- ₹  Net- Record  Of Bin CC Cor  Luntry c Profe	f Resession Moortl  I PoA  I PoA  I PoA  I Constitution  I Resession  I PoA  I PoA  I Constitution  I Resession  I Resessi	PAN idence all A PAN Not. Not. Not. D D D D D D D D D D D D D D D D D D D	Agricultuder   upees (Mayorth s Applical  M M M  of*.	Casin	Ret no O'ory for not b	ired I wwner	Hoo	vidua 1 ye	manu als)	Studfact
KYC Id Date of  Nation  a. Occ C. Oth  POA H Mr Ms  KYC Id PAN** PoA co Nation  a. Occ	Birth ality cupation Busine Gambli oss Ann ₹ 10-2: (Manda dentific (Manda ppy noto nality cupation Busine Busine Busine	n (pleases ss   Nat ng service ual Inco 5 Lacs   case ✓)  R DETA  Ration N atory)   rised or  on (pleases ss   Na	M  M  M  M  M  M  M  M  M  M  M  M  M	Property Pro	rivate mess M M	Sector oney Ba 1 Cro y Exp tment / of P	or Ser	r	Pawriac □ Pawri	n Broke  ₹ 1-5 rore EP)  a Cons  Ensubmi	Re Recolose	Oth  Oth  Oth  Oth  The second of the second	₹ 5-1 to a look torne;	Doct Please 0 Laco Politica vy please 11d m	cally Executive Section 1	xposed  xposed  in Nam  inth PA  iopy  inthrough	Encl Couries Deal Perso e and Date KY h PoA Cou	osed ( ntry o Profe ler  Net- ₹  Net- Record  Of Bin CC Cor  Luntry c Profe	f Resession Moortl  I PoA  I PoA  I PoA  I Constitution  I Resession  I PoA  I PoA  I Constitution  I Resession  I Resessi	PAN idence all A PAN Not. Not. Not. D D D D D D D D D D D D D D D D D D D	Agricultuder   upees (Neworth s Applical  M N of*.	Casin	Ret no O'ory for not b	ired I wwner	Hoo	vidua 1 ye	manu als)	Stu- fact
KYC Id Date of  Nation  a. Occ C. Oth  POA H Mr Ms  KYC Id PAN** PoA co Nation  a. Occ	Birth ality cupation Busine Gambli oss Ann ₹ 10-2: birth birth cupation (Manda py noto nality cupation Busine Gambli Cupation Busine	n (pleases ss   Nat ng servidual Inco 5 Lacs   case ✓)  R DETA  action Natory)   rised or  on (pleases   Nating servidual Inco 1)	M  M  M  M  M  M  M  M  M  M  M  M  M	M Property P	rivates  mess  M  y):  cs - ₹  tically  inves  copy	Sector  Oney  Be 1 Cro y Exp thment  of P	or Ser  lende lende re lende sosed is bei lende or Se	r	Pawr Pawr Pade by	n Broke  ₹ 1-5 rore  EP)  a Consum  submi	Re Restitute	Oth  Oth  Idated  Oth  Oth  Oth  Oth  Oth  Oth  Oth  Ot	₹ 5-1 to a i to	Doci Please 0 Lac 10 Politic 11 PAN Inves 11 Doc 11 Doc 11 Politic 12 Politic 12 Politic 13 PAN Inves 11 PAN Please 11 Politic 12 Please 11 Politic 13 Please 11 Politic 13 Please 13 Please 13 Please 14 Plea	cally Exercises OF	xposed by Name of Service of Serv	Encl Couries Deal Perso e and Date KY h PoA Cou	osed ( ntry o Profe ler  Net-  ₹  Net-  Record  Net-  Record  PAN of Of Bin Of	f Resession Monworth  FPOA  FPOA  Medicession Medicession Medicession	PAN idence at I A A A A A A A A A A A A A A A A A A	Agricultuder   upees (Mayorth s Applical  M M M  of*.	urist Casin dandat	Retrono O	wner No:	Hoo A	usew vidua 1 ye	manuals)	Studfact
KYC Id Date of  Nation  a. Occ  C. Oth Mr Ms  KYC Id PAN** PoA co Nation  a. Occ  b. Gr	Birth ality cupation Busine Gambli ooss Ann ₹ 10-2: hers (pl OOLDEF M/s dentific (Manda py noto nality Busine Gambli oross Ann ₹ 10-2	n (pleases ss [Nat ng service ual Incomplete service unual Incomplete unual Incomplete service unual Incomplete unual Incomplete unual	M  Bes offer  Mees	Political Properties of the Pr	rivate r	oney Bit Crowy Exp  thment of Of P  c Sector oney of P  c Sector oney of P	lende elow social is bei	Persong ma  Trice  Trice	Pawr ac □ ₹ 1 C To be  Pawr Pawr Ac □ Pawr Ac □ ₹ 1 C	n Broke  ₹ 1-5  ₹ 1-5  EP)  End  End  End  End  End  End  End  En	Re Re Close	Oth	to a losse of losses los elementarios elementarios los elementarios elementarios elementarios elementarios elementarios elem	Doct Please 0 Lac Politic V please 10 Lac Politic V please 11 Doct Please 110 La	cally Executive Section 1 Card Continue Section 1 Card	xposed  xposed	Encl Courice Courice Deal  Date KY h PoA Cou	ntry o osed ( ntry o o Profeler  Net- To n (PE PAN of Bin CC Cor L. untry c Net- The	f Ression More TPO TPOA  The A  The A	PANN PANN PANN PANN PANN PANN PANN PANN	Applical  Applical  Applical  Applical  Applical  Applical  Applical  Applical	urist Casin	Retorno O  Orony fe not b	wner  or None e olde  Y	Hoo An-Indi	vidua 1 ye	manuals)	Studfact
KYC Id Date of  Nation  a. Occ  C. Oth Mr Ms  KYC Id PAN** PoA co Nation  a. Occ  b. Gr	Birth ality cupation Busine Gambli ooss Ann ₹ 10-2: hers (pl OOLDEF M/s dentific (Manda py noto nality Busine Gambli oross Ann ₹ 10-2	n (pleases ss   Nat ng servidual Inco 5 Lacs   case ✓)  R DETA  ration N ratory)   rised or  on (pleases ss   Na ning servidual Inco 1 nco 1 nc	M  Bes offer  Mees	Political Properties of the Pr	rivate r	oney Bit Crowy Exp  thment of Of P  c Sector oney of P  c Sector oney of P	lende elow social is bei	Persong ma  Trice  Trice	Pawr ac □ ₹ 1 C To be  Pawr Pawr Ac □ Pawr Ac □ ₹ 1 C	n Broke  ₹ 1-5  ₹ 1-5  EP)  End  End  End  End  End  End  End  En	Re Re Close	Oth	to a losse of losses los elementarios elementarios los elementarios elementarios elementarios elementarios elementarios elem	Doct Please 0 Lac Politic V please 10 Lac Politic V please 11 Doct Please 110 La	cally Executive Section 1 Card Continue Section 1 Card	xposed  xposed	Encl Courice Courice Deal  Date KY h PoA Cou	ntry o osed ( ntry o o Profeler  Net- To n (PE PAN of Bin CC Cor L. untry c Net- The	f Ression More TPO TPOA  The A  The A	PANN PANN PANN PANN PANN PANN PANN PANN	Applical  Applical  Applical  Applical  Applical  Applical  Applical  Applical	urist Casin	Retorno O  Orony fe not b	wner  or None e olde  Y	Hoo An-Indi	vidua 1 ye	manuals)	Stud facti
KYC Id Date of  Nation  a. Occ  C. Oth Mr Ms  KYC Id PAN** PoA co Nation  a. Occ  b. Gr	Birth ality cupation Busine Gambli ooss Ann ₹ 10-2: hers (pl OOLDEF M/s dentific (Manda py noto nality Busine Gambli oross Ann ₹ 10-2	n (pleases ss [Nat ng service ual Incomplete service unual Incomplete unual Incomplete service unual Incomplete unual Incomplete unual	M  Bes offer  Mees	Political Properties of the Pr	rivate r	oney Bit Crowy Exp  thment of Of P  c Sector oney of P  c Sector oney of P	lende elow social is bei	Persong ma  Trice  Trice	Pawr ac □ ₹ 1 C To be  Pawr Pawr Ac □ Pawr Ac □ ₹ 1 C	n Broke  ₹ 1-5  ₹ 1-5  EP)  End  End  End  End  End  End  End  En	Re Re Close	Oth	to a losse of losses los elementarios elementarios los elementarios elementarios elementarios elementarios elementarios elem	Doct Please 0 Lac Politic V please 10 Lac Politic V please 11 Doct Please 110 La	cally Executive Section 1 Card Continue Section 1 Card	xposed  xposed	Encl Courice Courice Deal  Date KY h PoA Cou	ntry o osed ( ntry o o Profeler  Net- To n (PE PAN of Bin CC Cor L. untry c Net- The	f Ression More TPO TPOA  The A  The A	PANN PANN PANN PANN PANN PANN PANN PANN	Applical  Applical  Applical  Applical  Applical  Applical  Applical  Applical	urist Casin	Retorno O  Orony fe not b	wner  or None e olde  Y	Hoo An-Indi	vidua 1 ye	manuals)	Studfact
KYC Id Date of  Nation  a. Occ  C. Oth Mr Ms  KYC Id PAN** PoA co Nation  a. Occ  b. Gr	Birth ality cupation Busine Gambli ooss Ann ₹ 10-2: hers (pl OOLDEF M/s dentific (Manda py noto nality Busine Gambli oross Ann ₹ 10-2	n (pleases ss [Nat ng service ual Incomplete service unual Incomplete unual Incomplete service unual Incomplete unual Incomplete unual	M  Bes offer  Mees	Political Properties of the Pr	rivate r	oney Bit Crowy Exp  thment of Of P  c Sector oney of P  c Sector oney of P	lende elow social is bei	Persong ma  Trice  Trice	Pawr ac □ ₹ 1 C To be  Pawr Pawr Ac □ Pawr Ac □ ₹ 1 C	n Broke  ₹ 1-5  ₹ 1-5  EP)  End  End  End  End  End  End  End  En	Re Re Close	Oth	to a losse of losses los elementarios elementarios los elementarios elementarios elementarios elementarios elementarios elem	Doct Please 0 Lac Politic V please 10 Lac Politic V please 11 Doct Please 110 La	cally Executive Section 1 Card Continue Section 1 Card	xposed  xposed	Encl Courice Courice Deal  Date KY h PoA Cou	ntry o osed ( ntry o o Profeler  Net- To n (PE PAN of Bin CC Cor L. untry c Net- The	f Ression More TPO TPOA  The A  The A	PANN PANN PANN PANN PANN PANN PANN PANN	Applical  Applical  Applical  Applical  Applical  Applical  Applical  Applical	urist Casin	Retorno O  Orony fe not b	wner  or None e olde  Y	Hoo An-Indi	vidua 1 ye	manuals)	Studfact
KYC Id Date of  Nation  a. Occ  C. Oth Mr Ms  KYC Id PAN** PoA co Nation  a. Occ  b. Gr	Birth ality cupation Busine Gambli ooss Ann ₹ 10-2: hers (pl OOLDEF M/s dentific (Manda py noto nality Busine Gambli oross Ann ₹ 10-2	n (pleases ss [Nat ng service ual Incomplete service unual Incomplete unual Incomplete service unual Incomplete unual Incomplete unual	M  Bes offer  Mees	Political Properties of the Pr	rivate r	oney Bit Crowy Exp  thment of Of P  c Sector oney of P  c Sector oney of P	lende elow social is bei	Persong ma  Trice  Trice	Pawr ac □ ₹ 1 C To be  Pawr Pawr Ac □ Pawr Ac □ ₹ 1 C	n Broke  ₹ 1-5  ₹ 1-5  EP)  End  End  End  End  End  End  End  En	Re Re Close	Oth	to a losse of losses los elementarios elementarios los elementarios elementarios elementarios elementarios elementarios elem	Doct Please 0 Lac Politic V please 10 Lac Politic V please 11 Doct Please 110 La	cally Executive Section 1 Card Continue Section 1 Card	xposed  xposed	Encl Courice Courice Deal  Date KY h PoA Cou	ntry o osed ( ntry o o Profeler  Net- To n (PE PAN of Bin CC Cor L. untry c Net- The	f Ression More TPO TPOA  The A  The A	PANN PANN PANN PANN PANN PANN PANN PANN	Applical  Applical  Applical  Applical  Applical  Applical  Applical  Applical	urist Casin	Retorno O  Orony fe not b	wner  or None e olde  Y	Hoo An-Indi	vidua 1 ye	manuals)	Studfact
KYC Id Date of  Nation  a. Occ  C. Oth Mr Ms  KYC Id PAN** PoA co Nation  a. Occ  b. Gr	Birth ality cupation Busine Gambli ooss Ann ₹ 10-2: hers (pl OOLDEF M/s dentific (Manda py noto nality Busine Gambli oross Ann ₹ 10-2	n (pleases ss [Nat ng service ual Inco 5 Lacs case /) R DETA ration N atory) rised or on (pleases ses [Nat ng service ual Inco 5 Lacs case /)	M  Bes offer  Mees	Political Properties of the Pr	rivate r	oney Bit Crowy Exp  thment of Of P  c Sector oney of P  c Sector oney of P	lende elow social is bei	Persong ma  Trice  Trice	Pawr ac □ ₹ 1 C To be  Pawr Pawr Ac □ Pawr Ac □ ₹ 1 C	n Broke  ₹ 1-5  ₹ 1-5  EP)  End  End  End  End  End  End  End  En	Re Re Close	Oth	to a losse of losses los elementarios elementarios los elementarios elementarios elementarios elementarios elementarios elem	Doct Please 0 Lac Politic V please 10 Lac Politic V please 11 Doct Please 110 La	cally Executive Section 1 Card Continue Section 1 Card	xposed  xposed	Encl Courice Courice Deal  Date KY h PoA Cou	ntry o osed ( ntry o o Profeler  Net- To n (PE PAN of Bin CC Cor L. untry c Net- The	f Ression More TPO TPOA  The A  The A	PANN PANN PANN PANN PANN PANN PANN PANN	Applical  Applical  Applical  Applical  Applical  Applical  Applical  Applical	urist Casin	Retorno O  Orony fe not b	ired were olde	Hoolar than	usew vidua 11 ye	rife manu	Studfact
KYC Id Date of  Nation  a. Occ  C. Oth Mr Ms  KYC Id PAN** PoA co Nation  a. Occ  b. Gr	Birth ality cupation Busine Gambli ooss Ann ₹ 10-2: hers (pl OOLDEF M/s dentific (Manda py noto nality Busine Gambli oross Ann ₹ 10-2	n (pleases ss [Nat ng service ual Inco 5 Lacs case /) R DETA ration N atory) rised or on (pleases ses [Nat ng service ual Inco 5 Lacs case /)	M  Bes offer  Mees	Political Properties of the Pr	rivate r	oney Bit Crowy Exp  thment of Of P  c Sector oney of P  c Sector oney of P	lende elow social is bei	Persong ma  Trice  Trice	Pawr ac □ ₹ 1 C To be  Pawr Pawr Ac □ Pawr Ac □ Fawr Ac	n Broke  ₹ 1-5  ₹ 1-5  EP)  End  End  End  End  End  End  End  En	Re Re Close	Oth	to a literature of the second	Doct Please 0 Lac Politic V please 10 Lac Politic V please 11 Doct Please 110 La	cally Executive Section 1 Card Continue Section 1 Card	xposed  xposed	Encl Courice Courice Deal  Date KY h PoA Cou	ntry o osed ( ntry o o Profeler  Net- To n (PE PAN of Bin CC Cor L. untry c Net- The	f Ression More TPO TPOA  The A  The A	PANN PANN PANN PANN PANN PANN PANN PANN	Applical  Applical  Applical  Applical  Applical  Applical  Applical  Applical	urist Casin	Retorno O  Orony fe not b	ired were olde	Hoolar than	usew vidua 11 ye	manuals)	Stud
KYC Id Date of  Nation  a. Occ  C. Oth Mr Ms  KYC Id PAN** PoA co Nation  a. Occ  b. Gr	Birth ality cupation Busine Gambli ooss Ann ₹ 10-2: hers (pl OOLDEF M/s dentific (Manda py noto nality Busine Gambli oross Ann ₹ 10-2	n (pleases ss [Nat ng service ual Inco 5 Lacs case /) R DETA ration N atory) rised or on (pleases ses [Nat ng service ual Inco 5 Lacs case /)	M  Bes offer  Mees	Political Properties of the Pr	rivate r	oney Bit Crowy Exp  thment of Of P  c Sector oney of P  c Sector oney of P	lende elow social is bei	Persong ma  Trice  Trice	Pawr ac □ ₹ 1 C To be  Pawr Pawr Ac □ Pawr Ac □ Fawr Ac	n Broke  ₹ 1-5  ₹ 1-5  EP)  End  End  End  End  End  End  End  En	Re Re Close	Oth	to a literature of the second	Doct Please 0 Lac Politic V please 10 Lac Politic V please 11 Doct Please 110 La	cally Executive Section 1 Card Continue Section 1 Card	xposed  xposed	Encl Courice Courice Deal  Date KY h PoA Cou	ntry o osed ( ntry o o Profeler  Net- To n (PE PAN of Bin CC Cor L. untry c Net- The	f Ression More TPO TPOA  The A  The A	PANN PANN PANN PANN PANN PANN PANN PANN	Applical  Applical  Applical  Applical  Applical  Applical  Applical  Applical	urist Casin	Retorno O  Orony fe not b	ired were olde	Hoolar than	usew vidua 11 ye	rife manu	Studfact
KYC Id Date of  Nation  a. Occ  C. Oth Mr Ms  KYC Id PAN** PoA co Nation  a. Occ  b. Gr	Birth ality cupatio Busine Gambli oos Ann ₹ 10-2: hers (pl  dentific (Manda py noto Busine Gambli oos Ann  † 10-2: hers (pl  dentific Busine Gambli ross Ann  † 10-2: hers (pl	n (pleases ss [Nat ng service ual Inco 5 Lacs case /) R DETA ration N atory) rised or on (pleases ses [Nat ng service ual Inco 5 Lacs case /)	M  Bes offer  Mees	Political Properties of the Pr	rivate r	oney Bit Crowy Exp  thment of Of P  c Sector oney of P  c Sector oney of P	lende elow social is bei	Persong ma  Trice  Trice	Pawr ac □ ₹ 1 C To be  Pawr Pawr Ac □ Pawr Ac □ Fawr Ac	n Broke  ₹ 1-5  ₹ 1-5  EP)  End  End  End  End  End  End  End  En	Re Close	Oth	to a literature of the second	Doct Please 0 Lac Politic V please 10 Lac Politic V please 11 Doct Please 110 La	cally Executive Section 1 Card Continue Section 1 Card	xposed  xposed	Encl Courice Courice Deal  Date KY h PoA Cou	ntry o osed ( ntry o o Profeler  Net- To n (PE PAN of Bin CC Cor L. untry c Net- The	f Ression More TPO TPOA  The A  The A	PANN PANN PANN PANN PANN PANN PANN PANN	Applical  Applical  Applical  Applical  Applical  Applical  upees (I	urist Casin	Retorno O  Orony fe not b	ired were olde	Hoolar than	usew vidua 11 ye	rife manu	Stufact

• Ahmedabad : Mardia Plaza, CG. Road, Ahmedabad - 380 006. • Bengaluru : No. 7, HSBC Center, M.G. Road, Bengaluru - 560 001. • Chennai : No. 30, Rajaji Salai, 2nd Floor, Chennai - 600 001. • Hyderabad : 6-3-1107 & 1108, Rajbhavan Road, Somajiguda, Hyderabad - 500 082. • Kolkata :31 BBD Bagh, Dalhousie Square, Kolkata - 700 001. • Mumbai : 16, V. N. Road, Fort, Mumbai - 400 001 • New Delhi : 3rd Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi - 110 001. • Pune : Amar Avinash Corporate City, Sector No. 11, Bund Garden Road, Pune - 411 011.

TOLL FREE NUMBER: 1800 200 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our customer care centre.

BANK ACCOUNT								IDEA AI	T AIDLE
Core Banking A/c No.				A/c. Type (	V) L Curren	t □Savings □1	NKO* LIN	(KE* *1	or NRI Inv
Bank Name									
Branch Address									
MICR Code 9 digit nun			Code For Rupees			EFT IFSC Code			
Please also provide a can the amount to your bank	account quicker, elec	the same bank accou ctronically.	int as mentioned above. Iv	tentioning your 11	digit KTG8 IF8	SC Code of NEFT	IFSC Code,	as applicable,	will neip us t
INVESTMENT & S		_	`			efer Important In		_	
Scheme (✓) ☐ HI	EF  HIOF  MS-Conservative	HIEF HMS-Growth		HTSF 🔲 I IMS - Moderate		HEMF	HBF	☐ HAPDF	☐ HG
Plan			n (✓) ☐ Growth (defa		nd Reinvestme	ent** 🔲 Divi	dend Payou	ıt	
-							**	Not applicab	
			o be the same. In case of an			*			
First SIP Cheque/DD		Cheque/DD No.	For SIP through EC	.8 Debit Cleari	-	Theque/DD Date			
Drawn on Bank A/c. N				Bank Name &		eneque DD Date			1 . 1 .
MICRO SIP (Refer 1	Note No. 4C on pag	ge 26) Date of Bi	rth DDMMYY	Y Y Supportin	g			nce No.	
*For the permissible list o	f applicable documents	s please refer to Page		Document	t type*		(if ava	ilable)	
			se fill the details hereu						
Payment Mode	- 1 -	DD LRTGS N	NEFT Fund Transfer		NEFT/DD/FT D		M M	Y   Y   Y	1 Y
Cheque/DD/RTGS/NE		<u> </u>			Bank A/c. No	),			
Investment Amount (R DD charges (Rs.)	(ii) (iii)			Bank Name					
Total Amount (Rs.)	``		A /a T	Branch ype (✓) ☐ Current	Savings 🗔	NRO* INDE* I	TECNR∗□	Others	(* For NRI Inv
	` /	rty Payment Reiec	tion where applicable						• `
MANDATORY DEC	LARATION: The	details of the bank	account provided above	e pertain to my/ou	ır own bank a	ccount in my/ou	r name 🔲 Y	res 🗌 No.	
			arent Grandparent frame Grandparent frame instruction No. 11 on			thers		(Pl	ease specify)
		*	For SIP through Po			(All abagnes sho	uld be of se	mo data of th	o monthe/au
_ C) SH . STSTE	MATIC INVEST	INIENT LEAN J	roi Sii tiirougii i o			(An eneques sno	uiu be oi sa	ine date of th	e montus/qu
First SIP Cheque Det	ails ·			Drawn on Ba	nk A/c. No				
First SIP Cheque Det Cheque No.	ails :			Drawn on Ba Bank Name	nk A/c. No.				
• •	tails :	YYYY			nk A/c. No.				
Cheque No. Cheque Date	D D M M Y		fault^)	Bank Name Branch				ness Day of the	e month for Fo
Cheque No. Cheque Date SIP Date (✓)	D D M M Y	3rd 10th (Det		Bank Name Branch	Dates Qua		^ Refer instr		e month for Fo
Cheque No. Cheque Date SIP Date (✓)	DDMMY  Monthly (Default^):  Start Date MM	3rd 10th (Det		Bank Name Branch 30th ## All March 2025 (Def	Dates Qua		^ Refer instr	uction 4b(f)	e month for Fo
Cheque No. Cheque Date SIP Date (\( \forall \)) SIP Period	Monthly (Default^): Start Date M M  .)	3rd 10th (Det		Bank Name Branch 30th ## All March 2025 (Def	Dates Qua		^ Refer instr ^^ Refer inst	uction 4b(f)	e month for Fo
Cheque No. Cheque Date SIP Date (✓) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUNTY	Monthly (Default^): Start Date M M	3rd 10th(Det	Cheque Nos. From Bank	Bank Name Branch  30th ## All  March 2025 (Def	Dates Qua	To Branc	^ Refer instr ^^ Refer inst O	uction 4b(f) ruction 4b(g)	
Cheque No. Cheque Date SIP Date (✓) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.	Monthly (Default^): Start Date M M  i.)  IT DETAILS it holders are given	3rd 10th(Det	Cheque Nos. From Bank	Bank Name Branch  30th ## All  March 2025 (Def	Dates Qua	To Branc	^ Refer instr ^^ Refer inst O	uction 4b(f) ruction 4b(g)	
Cheque No. Cheque Date SIP Date (✓) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni	Monthly (Default'): Start Date M M  i.)  IT DETAILS it holders are given pplication form ma	3rd 10th(Det	Cheque Nos. From Bank	Bank Name Branch  30th ## All  March 2025 (Def	Dates Qua	To Branc	^ Refer instr ^^ Refer inst O	uction 4b(f) ruction 4b(g)	
Cheque No. Cheque Date SIP Date (✓) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni	Monthly (Default'): Start Date M M  i.)  IT DETAILS it holders are given pplication form ma	3rd 10th (Del	Cheque Nos. From Bank	Bank Name Branch  30th ## All  March 2025 (Def	Dates Qua	To Branc	^ Refer instr ^^ Refer inst  D Ch  rrent practi	uction 4b(f) ruction 4b(g)	
Cheque No. Cheque Date SIP Date (✓) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that unias mentioned in the a	Monthly (Default'): Start Date M M  i.)  IT DETAILS it holders are given pplication form ma	3rd 10th (Del	Cheque Nos. From Bank	Bank Name Branch  30th ## All  March 2025 (Def	Dates Qua	To Branc	^ Refer instr ^^ Refer inst  D Ch  rrent practi	uction 4b(f) ruction 4b(g)	
Cheque No. Cheque Date SIP Date ( ) I SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a	Monthly (Default'): Start Date M M  i.)  IT DETAILS it holders are given pplication form ma	3rd 10th (Del	Cheque Nos. From Bank	Bank Name Branch  30th ## All  March 2025 (Def	Dates Qua	Brancement as per cun	^ Refer instr ^^ Refer inst  D Ch  rrent practi	uction 4b(f) ruction 4b(g)	
Cheque No. Cheque Date SIP Date (✓) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a DP Name DP ID	Monthly (Default'): Start Date M M  i.)  IT DETAILS it holders are given pplication form ma	an option to hold atches with the Dep	Cheque Nos. From Bank  the units in demat for pository Participant.	Bank Name Branch  30th ## All March 2025 (Deform in addition to	Dates Qua	Brance ement as per cur	^ Refer instr ^^ Refer instr ^^ Refer instr  CDSL	ce and the so	equence of t
Cheque No. Cheque Date SIP Date (✓) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a  DP Name DP ID Beneficiary Account 1	Monthly (Default'): Start Date M M  IT DETAILS it holders are given pplication form ma	an option to hold atches with the Dep	Cheque Nos. From Bank  the units in demat for pository Participant.	Bank Name Branch  30th ## All March 2025 (Deform In addition to see the control of the control o	Dates Qua fault^^)  Dates de Qua fault^^)  Daccount state  mode of hole	Brance Br	^ Refer instr ^^ Refer instr ^^ Refer instr  CDSL  and who c	ce and the so	equence of t
Cheque No. Cheque Date SIP Date ( ) I SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a DP Name DP ID Beneficiary Account I NON-INTENTION Please \(   \) I/We her	Monthly (Default'): Start Date M M  IT DETAILS it holders are given pplication form ma	an option to hold atches with the Dep	Cheque Nos. From Bank  the units in demat for pository Participant.	Bank Name Branch  30th ## All March 2025 (Deform In addition to see the control of the control o	Dates Qua fault^^)  Dates de Qua fault^^)  Daccount state  mode of hole	Brance Br	^ Refer instr ^^ Refer instr ^^ Refer instr  CDSL  and who c	ce and the so	equence of t
Cheque No. Cheque Date SIP Date (✓) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a  DP Name DP ID Beneficiary Account Non-Intention	Monthly (Default'): Start Date M M  i.)  IT DETAILS  It holders are given pplication form ma  I N  No.  TO NOMINATE  reby confirm that	an option to hold atches with the De NSDL  (Mandatory for t I/We do not wi	Cheque Nos. From Bank  the units in demat for pository Participant.	Bank Name Branch  30th ## All March 2025 (Def om in addition to	Dates Qua fault^^)  account state  mode of holition in respe	Brance Br	^ Refer instr ^^ Refer instr ^^ Refer instr  CDSL  CDSL  and who coscribed/po	ce and the se	to nomina
Cheque No. Cheque Date SIP Date ( ) I SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a DP Name DP ID Beneficiary Account I NON-INTENTION Please \(   \) I/We her	Monthly (Default'): Start Date M M  i.)  IT DETAILS  It holders are given pplication form ma  I N  No.  TO NOMINATE  reby confirm that	an option to hold atches with the Dep	Cheque Nos. From Bank  the units in demat for pository Participant.	Bank Name Branch  30th ## All March 2025 (Def om in addition to	Dates Qua fault^^)  account state  mode of holition in respe	Brance Br	^ Refer instr ^^ Refer instr ^^ Refer instr  CDSL  CDSL  and who coscribed/po	ce and the so	to nomina
Cheque No. Cheque Date SIP Date (✓) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that unias mentioned in the a DP Name DP ID Beneficiary Account Non-Intention Please ✓ □ I/We her Signature(s)	Monthly (Default'): Start Date M M  i.)  IT DETAILS It holders are given pplication form ma  I N  No.  TO NOMINATE  reby confirm that	an option to hold atches with the Den NSDL  (Mandatory for the Liwe do not with the Den NSDL)	Cheque Nos. From Bank  the units in demat for pository Participant.  The rew Folios of Indiash to exercise the right.	Bank Name Branch  30th ## All 1  March 2025 (Deform In addition to see the second Apple)  Second Apple  OR	Dates Qua fault^^)  Dates de Qua fault^^)  Daccount state  mode of hol- tion in respe	Brance Br	^ Refer instr ^^ Refe	ce and the so	to nomina
Cheque No. Cheque Date SIP Date ( ) I SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a  DP Name DP ID Beneficiary Account I NON-INTENTION Please \(   \) I/We her  Signature(s)	Monthly (Default'): Start Date M M  IT DETAILS it holders are given pplication form ma  I N  No. IT NOMINATE  TO NOMINATE  TO NOMINATE  TO Sole/Fi	an option to hold atches with the Dep NSDL  (Mandatory for the Mandatory for the Mandatory for new Foliatory for new Fol	Cheque Nos. From Bank  the units in demat for pository Participant.	Bank Name Branch  30th ## All 1  March 2025 (Deform In addition to see the second Apple)  Second Apple  OR	Dates Qua fault^^)  Dates de Qua fault^^)  Daccount state  mode of hol- tion in respe	Brance Br	^ Refer instr ^^ Refe	ce and the se	to nomina
Cheque No. Cheque Date SIP Date ( ✓ ) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that unias mentioned in the a DP Name DP ID Beneficiary Account Non-Intention Please ✓ 1/We her Signature(s)	Monthly (Default'): Start Date M M  i.)  IT DETAILS  It holders are given pplication form ma  I N  No.  TO NOMINATE reby confirm that  Sole/Fi	an option to hold atches with the Den NSDL  (Mandatory for the Lew do not with the Lew	Cheque Nos. From Bank  the units in demat for pository Participant.  Trans Folios of India sh to exercise the ria	Bank Name Branch  30th ## All 1  March 2025 (Def om          rm in addition to  viduals where ght of nominat  Second Appl  OR here mode of le	Dates Qua fault^^)  Dates Qua fault^^)  Dates Qua fault^*  Dates Qua fault Pault Pau	Brance Br	^ Refer instr ^^ Refe	ce and the so	to nomina y me/us.
Cheque No. Cheque Date SIP Date ( ) I SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a  DP Name DP ID Beneficiary Account I NON-INTENTION Please \(   \) I/We her  Signature(s)	Monthly (Default'): Start Date M M  IT DETAILS it holders are given pplication form ma  I N  No. IT NOMINATE  TO NOMINATE  TO NOMINATE  TO Sole/Fi	an option to hold atches with the Dep NSDL  (Mandatory for the Mandatory for the Mandatory for new Folioholder 1) older 3)	Cheque Nos. From Bank  the units in demat for pository Participant.  The rew Folios of India sh to exercise the right in the right in the short of t	Bank Name Branch  30th ## All I  March 2025 (Def om Variation to om Variation	Dates Qua fault^^)  Dates Qua fault^^)  Dates Qua fault Publication  Dates	Brance Br	^ Refer instr ^^ Refe	ce and the se long and the se	to nomina y me/us.
Cheque No. Cheque Date SIP Date ( ✓ ) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that unias mentioned in the a DP Name DP ID Beneficiary Account Non-Intention Please ✓ 1/We her Signature(s)	Monthly (Default'): Start Date M M  IT DETAILS It holders are given pplication form ma  I N  No.  TO NOMINATE reby confirm that  Sole/Fi  ETAILS (Mandat  (Unit ho	an option to hold atches with the Dep NSDL  (Mandatory for the Mandatory for the Mandatory for new Folioholder 1) older 3)	Cheque Nos. From Bank  the units in demat for pository Participant.  The rew Folios of India sh to exercise the right in the right in the short of t	Bank Name Branch  30th ## All 1  March 2025 (Def om          rm in addition to  viduals where ght of nominat  Second Appl  OR here mode of le	Dates Qua fault^^)  Dates Qua fault^^)  Dates Qua fault Publication  Dates	Brance Br	^ Refer instr ^^ Refe	ce and the so	to nomina y me/us.
Cheque No. Cheque Date SIP Date ( ) I SIP Period S Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a  DP Name DP ID Beneficiary Account I NON-INTENTION Please ✓ I/We her Signature(s)  NOMINATION DE I/We and	Monthly (Default^): Start Date M M  Monthly (Default^): Start Date M M  I DETAILS It holders are given pplication form ma  I N  No.  TO NOMINATE reby confirm that  Sole/Fi  ETAILS (Mandat  (Unit home/us on the	an option to hold atches with the Dep NSDL  (Mandatory for the Mandatory for the Mandatory for new Folioholder 1) older 3)	Cheque Nos. From Bank  the units in demat for pository Participant.  The rew Folios of India sh to exercise the right in the pository of India sh to exercise the right in the pository participant.	Bank Name Branch  30th ## All I  March 2025 (Def om Viduals where ght of nominat  Second Appl  OR here mode of by do hereby nomin of the Units under	Dates Qua fault^^)  o account state  mode of holition in respe  ticant  ate the persor  Folio No  Signature of	Brance  Brance  Brance  N A  ding is single a  ct of units sub  (Unit holde  n(s) more particular  f Nomince / Guar	^ Refer instr ^^ Refer instr ^ CDSL  CDSL  and who c scribed/pi  tr	ce and the se long long the second the secon	to nominary me/us.  Interval of the control of the
Cheque No. Cheque Date  SIP Date ( ) I SIP Period S Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that unit as mentioned in the a DP Name DP ID Beneficiary Account N NON-INTENTION Please \(   \) I/We her  Signature(s)  NOMINATION DE I/We and nomination made by the	Monthly (Default^): Start Date M M  Monthly (Default^): Start Date M M  I DETAILS It holders are given pplication form ma  I N  No.  TO NOMINATE reby confirm that  Sole/Fi  ETAILS (Mandat  (Unit home/us on the	an option to hold atches with the Den NSDL  (Mandatory for the Lower for new Folion to hold atches with the Den NSDL)  (Mandatory for the Lower for new Folion for new Foli	Cheque Nos. From Bank  the units in demat for pository Participant.  r new Folios of Indiash to exercise the riasion of Individuals we in respect of the second of the sec	Bank Name Branch  30th ## All 1  March 2025 (Def om Viduals where ght of nominate  Second Appl  OR here mode of hereby nomin of the Units under	Dates Qua fault^^)  o account state  mode of holition in respe  ticant  ate the persor  Folio No  Signature of	Brance  Brance  M A    ding is single a ct of units sub  (Unit holde  n(s) more particu	^ Refer instr ^^ Refer instr ^ CDSL  CDSL  and who c scribed/pi  tr	ce and the se long the second the	to nominary me/us.  Int Instruction is not apple in which the hared by each of the second sec
Cheque No. Cheque Date  SIP Date ( ) I SIP Period S Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that unit as mentioned in the a DP Name DP ID Beneficiary Account N NON-INTENTION Please \(   \) I/We her  Signature(s)  NOMINATION DE I/We and nomination made by the	Monthly (Default^): Start Date M M  Monthly (Default^): Start Date M M  M  M  M  M  M  M  M  M  M  M  M  M	an option to hold atches with the Den NSDL  (Mandatory for the Lower for new Folion to hold atches with the Den NSDL)  (Mandatory for the Lower for new Folion for new Foli	Cheque Nos. From Bank  the units in demat for pository Participant.  Trans Folios of India sh to exercise the ria in respect of Name & Address	Bank Name Branch  30th ## All 1  March 2025 (Def om Viduals where ght of nominate  Second Appl  OR here mode of hereby nomin of the Units under	Dates Qua fault^^)  o account state  mode of holition in respe  ticant  ate the persor  Folio No  Signature of	Brance  Brance  Brance  N A  ding is single a  ct of units sub  (Unit holde  n(s) more particular  f Nomince / Guar	^ Refer instr ^^ Refer instr ^ CDSL  CDSL  and who c scribed/pi  tr	ce and the se location and	to nominary me/us.  Int Instruction is not apple in which the hared by each of the second sec
Cheque No. Cheque Date SIP Date (*) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a  DP Name DP ID Beneficiary Account I  NON-INTENTION Please * I/We her  Signature(s)  NOMINATION DE  I/We and nomination made by to  Name & Addres	Monthly (Default'): Start Date M M  IT DETAILS it holders are given pplication form ma  I N  No.  TO NOMINATE reby confirm that  Sole/Fi  ETAILS (Mandat  (Unit house/us on the  s of Nomince(s)	an option to hold atches with the Den NSDL  (Mandatory for the Lower for new Folion to hold atches with the Den NSDL)  (Mandatory for the Lower for new Folion for new Foli	Cheque Nos. From Bank  the units in demat for pository Participant.  Track Folios of Individuals with the exercise the right in respect of Name & Address	Bank Name Branch  30th ## All 1  March 2025 (Def om Viduals where ght of nominate  Second Appl  OR here mode of hereby nomin of the Units under	Dates Qua fault^^)  o account state  mode of holition in respe  ticant  ate the persor  Folio No  Signature of	Brance  Brance  Brance  N A  ding is single a  ct of units sub  (Unit holde  n(s) more particular  f Nomince / Guar	^ Refer instr ^^ Refer instr ^ CDSL  CDSL  and who c scribed/pi  tr	ce and the se location and	to nominary me/us.  Int Instruction is not apple in which the hared by each of the part of
Cheque No. Cheque Date SIP Date (*) SIP Period Each SIP Amount (Rs Drawn on Bank A/c.  DEMAT ACCOUN Please ensure that uni as mentioned in the a  DP Name DP ID Beneficiary Account I  NON-INTENTION Please * I/We her  Signature(s)  NOMINATION DE  I/We and nomination made by to  Name & Addres	Monthly (Default^): Start Date M M  Monthly (Default^): Start Date M M  M  M  M  M  M  M  M  M  M  M  M  M	an option to hold atches with the Den NSDL  (Mandatory for the Lower for new Folion to hold atches with the Den NSDL)  (Mandatory for the Lower for new Folion for new Foli	Cheque Nos. From Bank  the units in demat for pository Participant.  Track Folios of Individuals with the exercise the right in respect of Name & Address	Bank Name Branch  30th ## All 1  March 2025 (Def om Viduals where ght of nominate  Second Appl  OR here mode of hereby nomin of the Units under	Dates Qua fault^^)  o account state  mode of holition in respe  ticant  ate the persor  Folio No  Signature of	Brance  Brance  Brance  N A  ding is single a  ct of units sub  (Unit holde  n(s) more particular  f Nomince / Guar	^ Refer instr ^^ Refer instr ^ CDSL  CDSL  and who c scribed/pi  tr	ce and the se location and	to nominary me/us.  Int Instruction is not apple in which the hared by each of the part of

## CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) [Mandatory for all investors including Unit holder (Guardian in case of minor), Joint holder(s) and POA Holder]

	Sole / First Applicant G	uardian S	Second Applicant	Third Applicant
Place and Country of Birth	Place	Place		Place
	Country	Country		Country
Address Type	Residential Bus			Residential Business
[for KYC address]	Registered Office	Registere		Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	☐ Yes ☐ No	Yes	□ No	☐ Yes ☐ No
If 'Yes' please fill for all countrie in the respective countries	s (other than India) in which you	are a Resident for tax purpo	ose i.e. where you are Cit	izen / Resident / Green Card Holder / Tax Resi
Country of Tax Residency#				
Tax Identification Number (TIN) or Functional Equivalent <sup>^</sup> Identification Type (TIN or				
Other, please specify)				
If TIN is not available, please tick ✓ the reason A, B or C [as defined below]	□ A □ B □	] C	В С	□ A □ B □ C
Reason A - The country where the Reason B - No TIN required [Se				ot required the TIN to be collected]
Reason C - Others - Please speci	fy the reason			
#To also include USA, where th ^ In case Tax Identification Num	ne individual is a citizen / green c aber is not available, kindly prov			
FATCA / CRS SELF		-INDIVIDUAL INVESTO FRUST / SOCIETY / PA		MATE BENEFICIAL OWNER (UBO)
Please complete Annexure A	& B			
		I-i		
			wit haldows and mands	town)
FATCA / CRS DECLARATION I acknowledge and confirm that the Account Holder (or am author)	the information provided with rorised to sign for the Account Ho	espect to FATCA / CRS is a blder) of all the account(s) t	to which this form relates	est of my knowledge and belief. I certify that . In case any of the above specified informati
FATCA / CRS DECLARATION I acknowledge and confirm that the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation	the information provided with rorised to sign for the Account Hosleading or misrepresenting, I am received by the Fund from other BI Registered Intermediaries to a to the above information in futt	espect to FATCA / CRS is a colder) of all the account(s) the aware that I will be responsed. SEBI Registered Intermed facilitate single submission are and also undertake to present the second of the	true and correct to the be to which this form relates sible for it. I authorize the iaries. Further, I authorize / updation. I also underta ovide any other additiona	est of my knowledge and belief. I certify that i. In case any of the above specified information is Fund to update its records from the FATCA/ the the Fund to share the given information provide to keep the Fund informed in writing about I information as may be required at the Fund's
FATCA / CRS DECLARATION I acknowledge and confirm that the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation and/or by the domestic tax author	the information provided with rorised to sign for the Account Hosleading or misrepresenting, I am received by the Fund from other BI Registered Intermediaries to a to the above information in futt	espect to FATCA / CRS is a colder) of all the account(s) the aware that I will be responsed. SEBI Registered Intermed facilitate single submission are and also undertake to present the second of the	true and correct to the be to which this form relates sible for it. I authorize the iaries. Further, I authorize / updation. I also underta ovide any other additiona	est of my knowledge and belief. I certify that is. In case any of the above specified information are Fund to update its records from the FATCA/e the Fund to share the given information provide to keep the Fund informed in writing about I information as may be required at the Fund's nation to me for non-submission of documental
FATCA / CRS DECLARATION I acknowledge and confirm that the Account Holder (or am auth found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation and/or by the domestic tax author OTHER DECLARATIONS	the information provided with rorised to sign for the Account Hosleading or misrepresenting, I am received by the Fund from other BI Registered Intermediaries to a to the above information in futrities. I authorize the Fund / AMC	espect to FATCA / CRS is a colder) of all the account(s) the aware that I will be responsive SEBI Registered Intermed facilitate single submission are and also undertake to proceed a color of the colo	true and correct to the be to which this form relates sible for it. I authorize the iaries. Further, I authoriz / updation. I also underta ovide any other additiona my account(s) under intim	est of my knowledge and belief. I certify that is. In case any of the above specified informative Fund to update its records from the FATCA/e the Fund to share the given information above to keep the Fund informed in writing about I information as may be required at the Fund's nation to me for non-submission of documentary
FATCA / CRS DECLARATION I acknowledge and confirm that the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation and/or by the domestic tax author OTHER DECLARATIONS Having read and understood the Scheme(s) issued till date, I / We regulations of the Scheme and the my / our details including invessour bank details provided by me make payments referred above the	the information provided with morised to sign for the Account Hosleading or misrepresenting, I am received by the Fund from other BI Registered Intermediaries to a to the above information in futrities. I authorize the Fund / AMC contents of the Scheme Information to the above mentioned documents of the above mentioned documents of the teath of the contents of the Scheme Information and the properties of He above mentioned documents of the teath of the contents of the Scheme Information and the properties of He above mentioned documents of the properties of the Scheme Information and the properties of the Scheme Information and the scheme Information and the properties of the Scheme Information and the properties of the Scheme Information and the properties of the Scheme Information and the scheme Information and the scheme Information and the scheme Information and	espect to FATCA / CRS is oblder) of all the account(s) to aware that I will be responsed to a superior of all the account (s) to aware that I will be responsed to a superior of the sup	true and correct to the be to which this form relates sible for it. I authorize the iaries. Further, I authorize / updation. I also underta ovide any other additionary account(s) under intime mation Document, Statem of the relevant Scheme are hereby authorise HSBC ank(s) and / or Distributo ded necessary for conduct saction is delayed or not see responsible. I / We will	est of my knowledge and belief. I certify that it. In case any of the above specified information in the Farca of the Fund to update its records from the FArca of the Fund to share the given information provide to keep the Fund informed in writing about I information as may be required at the Fund's nation to me for non-submission of documentation and additional Information and Addenda of the agree to abide by the terms, conditions, rules of Mutual Fund, the AMC and its Agents to district of Broker / Investment Advisor and to verify of business. I / We express my / our willingness of feeted at all for reasons of incomplete or incomplete o
FATCA / CRS DECLARATION  I acknowledge and confirm that the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation and/or by the domestic tax author OTHER DECLARATIONS  Having read and understood the Scheme(s) issued till date, I / We regulations of the Scheme and the my / our details including invesour bank details provided by me make payments referred above the information, I / We would not be our bank account. I / We have real / We confirm that I am / we are / our NRE / NRO / FCNR Accounts.	the information provided with morised to sign for the Account Hosleading or misrepresenting, I am received by the Fund from other BI Registered Intermediaries to a to the above information in futrities. I authorize the Fund / AMC contents of the Scheme Informathereby apply to the Trustees of He above mentioned documents of the the the above mentioned documents of the the the above mentioned the the such other through participation in ECS / Directed and agreed to the terms and control of the the through the throu	espect to FATCA / CRS is oblder) of all the account(s) to aware that I will be response SEBI Registered Intermed facilitate single submission are and also undertake to proceed to the control of the con	true and correct to the be to which this form relates sible for it. I authorize the iaries. Further, I authorize / updation. I also underta ovide any other additiona my account(s) under intim mation Document,Statem of the relevant Scheme an fe hereby authorise HSBC ank(s) and / or Distributo de necessary for conduct saction is delayed or not a ser responsible. I / We will bebt. and are remitted from abro	est of my knowledge and belief. I certify that is. In case any of the above specified information of Fund to update its records from the FATCA/e the Fund to share the given information provide to keep the Fund informed in writing about I information as may be required at the Fund nation to me for non-submission of documenta and agree to abide by the terms, conditions, rule? Mutual Fund, the AMC and its Agents to distance of Poster Investment Advisor and to verify of business. I / We express my / our willingnest feeted at all for reasons of incomplete or inculation inform the AMC, about any changes in add through approved banking channels or from
FATCA / CRS DECLARATION  I acknowledge and confirm that the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation and/or by the domestic tax author OTHER DECLARATIONS  Having read and understood the Scheme(s) issued till date, I / We regulations of the Scheme and the my / our details including invessour bank details provided by me make payments referred above the information, I / We would not he our bank account. I / We have rea I / We confirm that I am / we are / our NRE / NRO / FCNR Account I / We confirm that the details prosources and is not held or designed or statutory authority from time on the specific tax implications a been induced by any rebate or githe form of trail commission or a	the information provided with morised to sign for the Account Hosleading or misrepresenting, I am received by the Fund from other BI Registered Intermediaries to a to the above information in futrities. I authorize the Fund / AMC contents of the Scheme Informathereby apply to the Trustees of He above mentioned documents of the the theory apply to the Trustees of He above mentioned documents of the theory apply to the Trustees of He above mentioned documents of the theory apply to the Trustees of He above mentioned documents of the above mentioned documents of the theory apply to the Trustees of Hold the Fund, the AMC, its serviced and agreed to the terms and control of the fund, the AMC, its serviced and agreed to the terms and control of the purpose of contravention to time. I / We acknowledge that arising out of my / our participating fts, directly or indirectly, in making the sign of the purpose of the control of the purpose of the contravention to time. I / We acknowledge that arising out of my / our participating fts, directly or indirectly, in making the provided of the purpose	espect to FATCA / CRS is a colder) of all the account(s) to aware that I will be response. SEBI Registered Intermed facilitate single submission are and also undertake to proceed to the colored facilitate single submission are and also undertake to proceed facilitate single submission are and also undertake to proceed facilitate single submission are and also undertake to proceed facility. If or units from the service providers as deemed to be the facility. If the transe providers or representative and the functions for ECS / Direct Doublity / Origin and that the function of any Act, Rules, Regulation the Scheme. I / We have the first the AMC has not consider into the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the Scheme. I / We have the submission of the submiss	true and correct to the be to which this form relates sible for it. I authorize the iaries. Further, I authorize the iaries. Further, I authorize / updation. I also underta ovide any other additional my account(s) under intime mation Document, Statem of the relevant Scheme and hereby authorise HSBC ank(s) and / or Distributo ded necessary for conduct saction is delayed or not see responsible. I / We will be bit. I will be a mount being investions or any other applicable and my / our tax position in a we understood the detail on firm that the ARN holds	est of my knowledge and belief. I certify that is. In case any of the above specified information of Eund to update its records from the FATCA/e the Fund to share the given information provide to keep the Fund informed in writing about I information as may be required at the Fund nation to me for non-submission of documenta and agree to abide by the terms, conditions, rule? Mutual Fund, the AMC and its Agents to distributed by the terms and to verify of business. I / We express my / our willingnestflected at all for reasons of incomplete or inculation information the AMC, about any changes in the add through approved banking channels or from the day or Notifications issued by any government particular and that I / we should seek tax as is of the Scheme and I / We have not receive the has disclosed to me / us all the commission
FATCA / CRS DECLARATION  I acknowledge and confirm that the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation and/or by the domestic tax author OTHER DECLARATIONS  Having read and understood the Scheme(s) issued till date, I / We regulations of the Scheme and the make payments referred above the information, I / We would not he our bank details provided by me make payments referred above the information, I / We would not he our bank account. I / We have reat / We confirm that I am / we are / our NRE / NRO / FCNR Account I / We confirm that the details prosources and is not held or designer or statutory authority from time on the specific tax implications a been induced by any rebate or githe form of trail commission or a recommended to me / us.  I / We confirm that I / We do not 50,000/- in a year. (Applicable for	the information provided with morised to sign for the Account Hosleading or misrepresenting, I am received by the Fund from other BI Registered Intermediaries to a to the above information in futrities. I authorize the Fund / AMC contents of the Scheme Information in futrities. I authorize the Fund / AMC contents of the Scheme Information of the above mentioned documents of the above mentioned documents of the above mentioned documents of the tendy apply to the Trustees of He above mentioned documents of the the AMC, its serviced and agreed to the terms and content (Applicable to NRI). Wided by me / us are true and correct of the purpose of contravention to time. I / We acknowledge that arising out of my / our participation time. I / We acknowledge that arising out of my / our participation, directly or indirectly, in making other mode), payable to him where any existing Micro SIP investments only).	espect to FATCA / CRS is oblder) of all the account(s) to aware that I will be responsed as a superior of all the account (s) to aware that I will be responsed to the superior of all the responsed as a superior of a superior o	true and correct to the be to which this form relates sible for it. I authorize the iaries. Further, I authorize / updation. I also underta ovide any other additiona my account(s) under intim mation Document, Statem of the relevant Scheme an //e hereby authorise HSBC ank(s) and / or Distributo ad necessary for conduct accion is delayed or not of es responsible. I / We will bebit. ads are remitted from abro at the amount being investions or any other applicab ed my / our tax position i ave understood the detai onfirm that the ARN hold Schemes of various Mutu th the current application	est of my knowledge and belief. I certify that is. In case any of the above specified information of Fund to update its records from the FATCA/e the Fund to share the given information provide to keep the Fund informed in writing about I information as may be required at the Fund' nation to me for non-submission of documenta and agree to abide by the terms, conditions, rule? Mutual Fund, the AMC and its Agents to distance of the property of business. I / We express my / our willingness of business. I / We express my / our willingness of all also inform the AMC, about any changes in the property of the property of the property of the standard of the property of t
FATCA / CRS DECLARATION  I acknowledge and confirm that the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation and/or by the domestic tax author OTHER DECLARATIONS  Having read and understood the Scheme(s) issued till date, I / We regulations of the Scheme and the my / our details including investour bank details provided by me make payments referred above the information, I / We would not be our bank account. I / We have result / We confirm that I am / we are / our NRE / NRO / FCNR Account / We confirm that the details prosources and is not held or designed or statutory authority from time on the specific tax implications a been induced by any rebate or gither form of trail commission or a recommended to me / us.  I / We confirm that I / We do not 50,000/- in a year. (Applicable for I / We confirm that I am / We a notify the AMC, in which event We confirm that we have not is	the information provided with reprised to sign for the Account Hesteading or misrepresenting, I am received by the Fund from other BI Registered Intermediaries to a to the above information in futrities. I authorize the Fund / AMC contents of the Scheme Information in futrities. I authorize the Fund / AMC contents of the Scheme Information of the Edward and AMC and the Fund, the Trustees of He above mentioned documents of the above mentioned documents of the Edward and agreed to the terms and control of the Fund, the AMC, its serviced and agreed to the terms and control of the Fund, the AMC, its serviced for the purpose of contravention to time. I / We acknowledge that arising out of my / our participating, directly or indirectly, in making out of my / our participating, directly or indirectly, in making other mode), payable to him thave any existing Micro SIP investments only). The not United States person(s) at the AMC reserves the right to	espect to FATCA / CRS is a colder) of all the account(s) to aware that I will be responsed. SEBI Registered Intermed facilitate single submission are and also undertake to proceed the color of the col	true and correct to the be to which this form relates sible for it. I authorize the iaries. Further, I authorize / updation. I also underta ovide any other additional my account(s) under intime mation Document, Statem of the relevant Scheme and the hereby authorise HSBC ank(s) and / or Distributoral necessary for conduct saction is delayed or not decess responsible. I / We will eithe a mount being investions or any other applicate and the amount being investions or any other application and the data on firm that the ARN hold Schemes of various Mutuath the current application are understood the detail on firm that the ARN hold Schemes of various Mutuath the current application are resident(s) of Caents in the Scheme(s).	est of my knowledge and belief. I certify that is. In case any of the above specified information of Fund to update its records from the FATCA/e the Fund to share the given information provide to keep the Fund informed in writing about I information as may be required at the Fund' nation to me for non-submission of documenta and agree to abide by the terms, conditions, rule Mutual Fund, the AMC and its Agents to distributed in the Fund's Agents to distribute a find a
FATCA / CRS DECLARATION  I acknowledge and confirm that the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation and/or by the domestic tax author OTHER DECLARATIONS  Having read and understood the Scheme(s) issued till date, I / We regulations of the Scheme and the major of the scheme and the scheme	the information provided with reprised to sign for the Account Hesteading or misrepresenting, I am received by the Fund from other BI Registered Intermediaries to a to the above information in futrities. I authorize the Fund / AMC contents of the Scheme Information in futrities. I authorize the Fund / AMC contents of the Scheme Information of the Edward and AMC and the Fund, the Trustees of He above mentioned documents of the above mentioned documents of the Edward and agreed to the terms and control of the Fund, the AMC, its serviced and agreed to the terms and control of the Fund, the AMC, its serviced for the purpose of contravention to time. I / We acknowledge that arising out of my / our participating, directly or indirectly, in making out of my / our participating, directly or indirectly, in making other mode), payable to him thave any existing Micro SIP investments only). The not United States person(s) at the AMC reserves the right to	espect to FATCA / CRS is a colder) of all the account(s) to aware that I will be responsed. SEBI Registered Intermed facilitate single submission are and also undertake to proceed the color of the col	true and correct to the be to which this form relates sible for it. I authorize the iaries. Further, I authorize / updation. I also underta ovide any other additional my account(s) under intime mation Document, Statem of the relevant Scheme and the hereby authorise HSBC ank(s) and / or Distributoral necessary for conduct saction is delayed or not decess responsible. I / We will eithe a mount being investions or any other applicate and the amount being investions or any other application and the data on firm that the ARN hold Schemes of various Mutuath the current application are understood the detail on firm that the ARN hold Schemes of various Mutuath the current application are resident(s) of Caents in the Scheme(s).	est of my knowledge and belief. I certify that is. In case any of the above specified information of Fund to update its records from the FATCA/e the Fund to share the given information provide to keep the Fund informed in writing about I information as may be required at the Fund's nation to me for non-submission of documenta the fund information and Addenda condagree to abide by the terms, conditions, rule information and the fund information and the fund information and the funding information in funding information in funding information in the funding information in particular and that I/we should seek tax at least of the Scheme and I/We have not receive ler has disclosed to me/us all the commission all Funds from amongst which the Scheme is least information and in aggregate investments exceeding nada. Incase of change to this status, I/We
FATCA / CRS DECLARATION  I acknowledge and confirm that the Account Holder (or am author found to be false or untrue or mis information provided by me and by me to the Fund with other SE changes / modification / updation and/or by the domestic tax author OTHER DECLARATIONS  Having read and understood the Scheme(s) issued till date, I / We regulations of the Scheme and the my / our details including investour bank details provided by me make payments referred above the information, I / We would not be our bank account. I / We have rest / We confirm that I am / we are / our NRE / NRO / FCNR Account I / We confirm that the details prosources and is not held or designed or statutory authority from time on the specific tax implications a been induced by any rebate or githe form of trail commission or a recommended to me / us.  I / We confirm that I / We do not 50,000/- in a year. (Applicable for I / We confirm that I am / We a notify the AMC, in which event We confirm that We have not is	the information provided with reprised to sign for the Account Hesteading or misrepresenting, I am received by the Fund from other BI Registered Intermediaries to a to the above information in futrities. I authorize the Fund / AMC contents of the Scheme Information in futrities. I authorize the Fund / AMC contents of the Scheme Information of the Edward and AMC and the Fund, the Trustees of He above mentioned documents of the above mentioned documents of the Edward and agreed to the terms and control of the Fund, the AMC, its serviced and agreed to the terms and control of the Fund, the AMC, its serviced for the purpose of contravention to time. I / We acknowledge that arising out of my / our participating, directly or indirectly, in making out of my / our participating, directly or indirectly, in making other mode), payable to him thave any existing Micro SIP investments only). The not United States person(s) at the AMC reserves the right to	espect to FATCA / CRS is a colder) of all the account(s) to aware that I will be responsed. SEBI Registered Intermed facilitate single submission are and also undertake to proceed the color of the col	true and correct to the be to which this form relates sible for it. I authorize the iaries. Further, I authorize / updation. I also underta ovide any other additional my account(s) under intime mation Document, Statem of the relevant Scheme and the hereby authorise HSBC ank(s) and / or Distributoral necessary for conduct saction is delayed or not decess responsible. I / We will eithe a mount being investions or any other applicate and the amount being investions or any other application and the data on firm that the ARN hold Schemes of various Mutuath the current application are understood the detail on firm that the ARN hold Schemes of various Mutuath the current application are resident(s) of Caents in the Scheme(s).	est of my knowledge and belief. I certify that i. In case any of the above specified information is Fund to update its records from the FATCA/ the the Fund to share the given information provide to keep the Fund informed in writing about I information as may be required at the Fund's