Common Application Form for Equity and Fund of Funds Schemes

HSBC Global Asset Management

(To be Filled in BLOCK LETTERS only)

DISTRIBUTOR INFORMATION (Only empanelled Distributors / Brokers will be permitted to distribute Units)

Broker Name & ARN code / RIA code^	Sub-broker ARN code	Sub code	EUIN
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 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

For Office Use Only

1 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 (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

OR

☐ I AM AN EXISTING INVESTOR IN MUTUAL FUND (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more)

2 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]

Folio No. 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 No## ##Default if not ticked.

Name Mr Ms M/s Should match with PAN Card

Date of Birth ~‡ (Mandatory) D D M M Y Y Y Y ~ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Passport Marksheet issued by HSC State Board Others (please specify)

KYC Identification Number (KIN) ‡‡

PAN** (Mandatory) Enclosed (✓) PAN Card Copy KYC Compliance Proof*

Nationality‡ 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) Enclosed (✓) PAN Card Copy KYC Compliance Proof*

☐ Natural Guardian⁺ (Father or Mother) ☐ Legal Guardian⁺⁺ (court appointed Guardian)

⁺ Document evidencing relationship with Guardian ⁺⁺ In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support.

PAN/KYC not required for contact person but required for Guardian of Minor

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]

3 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

3a. 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 ✓) : ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore

OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y

3c.

For Individuals [Tick (✓) if applicable] :	For Non-Individual Investors (Companies, Trust, Partnership etc.) :	
☐ Politically Exposed Person (PEP)	I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company (If No, please attach mandatory UBO Declaration)	☐ Yes ☐ No
☐ Related to a Politically Exposed Person (PEP)	II. Foreign Exchange / Money Changer Services	☐ Yes ☐ No
☐ Not Applicable	III. Gaming / Gambling / Lottery/ Casino Services	☐ Yes ☐ No
	IV. Money Lending / Pawning	☐ Yes ☐ No

3d. For Non Individual Investors - Identification of Beneficial Ownership Mandatory UBO Declaration form duly filled and signed attached. (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company) ☐ Yes ☐ No

* 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.

...continued overleaf

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 No. : E

Received from Mr Ms M/s

Folio No. application for Units of Scheme

Option / Sub-option ☐ Lumpsum investment alongwith Cheque / DD No.

Dated Drawn on (Bank) Amount (Rs.)

☐ SIP Investment ☐ Total Cheques ☐ **ECS (Debit Clearing)/Direct Debit Facility** Total Amount (Rs.)

Date D D M M Y Y Y Y

ISC Stamp, Signature & date

Please Note : All purchase are subject to realisation of instruments. All transaction processing is subject to final verification.

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

Address for Correspondence‡ [P.O. Box Address is NOT sufficient] (Should be same as in KRA records)

City | Pin Code

State | Country

Contact Details | Phone O / R | Extn. | Fax | Mobile

e-mail~

~ On providing e-mail id investors shall receive scheme wise annual report or an abridged summary thereof / account statements / statutory & other documents and marketing material by email

Overseas Address / Registered Address in case of Non-Individual investors
(Mandatory in case of NRI / FPI applicant in addition to mailing address) (Should be same as in KRA records)

City

State | Country (Mandatory) | Zip Code

5 JOINT APPLICANTS, IF ANY AND THEIR DETAILS (Please tick (✓) wherever applicable)

Mode of Holding (✓) ☐ Single ☐ Joint (Default if not mentioned) ☐ Anyone or Survivor

NAME OF SECOND APPLICANT (Not applicable if Sole / First Applicant is a Minor and Second Applicant cannot be a Minor) Are you a resident of Canada.? (✓) Yes ☐ No‡ ☐ ‡ Default if not ticked.

Mr Ms M/s (Should match with PAN Card)

KYC Identification Number (KIN) ‡‡

PAN** (Mandatory)

Date of Birth D D M M Y Y Y Y

Enclosed (✓) PAN Card Copy KYC Compliance Proof*

Nationality

Country of Residence

a. **Occupation** (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify]

b. **Gross Annual Income** (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore **OR** **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. **Others** (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

NAME OF THIRD APPLICANT (Not applicable if Sole / First Applicant is a Minor and Third Applicant cannot be a Minor) Are you a resident of Canada.? (✓) Yes ☐ No‡ ☐ ‡ Default if not ticked.

Mr Ms M/s (Should match with PAN Card)

KYC Identification Number (KIN) ‡‡

PAN** (Mandatory)

Date of Birth D D M M Y Y Y Y

Enclosed (✓) PAN Card Copy KYC Compliance Proof*.

Nationality

Country of Residence

a. **Occupation** (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify]

b. **Gross Annual Income** (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore **OR** **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. **Others** (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

POA HOLDER DETAILS* (If the investment is being made by a Constituted Attorney please furnish Name and PAN of PoA holder)

Mr Ms M/s (Should match with PAN Card)

KYC Identification Number (KIN) ‡‡ Date of Birth D D M M Y Y Y Y

PAN** (Mandatory) Enclosed (✓) PAN Card Copy KYC Compliance Proof*.

PoA copy notorised or the original copy of PoA needs to be submitted in case of Investment through PoA.

Nationality

Country of Residence

a. **Occupation** (please ✓): ☐ Private Sector Service ☐ Public Sector Service ☐ Government Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Business [Nature of Business] ☐ Doctor ☐ Forex Dealer ☐ Money lender ☐ Casino Owner ☐ Arms manufacturer ☐ Gambling services offerer ☐ Money lender ☐ Pawn Broker ☐ Others [Please specify]

b. **Gross Annual Income** (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore **OR** **Net-worth in Rupees** (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year

c. **Others** (please ✓) : ☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ Not Applicable

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CALL US AT

HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:

• **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.

6 BANK ACCOUNT DETAILS (MANDATORY as per SEBI Guidelines) (refer Instruction No. 3 for Multiple Bank Account Registration details)

Core Banking A/c No. | A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE* * For NRI Investors

Bank Name

Branch Address

MICR Code (9 digit number next to your Cheque No.) | RTGS IFSC Code (For Rupees Two lakhs and above) | NEFT IFSC Code (For less than Rupees Two lakhs)

Please also provide a cancelled cheque leaf of the same bank account as mentioned above. Mentioning your 11 digit RTGS IFSC Code or NEFT IFSC Code, as applicable, will help us transfer the amount to your bank account quicker, electronically.

7 INVESTMENT & SOURCE OF FUNDS DETAILS (Please (✓) Scheme / Option / Sub-Option) (refer Important Instruction No. 11 on Third Party Payments)

Scheme (✓) ☐ HEF ☐ HIOF ☐ HIEF ☐ HMEF ☐ HTSF ☐ HDF ☐ HEMF ☐ HBF ☐ HAPDF ☐ HGCOF
☐ HMS-Conservative ☐ HMS-Growth ☐ HMS - Moderate

Plan _____ **Option / Sub-option (✓)** ☐ Growth (default) ☐ Dividend Reinvestment** ☐ Dividend Payout _____

** Not applicable in case of HTS

The scheme name mentioned on the application form and the cheque has to be the same. In case of any discrepancy between the two, units will be allotted as per the scheme name mentioned on the application only.

☐ **A) SIP : SYSTEMATIC INVESTMENT PLAN (For SIP through ECS Debit Clearing) (Please fill up SIP Auto Debit Form and attach with this)**

First SIP Cheque/DD Details : Cheque/DD No. | Cheque/DD Date (D D M M Y Y Y Y)

Drawn on Bank A/c. No. | Bank Name & Branch

MICRO SIP (Refer Note No. 4C on page 26) Date of Birth (D D M M Y Y Y Y) | Supporting Document type* | Reference No. (if available)

*For the permissible list of applicable documents please refer to Page 26.

☐ **B) ONE TIME LUMPSUM INVESTMENT (Please fill the details hereunder. Do not submit SIP Auto Debit Form)**

Payment Mode ☐ Cheque ☐ DD ☐ RTGS ☐ NEFT ☐ Fund Transfer | Cheque/RTGS/NEFT/DD/FT Date (D D M M Y Y Y Y)

Cheque/DD/RTGS/NEFT No. | Payment from Bank A/c. No.

Investment Amount (Rs.) (i) | Bank Name

DD charges (Rs.) (ii) | Branch

Total Amount (Rs.) (i + ii) | A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE* ☐ FCNR* ☐ Others _____ (* For NRI Investors)

Documents attached to avoid Third Party Payment Rejection where applicable : ☐ Third Party Declarations ☐ Bank Certificate for Pre-funded Instruments

MANDATORY DECLARATION : The details of the bank account provided above pertain to my/our own bank account in my/our name ☐ Yes ☐ No.

If no, my relationship with the bank account holder (✓) ☐ Parent ☐ Grandparent ☐ Employee ☐ Custodian ☐ Others _____ (Please specify); and the Third Party declaration form is attached (Refer important instruction No. 11 on the Third Party Payments).

☐ **C) SIP : SYSTEMATIC INVESTMENT PLAN [For SIP through Post Dated Cheques (PDCs)] (All cheques should be of same date of the months/quarters)**

First SIP Cheque Details : Drawn on Bank A/c. No.

Cheque No. | Bank Name

Cheque Date (D D M M Y Y Y Y) | Branch

SIP Date (✓) **Monthly** (Default^): ☐ 3rd ☐ 10th (Default^) ☐ 17th ☐ 26th ☐ 30th ## ☐ All Dates ☐ **Quarterly** (10th)

Last Business Day of the month for February
^ Refer instruction 4b(f)
^^ Refer instruction 4b(g)

SIP Period Start Date (M M Y Y) End Date (M M Y Y) ☐ March 2025 (Default^^)

Each SIP Amount (Rs.) | Cheque Nos. From | To

Drawn on Bank A/c. | Bank | Branch

8 DEMAT ACCOUNT DETAILS

Please ensure that unit holders are given an option to hold the units in demat form in addition to account statement as per current practice and the sequence of names as mentioned in the application form matches with the Depository Participant.

	NSDL	CDSL
DP Name		
DP ID	I N	N A
Beneficiary Account No.		

9 NON-INTENTION TO NOMINATE (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

Please ✓ ☐ **I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.**

Signature(s)	Sole/First Applicant	Second Applicant	Third Applicant

OR

NOMINATION DETAILS (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Important Instruction 15)

I/We _____ (Unit holder 1), _____ (Unit holder 2)

and _____ (Unit holder 3) *do hereby nominate the person(s) more particularly described hereunder/and*/cancel the nomination made by me/us on the _____ day of _____ in respect of the Units under Folio No. _____ (*strike out which is not applicable)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian (To be furnished in case the Nominee is a Minor)	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee‡
Nominee 1				
Nominee 2				
Nominee 3				

‡ the aggregate total should be 100%.

...continued overleaf

10 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]

FATCA / CRS SELF CERTIFICATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)

	Sole / First Applicant Guardian	Second Applicant	Third Applicant
Place and Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Address Type [for KYC address]	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ Registered Office	☐ Residential ☐ Business ☐ 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 countries (other than India) in which you are a Resident for tax purpose i.e. where you are Citizen / Resident / Green Card Holder / Tax Resident in the respective countries			
Country of Tax Residency#			
Tax Identification Number (TIN) or Functional Equivalent^			
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	☐ A ☐ B ☐ C	☐ A ☐ B ☐ C

Reason A - The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
Reason B - No TIN required [Select this reason only for the authorities of the respective country of tax residence do not required the TIN to be collected]
Reason C - Others - Please specify the reason _____

To also include USA, where the individual is a citizen / green card holder of USA.
^ In case Tax Identification Number is not available, kindly provide its functional equivalent.

FATCA / CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBO) (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.)

Please complete Annexure A & B

11 DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)

FATCA / CRS DECLARATION

I acknowledge and confirm that the information provided with respect to FATCA / CRS is true and correct to the best of my knowledge and belief. I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I am aware that I will be responsible for it. I authorize the Fund to update its records from the FATCA / CRS information provided by me and received by the Fund from other SEBI Registered Intermediaries. Further, I authorize the Fund to share the given information provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. I also undertake to keep the Fund informed in writing about any changes / modification / updation to the above information in future and also undertake to provide any other additional information as may be required at the Fund's end and/or by the domestic tax authorities. I authorize the Fund / AMC / RTA to close or suspend my account(s) under intimation to me for non-submission of documentation.

OTHER DECLARATIONS

Having read and understood the contents of the Scheme Information Document, Key Information Document,Statement of Additional Information and Addenda of the Scheme(s) issued till date, I / We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to abide by the terms, conditions, rules and regulations of the Scheme and the above mentioned documents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund, the AMC and its Agents to disclose my / our details including investment details 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, or to disclose to such other service providers as deemed necessary for conduct of business. I / We express my / our willingness to make payments referred above through participation in ECS / Direct Debit Facility. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / We would not hold the Fund, the AMC, its service providers or representatives responsible. I / We will also inform the AMC, about any changes in my / our bank account. I / We have read and agreed to the terms and conditions for ECS / Direct Debit.

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 *(Applicable to NRI)*.

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) is through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any other applicable laws or Notifications issued by any governmental or statutory authority from time to time. I / We acknowledge that the AMC has not considered my / our tax position in particular and that I / we should seek tax advice on the specific tax implications arising out of my / our participation in 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 confirm that the ARN holder has disclosed to me / us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me / us.

I / We confirm that I / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. *(Applicable for Micro SIP investments only).*

I / We confirm that I am / We are not United States person(s) under the laws of United States or resident(s) of Canada. Incase of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my / our investments in the Scheme(s).

We confirm that we have not issued any bearer shares or share warrants. We also confirm that we will inform the AMC if bearer shares or share warrants are issued subsequently.

Sole / First Applicant / Guardian / PoA	Second Applicant / PoA	Third Applicant / PoA

Date _____

Please write Application Form No. / Folio No. on the reverse of the Cheque / Demand Draft.

Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.