

Common Application Form for Equity and Fund of Funds Schemes

(To be Filled in BLOCK LETTERS only)

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

Broker Name & ARN code	Sub-broker ARN code	Sub code	EUIN
Bonanza - 0186			

Application No. : **E**

Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various factors including the service rendered by the distributor.

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) 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 [†] [D D M M Y Y Y Y] PAN** (Mandatory) _____ Enclosed (✓) PAN Card Copy KYC Compliance Proof*

~ Proof Enclosed (✓) Birth Certificate School Leaving Certificate Marksheet issued by HSC/State Board Passport Others _____ (please specify)

Nationality [†] _____

Guardian Name (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only)

[Mr Ms M/s] _____

Natural Guardian* (Father or Mother) Legal Guardian** (court appointed Guardian) PAN** (Mandatory) _____

* Document evidencing relationship with Guardian ** In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support. Enclosed (✓) PAN Card Copy KYC Compliance Proof* 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 FIs 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)]

To check your KRA KYC compliance status, please follow these steps:

▶ Login to the website of the KYC Registration Agency(KRA) ▶ Go to section "KYC enquiry" and check your KYC status by entering your PAN

Investors are requested to complete the KYC section for Joint holders & POA also, as applicable

Date KYC submitted	Current KYC status	What is required ?
Upto 24 June 2014	KYC Registered - New KYC	Sections 3a, 3b & 3c is not mandatory. Please complete in case of any change in information
	KYC under process / KYC submitted	Sections 3a, 3b & 3c is not mandatory. Please complete in case of any change in information
	KYC verified by CVL-MF	Submit the following with the investment application: - Section B of the KYC change details form & - Sections 3a, 3b & 3c
	KYC on hold	Submit the pending documents/information to the intermediary where KYC form was submitted earlier
Post 24 June 2014 (w.e.f 25 June 2014)	Incomplete KYC records / Old KYC records submitted etc.	Submit the following with the investment application: - fresh KRA KYC form along with the supporting documents - Sections 3a, 3b & 3c are mandatory
	KYC Registered - New KYC	Sections 3a, 3b & 3c are mandatory
	KYC under process / KYC submitted	Sections 3a, 3b & 3c are mandatory

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]

* 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.

...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.

Received from [Mr Ms M/s] _____

Application No. : **E**

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]

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

ISC Stamp, Signature & date

3c. For Individuals [Tick (✓) if applicable] :	For Non-Individual Investors (Companies, Trust, Partnership etc.) :
<input type="checkbox"/> 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) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Related to a Politically Exposed Person (PEP)	II. Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Not Applicable	III. Gaming / Gambling / Lottery/ Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	IV. Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No
3d. For Non Individual Investors - Identification of Beneficial Ownership	Mandatory UBO Declaration form duly filled and signed attached. <input type="checkbox"/> Yes <input type="checkbox"/> No (Not Required for a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company)

4 CONTACT DETAILS AND CORRESPONDENCE ADDRESS

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

City	Country	Pin Code
State		

Contact Details	Phone	O	Extn.	Fax
		R		
			Mobile	

[‡] 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 / FI applicant in addition to mailing address) (Should be same as in KRA records)

State	Country (Mandatory)	City	Zip Code
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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
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PAN** (Mandatory) Enclosed (✓) PAN Card Copy KYC Compliance Proof*

Date of Birth Nationality _____

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

Date of Birth Nationality _____

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
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PAN** (Mandatory) Enclosed (✓) PAN Card Copy KYC Compliance Proof*
PoA copy notarised or the original copy of PoA needs to be submitted in case of Investment through PoA.

Nationality _____

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

...continued on next page ⇨

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 - 50082. • **Kolkata** : Jasmine Tower, 1St Floor, 31, Shakespeare Sarani, Kolkata - 700 017. • **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 - 411011.

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.

Contact us at hsbcmf@hsbc.co.in

Visit us at www.assetmanagement.hsbc.com/in

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 HDYEF HBF HAPDF HGCOF
 HMS-Conservative HMS-Growth HMS - Moderate Plan _____

Option / Sub-option (✓) Growth (default) Dividend Reinvestment** Dividend Payout ** Not applicable in case of HTSF
 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) ONE TIME LUMP SUM 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 / / / / / / /
 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).

B) 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 :
 Cheque No. Drawn on Bank A/c. No.
 Cheque Date / / / / / / / Bank Name
 SIP Date (✓) **Monthly** (Default[^]): 3rd 10th (Default[^]) 17th 26th 30th^{##} All Dates **Quarterly** (10th) **##** Last Business Day of the month for February
 SIP Period Start Date / / / End Date / / / March 2025 (Default^{^^}) **^^** Refer instruction 4b(h)
 Each SIP Amount (Rs.) Cheque Nos. From To
 Drawn on Bank A/c. Bank Branch

C) 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 / / / / / / /
 Drawn on Bank A/c. No. Bank Name & Branch
MICRO SIP (Refer Note No. 4C on page 26) Date of Birth / / / / / / /
 Supporting Document type* Reference No. (if available)
 *For the permissible list of applicable documents please refer to Page 26.

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	<input type="text"/>	<input type="text"/>
DP ID	<input type="text"/>	<input type="text"/>
Beneficiary Account No.	<input type="text"/>	<input type="text"/>

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)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee*
Nominee 1		(To be furnished in case the Nominee is a Minor)		
Nominee 2				
Nominee 3				

* the aggregate total should be 100%.

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	<input type="checkbox"/> Third Applicant <input type="checkbox"/> PoA
Place & Country of Birth	Place _____ Country _____	Place _____ Country _____	Place _____ Country _____
Type of address given at KRA (Please ✓)	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Gender			
Father's Name			
Spouse's Name			
Documents required	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Government ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Government ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Passport <input type="checkbox"/> Election ID Card <input type="checkbox"/> Government ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> PAN Card <input type="checkbox"/> UIDAI Card <input type="checkbox"/> NREGA Card <input type="checkbox"/> Others (Please specify) _____
Identification No. of Document provided			

Please indicate all countries other than India in which you are a resident for tax purpose, associated Taxpayer Identification Number and its identification type e.g. TIN etc.

Country	Tax Identification Number	Identification Type	Country	Tax Identification Number	Identification Type	Country	Tax Identification Number	Identification Type
1			1			1		
2			2			2		
3			3			3		

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. 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 Combined 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. In case 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 <input type="text"/>		

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.

Annexure A - Ultimate Beneficial Ownership (UBO) Declaration form

[MANDATORY] for Non-Individual Applicants/Investors

This declaration is NOT needed for Companies that are Listed on any recognized stock exchange in India or is a Subsidiary of such Listed Company or is Controlled by such Listed Company



Global Asset Management

A APPLICANT DETAILS:														
Applicant Name										Application No.				
PAN					Folio Nos.									

B CATEGORY [tick (✓) applicable category]:	
<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm
<input type="checkbox"/> LLP	<input type="checkbox"/> Unincorporated association / body of individuals
<input type="checkbox"/> Public Charitable Trust	<input type="checkbox"/> Religious Trust
<input type="checkbox"/> Private Trust/ Trust created by a Will	<input type="checkbox"/> Others [Specify] _____

C DETAILS OF ULTIMATE BENEFICIAL OWNERS (If the given space below is not adequate, please attach multiple declaration forms)

Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

Type of Beneficial Ownership (control or Benefit directly or indirectly through a chain of controls or ownerships)

> 25% control of company

> 15% control of Partnership / LLP / Trust / AoP / Bol

If there is no UBO, please declare that there is no holding beneficial interest - striking off the below table and provide signatures under the declaration & signature section.

Sr. No	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type	% of beneficial interest (Enclose appropriate proof)	Place & Country of Birth / Incorporation	Date of Birth / Incorporation [dd- mm- yyyy]	Address, Address Type* & Contact details [include City, Pin code, State, Country]	Gender [Male, Female, others]	Father's Name	Nationality	Occupation	Mandatory, if PAN not provided		
													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
1.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
2.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
3.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
4.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others
5.													<input type="checkbox"/> Service	<input type="checkbox"/> Business	<input type="checkbox"/> Others

* Address Type should either Residence or Business or Registered Office

I / We acknowledge and confirm that the information provided above is / are true and correct to the best of my / our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I / We aware that I / We may liable for it. I / We hereby authorize you to update your records from the above information received by the Fund or from other SEBI Registered Intermediaries. Further, I authorize you to share the beneficial owner information (in this form) provided by me to the Fund with other SEBI Registered Intermediaries to facilitate single submission / updation. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. In such case, the concerned SEBI registered intermediary reserves the right to reject the application or redeem / reverse the allotment of units, if subsequently it is found that applicant has concealed the facts of beneficial ownership. I / We also undertake to keep you informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Date _____	_____
Place _____	_____
Authorized Signatory 1	Authorized Signatory 2
Authorized Signatory 1	Authorized Signatory 3

FATCA AND CRS SELF CERTIFICATION FOR NON-INDIVIDUALS

[MANDATORY for Non-Individual Investors]

Please turn over for Definitions / Instructions / Guidance

APPLICANT DETAILS

Applicant Name:														
PAN					Application No					Folio Nos				

Type of address given at KRA Residential or Business Residential Business Registered Office

INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

Place of Incorporation:	Country of Incorporation:	Date of Incorporation:
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Is Entity a tax resident of any country other than India? Yes No

(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)

	Country of Tax Residency	TIN or equivalent number^	Identification Type (TIN or Other, please specify)
1			
2			
3			
4			

^ In case Tax Identification Number is not available, kindly provide its functional equivalent

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box (Refer instruction D4):

FATCA and CRS DETAILS (Mandatory)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFs)

We are a, (Please ✓ as appropriate : <input type="checkbox"/> Financial Institution (Refer definition A) or <input type="checkbox"/> Direct reporting NFE (Refer definition B)	GIIN <input type="text"/>
	Note: If you do not have a GIIN (Global Intermediary Identification number) but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below Name of sponsoring entity: <input type="text"/>
GIIN - Not Available If the entity is a financial institution,	<input type="checkbox"/> Applied for <input type="checkbox"/> Not required to apply for - please specify 2 digits sub-category <input type="text"/> <input type="text"/> (refer definition C) <input type="checkbox"/> Not obtained – Non-participating FI

PART B (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

Is the Entity a publicly traded company? (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)	Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) Name of stock exchange _____
Is the Entity a related entity of a publicly traded company? (a company whose shares are regularly traded on an established securities market) (Refer definition D2)	Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company _____ Nature of relation: <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company Name of stock exchange _____
Is the Entity an Active NFE? (Refer definition D3)	Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> Nature of Business _____ Please specify the sub-category of Active NFE <input type="text"/> <input type="text"/> (Mention code - refer D3)
Is the Entity a Passive NFE? (Refer definition E2)	Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> Nature of Business _____

DECLARATION & SIGNATURE(S)

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. 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.

Date : ____ / ____ / _____ Place : _____

Authorized Signatories [with Company/ Trust/Firm/Body Corporate seal]