AUTO DEBIT FORM - For SIP Investments (To be Filled in BLOCK LETTERS only)

HSBC Global Asset Management

Application No. : E

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
83753			E069272

^ 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.

For Office Use Only

Sole / First Applicant / Authorised Signatory		Second Applicant / Authorised Signatory		Third Applicant / Authorised Signatory	

REQUEST FOR (tick ✓ any one): ☐ Registration of SIP ☐ Registration of Micro SIP** ☐ Renewal of SIP

1 APPLICANT'S PERSONAL DETAILS (MANDATORY)

Application Form No. (For New Applicants) OR Folio No. (For Existing Unit holders)

Sole / 1st Unitholder First Name Middle Name Last Name

Guardian's Name (in case of minor) E-mail ID

PAN 1st Applicant 2nd Applicant 3rd Applicant

Enclose ☐ Attested PAN card ☐ KYC Letter ☐ Attested PAN card ☐ KYC Letter ☐ Attested PAN card ☐ KYC Letter

2 SIP DETAILS

Scheme Name Plan Option

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

SIP period from M M Y Y to M M Y Y **OR** ☐ End date 0 3 9 9 If end date is not mentioned then the SIP will be considered for perpetuity (March 2099)

SIP Amount (figures) ₹ (words)

First SIP Cheque No. Dated D D M M Y Y Y Y Cheque Amount

Drawn on bank name branch

^ If no debit date is mentioned default date would be considered as 10th of every month / quarter. **Refer Section 4C for SIP under Micro Financial Product category. # Last Business Day of the month for February. Minimum 12 installments under Monthly SIP and 4 quarters for Quarterly SIP.

3 DECLARATION AND SIGNATURE (to be signed by all Unit Holders if Mode of Holding is 'Joint')

I / We declare that the particulars furnished here are correct. I / We authorise HSBC Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement / NACH (National Automated Clearing House). If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I / we would not hold the user institution responsible. I / We will also inform HSBC Mutual Fund about any changes in my bank account.

I / We have registered for making payment towards my investments in HSBC Mutual Fund by debit to my / our account directly or through ECS (Debit Clearing) / NACH (National Automated Clearing House). I / We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my / our account.

I also hereby agree to read the respective SID and SAI of the Mutual Fund before investing in any scheme of HSBC Mutual Fund using this facility.

X Sole / 1st Unit Holder / POA / Guardian	X 2nd Unit Holder	X 3rd Unit Holder

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HSBC Global Asset Management

Debit Mandate Form NACH / ECS / Direct Debit

UMRN F O R O F F I C E U S E O N L Y Date D D M M Y Y Y Y

Tick (✓)	
CREATE	✓
MODIFY	☒
CANCEL	☒

Sponsor Bank Code: CITI000PIGW Utility Code: CITI00002000000037

I/We hereby authorize: HSBC Mutual Fund to debit (tick ✓) SB CA CC SB-NRE SB-NRO Others

Bank a/c number

with Bank: Name of customers bank IFSC or MICR

an amount of Rupees: In Words ₹ In Figures

FREQUENCY ☒ Monthly ☒ Quarterly ☒ Half-Yearly ☒ Yearly ✓ As & when presented **DEBIT TYPE** ☒ Fixed Amount ✓ Maximum Amount

Reference 1: Folio Number Phone No.

Reference 2: Application Number Email ID

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD

From D D M M Y Y Y Y

To

Or ☐ Until Cancelled

Signature Primary Account holder | Signature of Account holder | Signature of Account holder

1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

This is to confirm that the declaration (as mentioned overleaf) has been carefully read, understood & made by me / us. I am authorizing the User Entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / Corporate or the bank where I have authorized the debit.

MANDATORY FIELDS: ● Account type ● Bank A/c number (core banking a/c no. only) ● Bank name ● IFSC code or MICR code (as per the cheque / pass book) ● Amount in words (maximum amount) ● Period start date and end date or until cancelled ● Account holder signature ● Account holder name as per bank record

ACKNOWLEDGMENT SLIP (To be filled by the investor)

Folio No. Investor Name

Scheme Name SIP period from M M Y Y to M M Y Y

Amount (in figures) ₹

Stamp & Signature