

# Systematic Investment Plan (SIP) Application Form



## HSBC Mutual Fund

Please read Instructions overleaf carefully.

Application No.: W

New Registration <input type="checkbox"/> Change in Bank Account <input type="checkbox"/> Cancellation <input type="checkbox"/>	Distributor/Broker ARN	Sub-Broker Code	Registrar Serial No.
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### UNITHOLDER INFORMATION

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

Name of First Unitholder: Mr  Ms  M/s

Name of Second Unitholder: Mr  Ms  M/s

Name of Third Unitholder: Mr  Ms  M/s

PAN (Refer to instruction 2a)

Sole / First Unitholder	Second Unitholder	Third Unitholder
PAN proof <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 <input type="checkbox"/>	PAN proof <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 <input type="checkbox"/>	PAN proof <input type="checkbox"/> Form 60 <input type="checkbox"/> Form 61 <input type="checkbox"/>

### SIP INVESTMENT DETAILS

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

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

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

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

Total No. of Cheques  Cheque Nos. From  To

Drawn on Bank

Branch  A/C No.

Frequency (Please  Monthly  Quarterly)

No. of months/quarters

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

Period of enrolment (DD / MM / YY)

From  To

### DECLARATION AND SIGNATURE(S)

The Trustees, HSBC Mutual Fund

Having read and understood the contents of the Offer Document(s) and Addenda of the Scheme(s) issued till date, I/We hereby apply to the Trustees of HSBC Mutual Fund for units of the Scheme / Plan / Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/we have understood the details of the Scheme and I/we have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We hereby authorise HSBC Mutual Fund, its Investment Manager and its Agents to disclose details of my/our investment to my/our bank(s) / HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Investment Advisor. \*I/We confirm that I am/we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE / NRO / FCNR Account. I/We confirm that the details provided by me/us are true and correct. I/We hereby declare that the amount being invested by me/us in the Scheme(s) of HSBC Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. \*Applicable to NRI.

Date  Sole/First Applicant  Second Applicant  Third Applicant

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

First SIP Instalment via Cheque drawn on bank details provided below

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

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

Name of the Account Holder as in Bank Records:  First Name  Middle Name  Last Name

Name of the Bank

Branch Address  City

Account Number  Account Type  Savings  Current  Cash Credit

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

### DECLARATION AND SIGNATURE(S)

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

Date  Sole/First Applicant  Second Applicant  Third Applicant

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

Recorded on  Recorded by  Credit Account Number

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

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

Account Number

SIGNATURE(S) (As In Bank Records)

Sole/First Account Holder  Second Account Holder  Third Account Holder

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

Application No.: W

Received from  Mr  Ms  M/s

'SIP' application for Units of

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

Date

Please Note : All purchase are subject to realisation of cheques

ISC Stamp & Signature