

**NFO Application Form**

(To be Filled in BLOCK LETTERS only)

**HSBC Gold ETF**

(An open-ended scheme tracking domestic prices of Gold)

Scheme Code: HSBC/O/O/GET/26/02/0041

New Fund Offer Period : March 16, 2026 to March 18, 2026

This product is suitable for investors who are seeking*:	Scheme Risk-o-meter	Benchmark Riskometer (as applicable)
<b>HSBC Gold ETF</b> ▶ To seek returns that, before expenses, track the performance of domestic prices of Gold subject to tracking error. The Scheme do not guarantee/indicate any returns.  There is no assurance that the investment objective of the Scheme will be achieved.	 <p>The risk of the scheme is High Risk</p>	<b>Domestic Price of Gold</b>  <p>The risk of the benchmark is High Risk</p>

\* Investors should consult their financial advisers if in doubt about whether the product is suitable for them. The above product labelling assigned during the New Fund Offer (NFO) is based on internal assessment of the scheme characteristics or model portfolio and the same may vary post NFO when the actual investments are made.

**1 APPLICANT'S INFORMATION** [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 2]

Folio No. \_\_\_\_\_ The sequence of names as mentioned in the application form should be as per the sequence of names in Demat Account

**SOLE/FIRST APPLICANT'S PERSONAL DETAILS** Are you a resident of USA/Canada? (✓) Yes  No  (\*\* Default if not ticked)

Name as per PAN (Mandatory) Mr Ms M/s \_\_\_\_\_ Name as per PAN CARD \_\_\_\_\_  
 \_\_\_\_\_ Name as per PAN CARD \_\_\_\_\_

Date Birth/Incorporation §‡ (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)

Gender  Male  Female  Third Gender KYC Identification No. (KIN) ‡‡ \_\_\_\_\_

PAN (Mandatory\*) \_\_\_\_\_ LEI Code \_\_\_\_\_  
 Proof to be enclosed (✓)  PAN card Copy

Nationality ‡ \_\_\_\_\_ Country of Residence \_\_\_\_\_

**GUARDIAN NAME AS PER PAN** (if Sole/First applicant is a Minor) **Contact Person** (in case of Non-individual Investors only)

Mr Ms M/s \_\_\_\_\_ Name as per PAN CARD \_\_\_\_\_

Date of Birth of Guardian‡ (Mandatory\*) D D M M Y Y Y Y \_\_\_\_\_ KYC Identification Number (KIN) ‡‡ \_\_\_\_\_

PAN\*\* (Mandatory\*) \_\_\_\_\_ Proof to be enclosed (✓)  PAN card Copy

Father  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.

Status of Sole/1st Applicant (✓):  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 Co.  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] \_\_\_\_\_

**2 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

a. Occupation (✓):  Private Sector Service  Public Sector Service  Government Service  Professional  Agriculturist  Retired  Housewife  Student  Doctor  Forex Dealer  Business [Nature of Business] \_\_\_\_\_  Casino Owner  Arms manufacturer  Gambling services offerer  Money lender  Pawn Broker  Others [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 as on (date) D D M M Y Y Y Y \_\_\_\_\_

c. For Individuals [Tick (✓) if applicable]:  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable

For Non-Individual Investors (Companies, Trust, Partnership etc.):

I. Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company  Yes  No (If No, please attach mandatory UBO Declaration)

II. Foreign Exchange/Money Changer Services  Yes  No

III. Gaming/Gambling/Lottery/Casino Services  Yes  No

IV. Money Lending/Pawning  Yes  No

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

\* Mandatory \*\* W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, POA holder, Guardian in case of Minor and NRIs).  
 ‡‡ The KRA KYC status of the PAN for all the holders (including guardian in case of Minor) and POA holder should be Validated.  
 ‡ Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply.  
 § Transactions subject to rejection if minor has turned major and relevant documents for change in status not submitted. Refer SID/SAI for instructions related to folios held in the name of Minor.

...continued overleaf ⇨

**ACKNOWLEDGEMENT SLIP** (To be filled by the Applicant)

This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.

Received from Mr. Ms. M/s. \_\_\_\_\_

Folio No. \_\_\_\_\_ application for Units of **HSBC Gold ETF**

alongwith Cheque/DD No. \_\_\_\_\_ Dated \_\_\_\_\_

Drawn on (Bank) \_\_\_\_\_

Amount (₹) \_\_\_\_\_ 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

**3 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 \_\_\_\_\_

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 \_\_\_\_\_ Zip Code \_\_\_\_\_  
State \_\_\_\_\_ Country (Mandatory) \_\_\_\_\_**CONTACT DETAILS OF SOLE/FIRST APPLICANT**

Mobile No. \_\_\_\_\_ Tel. (Res.) \_\_\_\_\_ Tel. (Office) \_\_\_\_\_

Mobile belongs to:  Self  Spouse  Guardian (to Minor investment)  Dependant Children  Dependant Parents  Dependant Siblings  Custodian  POA  PMS

\*E-mail \_\_\_\_\_ Email ID to be filled in CAPITAL LETTERS

E-mail belongs to:  Self  Spouse  Guardian (to Minor investment)  Dependant Children  Dependant Parents  Dependant Siblings  Custodian  POA  PMS Yes  No \* I/We, wish to receive scheme wise annual report or an abridged summary thereof/account statements/statutory & other documents by email. If unticked, by default the above will be sent on email. I/We confirm that primary email ID provided belongs to self or a family member.**4 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 AS PER PAN (Not applicable if Sole/First Applicant is a Minor and Second Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes  No\*\*  (\*\*Default if not ticked.)

Mr Ms M/s \_\_\_\_\_ Name as per PAN CARD \_\_\_\_\_

Date of Birth §‡ (Mandatory\*) D D M M Y Y Y Y PAN\*\* (Mandatory\*) \_\_\_\_\_ Proof enclosed (✓)  PAN card CopyGender  Male  Female  Third Gender KYC Identification Number (KIN) ‡‡ \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Status of Second Applicant (✓):  Resident Individual  Non-Resident (Repatriable)  Non-Resident (Non-Repatriable)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 Crorec. Others (please ✓):  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable**CONTACT DETAILS OF SECOND APPLICANT**

Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_ Email ID to be filled in CAPITAL LETTERS

Mobile belongs to:  Self  Spouse  Guardian (to Minor investment)  Dependant Children  Dependant Parents  Dependant Siblings  Custodian  POA  PMSE-mail belongs to:  Self  Spouse  Guardian (to Minor investment)  Dependant Children  Dependant Parents  Dependant Siblings  Custodian  POA  PMS

NAME OF THIRD APPLICANT AS PER PAN (Not applicable if Sole/First Applicant is a Minor and Third Applicant cannot be a Minor)

Are you a resident of USA/Canada? (✓) Yes  No\*\*  (\*\*Default if not ticked.)

Mr Ms M/s \_\_\_\_\_ Name as per PAN CARD \_\_\_\_\_

Date of Birth §‡ (Mandatory\*) D D M M Y Y Y Y PAN\*\* (Mandatory\*) \_\_\_\_\_ Proof enclosed (✓)  PAN card CopyGender  Male  Female  Third Gender KYC Identification Number (KIN) ‡‡ \_\_\_\_\_

Nationality \_\_\_\_\_ Country of Residence \_\_\_\_\_

Status of Third Applicant (✓):  Resident Individual  Non-Resident (Repatriable)  Non-Resident (Non-Repatriable)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 Crorec. Others (please ✓):  Politically Exposed Person (PEP)  Related to a Politically Exposed Person (PEP)  Not Applicable**CONTACT DETAILS OF THIRD APPLICANT**

Mobile No. \_\_\_\_\_ E-mail \_\_\_\_\_ Email ID to be filled in CAPITAL LETTERS

Mobile belongs to:  Self  Spouse  Guardian (to Minor investment)  Dependant Children  Dependant Parents  Dependant Siblings  Custodian  POA  PMSE-mail belongs to:  Self  Spouse  Guardian (to Minor investment)  Dependant Children  Dependant Parents  Dependant Siblings  Custodian  POA  PMS

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**CALL US AT**Please visit our website [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://www.camsonline.com) for an updated list of Official Points of Acceptance of our Registrar / Transfer Agent : Computer Age Management System.**TOLL FREE NUMBERS**

Description	Investor related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200/1800-200-2434	+ 91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

**POA HOLDER NAME AS PER PAN (If the investment is being made by a Constituted Attorney please furnish details of PoA holder).**

Mr Ms M/s	Name as per PAN CARD	
Date of Birth (Mandatory*)	DDMMYYYY	KYC Identification Number (KIN) ‡‡
PAN** (Mandatory*)	Proof enclosed (✓) <input type="checkbox"/> PAN card Copy <input type="checkbox"/>	
Nationality	Country of Residence	
<b>a. Occupation (please ✓) :</b> <input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Business [Nature of Business] <input type="checkbox"/> Doctor <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Money lender <input type="checkbox"/> Casino Owner <input type="checkbox"/> Arms manufacturer <input type="checkbox"/> Gambling services offerer <input type="checkbox"/> Money lender <input type="checkbox"/> Pawn Broker <input type="checkbox"/> Others [Please specify]		
<b>b. Gross Annual Income (please ✓) :</b> <input type="checkbox"/> Below ₹ 1 Lac <input type="checkbox"/> ₹ 1-5 Lacs <input type="checkbox"/> ₹ 5-10 Lacs <input type="checkbox"/> ₹ 10-25 Lacs <input type="checkbox"/> ₹ 25 Lacs - ₹ 1 Crore <input type="checkbox"/> > ₹ 1 Crore		<b>OR</b> <b>Net-worth in Rupees (Mandatory for Non-Individuals)</b> ₹ Net-worth should not be older than 1 year
<b>c. Others (please ✓) :</b> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP) <input type="checkbox"/> Not Applicable		

**5 BANK ACCOUNT DETAILS (For Minor investments – Redemption proceeds will be paid only to the Bank A/c held in the name of Minor)**

Core Banking A/c No.	A/c. Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* * For NRI Investors
Bank Name	
Branch	
City	Pin Code
State	Country
MICR code	RTGS/NEFT/IFSC code

Please provide a cancelled cheque leaf with your name and IFSC code pre-printed if the bank details in Section 6 are different or Fund transfer is submitted.

**6 INVESTMENT & SOURCE OF FUNDS DETAILS**

Investment Type	Lumpsum Investment - <input type="checkbox"/> Amount (Cash)
Scheme Name	<b>HSBC Gold ETF</b>
Investment Amount	₹
Amount in words	Amount in words
Payment Mode	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> RTGS <input type="checkbox"/> NEFT <input type="checkbox"/> One Time Mandate (OTM) <input type="checkbox"/> Electronic Transfer
Cheque/DD/RTGS/NEFT Details	Cheque/DD/RTGS/UMRN/NEFT No. Instrument Date DDMMYYYY DD Charges, if any (₹)
Payment from Bank A/c. No.	
A/c. Type (✓)	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* <input type="checkbox"/> FCNR* <input type="checkbox"/> Others (* For NRI Investors)
Drawn On	Bank Branch & City

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.

**Documents attached to avoid Third Party Payment Rejection :**  Third Party Declarations  Bank Certificate for Pre-funded Instruments  
 For Minor investment, if Funds are from Parent/Legal Guardian, enclose Relationship Proof  Birth Certificate  Passport  School Leaving Certificate  Court Order

**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 (attach the Third Party declaration Form) (Please ✓)  Employee  Custodian  AMC  Corporate

DEMAT Details (Mandatory else transaction is liable to get rejected)	Depository Participant Name	Proof Attached	Latest Client Master	Demat Account Statement
	National Securities Depository Limited (NSDL)	Central Depository Securities (India) Limited (CDSL)		
	DP ID & Beneficiary Account No.	Beneficiary Account No.		

**7 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/ON BEHALF OF MINOR/PROPRIETORSHIP FIRM)**

	Sole/First Applicant Guardian	Second Applicant	Third Applicant/POA holder
Place and Country of Birth	Place Country	Place Country	Place Country
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office
Tax Resident (i.e. are you assessed for Tax) in any country other than India?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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#			

...continued overleaf ⇨

	Sole/First Applicant Guardian	Second Applicant	Third Applicant/POA holder
Tax Identification Number (TIN) or Functional Equivalent <sup>^</sup>	Mandatory	Mandatory	Mandatory
Identification Type (TIN or Other, please specify)			
If TIN is not available, please tick <input checked="" type="checkbox"/> the reason [as defined below]	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> 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.			
<b>FATCA / CRS SELF CERTIFICATION FOR NON-INDIVIDUAL INVESTORS AND THEIR ULTIMATE BENEFICIAL OWNER (UBO) (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM ETC.)</b>			
<b>Please complete Annexure A &amp; B</b>			
<b>9 NOMINATION DETAILS (Mandatory for new folios of Individual Unitholders only - whether holding Units Singly or Jointly with other holders)</b>			
A) <input type="checkbox"/> I/We wish to Nominate: I/We, wish to make a nomination and do hereby nominate the person(s) who shall receive all the assets held in my/our account in the event of my/our death and by cancelling the nomination(s) made by me/us previously in respect of the units held by me/us in the listed Folio/s. <i>(Fill the separate nomination form).</i>			
B) <input type="checkbox"/> I/We do not wish to Nominate (Nomination OPT-OUT): I/We, the applicant(s)/unitholder(s) hereby confirm that I/we do not wish to appoint any nominee(s) in respect of the mutual fund application(s)/units held in my/our mutual fund folio(s). I/We understand the implications/issues involved in non-appointment of any nominee(s) and am/are further aware that in case of my demise/death of all the unit holders in the folio, my/our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund/AMC for settlement of death claim/transmission of units in favour of the legal heir(s), based on the value of the assets held in the mutual fund folio/s.			
<b>Note :</b> Where Nominee details and Nomination Opt-Out both are mentioned, Nomination Opt-Out will be considered as “Default”. Folio in such case will be updated without Nominee.			
<b>11 DECLARATION AND SIGNATURES (In case of joint holding, signatures of all unit holders are mandatory)</b>			
<b>FATCA / CRS DECLARATION</b>			
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/update. I also undertake to keep the Fund informed in writing about any changes/modification/update 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.			
<b>OTHER DECLARATIONS</b>			
Having read and understood the contents of the Scheme Information Document, Key Information Memorandum, 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. 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 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>(Applicable to NRI).</i>			
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 and/or evasion 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.			
<b>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).</b>			
<b>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.</b>			
<b>X</b>	<b>X</b>	<b>X</b>	
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.		

## Form for Fresh Nomination / Change of Existing Nomination / Cancellation of Nomination

Applicable for Individual Unitholders only (effective from June 1, 2025 to August 31, 2025).  
Please read the instructions carefully before filling up this Form.

Date : 

D	D	M	M	Y	Y	Y	Y
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<b>Fresh Nomination</b> – All unit holders need to sign (irrespective of mode of holding). <input type="checkbox"/> Fresh Nomination	<b>Change of Existing Nomination / Cancellation of Nomination</b> – Signatures as per mode of holding. <input type="checkbox"/> Change of Existing Nomination <input type="checkbox"/> Cancellation of Nomination
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Folio No.(s) (having same mode of holding and pattern)	
1.	2.
3.	4.
Investor Name (Mr./Ms.) _____	

Nomination Details			
I/We wish to make a nomination and do hereby nominate the following person(s) in the above specified folio(s) who shall receive all the assets held in my/our account in the event of my/our death. This nomination shall supersede any prior nomination made by us/me if any.			
Nomination can be made upto three nominees in the account.	Mandatory information		
	1st Nominee	2nd Nominee	3rd Nominee
Name of the Nominee (Mr./Ms.)	_____	_____	_____
Share of each Nominee#	%	%	%
Date of Birth (for Minor)	_____	_____	_____
Relationship with the Applicant (select one)	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____	<input type="checkbox"/> Spouse <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Others (please specify) _____
Nominee/Guardian (in case of Minor) Identification details [Please tick any one of the following and provide ID Number and no copies required].	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____	<input type="checkbox"/> PAN _____ <input type="checkbox"/> Aadhaar (masked – only last 4 digits visible) * * * * * <input type="checkbox"/> Passport (for NRIs/OCIs/PIOs) _____ <input type="checkbox"/> Driving License _____
Address of Nominee(s)/ Guardian in case of Minor	<input type="checkbox"/> Same as First Applicant _____ City _____ Pin code _____ State _____ Country _____	<input type="checkbox"/> Same as First Applicant _____ City _____ Pin code _____ State _____ Country _____	<input type="checkbox"/> Same as First Applicant _____ City _____ Pin code _____ State _____ Country _____
Mobile No. of Nominee(s) / Guardian in case of Minor	_____	_____	_____
Email ID of Nominee(s) / Guardian in case of Minor	_____	_____	_____
Name of the Guardian (in case Nominee is Minor)	_____	_____	_____
Guardian's Relationship with Nominee (non mandatory)	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian
I/We want the details of my/our nominee to be printed in the statement of holding, provided to me/us by the AMC/DP as follows; (please tick, as appropriate)			
<input type="checkbox"/> Name of nominee(s) with Details and Percentage <input type="checkbox"/> Nomination without Details and Percentage (Default Option)			
<b>This nomination shall supersede any prior nomination made by the account holder(s), if any.</b>			

# Any odd lot after division shall be assigned / transferred to the first nominee mentioned in the form.

Request submitted for:  Fresh Nomination     Change of Existing Nomination     Cancellation of Nomination

From \_\_\_\_\_

Folio No. \_\_\_\_\_

*Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed*

ISC Stamp & Signature

SIGNATURE(S)		
I/We have read the terms and conditions for nomination and hereby nominate the above nominee(s) to receive all the amounts to my/our credits in the event of my/our death. Signature of the nominee(s) acknowledging receipt of my/our credit will constitute full discharge of liabilities in HSBC Mutual Fund.		
Name of the Holder		Signature/Thumb Impression
Sole/First Holder (Mr./Ms.)	Name	Signature/Thumb <sup>^</sup> Impression
	Witness 1 Name & Address: _____	Witness 1 Signature:
	Witness 2 Name & Address: _____	Witness 2 Signature:
Second Holder (Mr./Ms.)	Name	Signature/Thumb <sup>^</sup> Impression
	Witness 1 Name & Address: _____	Witness 1 Signature:
	Witness 2 Name & Address: _____	Witness 2 Signature:
Third Holder (Mr./Ms.)	Name	Signature/Thumb <sup>^</sup> Impression
	Witness 1 Name & Address: _____	Witness 1 Signature:
	Witness 2 Name & Address: _____	Witness 2 Signature:

<sup>^</sup> Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

If the account holder affixes thumb impression instead of signature, additionally please provide a doctors certificate and the thumb impression should be notarised.

**Note:** The Intermediary shall provide acknowledgement of the nomination form to the account holder(s)

## INSTRUCTIONS

- If you are opening a new demat account / MF folio, you have to provide nomination. Otherwise, you have to follow the specified procedure for Opt-out
- The nomination can be made only by individuals applying for/holding units on their own behalf singly or jointly.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the AMC / DP for each instance of providing or changing nomination.
- Non-individuals including a Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu undivided family, a Power of Attorney holder and/or Guardian of Minor unitholder cannot nominate.
- Nomination is not allowed in a folio where Minor is the unitholder.
- The signatories for this nomination form in joint folios / account, shall be the same as that of your joint MF folio / demat account. i.e.
  - 'Either or Survivor' Folios / Accounts - any one of the holders can sign.
  - 'First holder Folios / Accounts – only First Holder can sign.
  - 'Jointly' Folios / Accounts - both holders have to sign
- A minor may be nominated. In that event, the name and address of the Guardian of the minor nominee is to be provided.
- Nomination can also be in favour of the Central Government, State Government, a local authority, any person designated by virtue of his office or a religious or charitable trust.
- The Nominee shall not be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of Hindu Undivided Family, or a Power of Attorney holder.
- A Non-Resident Indian may be nominated subject to the applicable exchange control regulations.
- Multiple Nominees:** Nomination can be made in favour of multiple nominees, subject to a maximum of three nominees. In case of multiple nominees, the percentage of the allocation/ share should be in whole numbers without any decimals, adding upto a total of 100%. If the percentage of allocation/share for each of the nominee is not mentioned, the allocation /claim settlement shall be made equally amongst all the nominees. Any odd lot after division will be assigned / transferred to the first nominee mentioned in the form.
- In case of demise of the investor and any one of the nominees, the regulated entities shall distribute the assets pro-rata to the remaining nominees
- Every new nomination for a folio/account shall overwrite the existing nomination, if any.
- Nomination made by a unit holder shall be applicable for units held in all the schemes under the respective folio / account.
- Nomination shall stand rescinded upon the transfer of units.
- Transmission of units in favour of a Nominee shall be valid discharge by the asset management company/ Mutual Fund / Trustees against the legal heir(s).
- The nomination will be registered only when this form is completed in all respects to the satisfaction of the AMC.
- In respect of folios/accounts where the Nomination has been registered, the AMC will not entertain any request for transmission / claim settlement from any person other than the registered nominee(s), unless so directed by any competent court.
- Where Nominee details and Nomination Opt-Out both are mentioned, Nomination Opt-Out will be considered as "Default". Folio in such case will be updated without Nominee.

### Transmission aspects

- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account / folio.
- In case all your nominees do not claim the assets from the AMC / DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the AMC / DP.
- Death of Nominee/s: In the event of the nominee(s) pre-deceasing the unitholder(s), the unitholder/s is/are advised to make a fresh nomination soon after the demise of the nominee. The nomination will automatically stand cancelled in the event of the nominee(s) pre-deceasing the unitholder(s). In case of multiple nominations, if any of the nominee is deceased at the time of death claim settlement, the said nominee's share will be distributed on pro-rata basis (as illustrated below) amongst the surviving nominees. Nominee's legal heir cannot claim the assets on behalf of deceased Nominee(s).

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60%	A	0	0	0
B	30%	B	30%	45%	75%
C	10%	C	10%	15%	25%
<b>Total</b>	<b>100%</b>	-	<b>40%</b>	<b>60%</b>	<b>100%</b>

## CALL US AT

Please visit our website [www.assetmanagement.hsbc.co.in](http://www.assetmanagement.hsbc.co.in) for an updated list of Official Points of Acceptance of HSBC Mutual Fund. Please visit [www.camsonline.com](http://www.camsonline.com) for an updated list of Official Points of Acceptance of our Registrar / Transfer Agent : Computer Age Management System.

## TOLL FREE NUMBERS

Description	Investor related queries	Investor (Dialing from abroad)
Toll Free Number	1800-4190-200 / 1800-200-2434	+91 44 39923900
Email ID	investor.line@mutualfunds.hsbc.co.in	investor.line@mutualfunds.hsbc.co.in

**Declaration Form of Ultimate Beneficial Ownership [UBO] / Controlling Persons**
**[MANDATORY for Non-Individual Investors]**
**1. INVESTOR DETAILS**

Investor Name as per PAN _____	Name as per PAN CARD _____
Folio No./Application No. <table border="1" style="display:inline-table; border-collapse: collapse; width:100px; height:15px;"></table>	
PAN* <table border="1" style="display:inline-table; border-collapse: collapse; width:100px; height:15px;"></table>	* If PAN is not available, specify Folio No.(s)

**2. CATEGORY**
 Our company is a Listed Company on a recognized stock exchange in India/Subsidiary of a or Controlled by a Listed Company [If this category is selected, no need to provide UBO details].

Name of the Stock Exchange where it is listed# \_\_\_\_\_

Security ISIN#

Name of the Listed Company (applicable if the investor is subsidiary/associate): \_\_\_\_\_

<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Partnership Firm/LLP	<input type="checkbox"/> Unincorporated association/body of individuals	<input type="checkbox"/> Public Charitable Trust
<input type="checkbox"/> Private Trust	<input type="checkbox"/> Religious Trust	<input type="checkbox"/> Trust created by a Will	<input type="checkbox"/> Others [please specify]

# Mandatory in case of Listed company or subsidiary of the Listed Company

**3. UBO / CONTROLLING PERSON(S) DETAILS**

Does your company/entity have any individual person(s) who holds direct/indirect controlling ownership above the prescribed threshold limit? (Please ✓)

Yes  No

If 'YES' - We hereby declare that the following individual person holds directly/indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

BEN2 form as downloaded from MCA portal is attached as documentary evidence of the UBO information or any other applicable supporting documents like shareholding pattern of the entity and its associates. Further, we hereby consent to submitting the appropriate documentary evidence substantiating this as and when required at AMC/RTA end.

If 'NO' - declare that no individual person (directly/indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below.

	UBO-1 / Senior Managing Official (SMO)	UBO-2	UBO-3
Name of the UBO / SMO#			
UBO / SMO PAN# [For Foreign National, TIN to be provided]			
% of beneficial interest#	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)	<input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO)
UBO / SMO Country of Tax Residency#			
UBO / SMO Taxpayer Identification Number / Equivalent ID Number#			
UBO / SMO Identity Type			
UBO / SMO Place & Country of Birth #	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____	Place of Birth _____ Country of Birth _____
UBO / SMO Nationality			
UBO / SMO Date of Birth #	<table border="1" style="display:inline-table; border-collapse: collapse; width:100px; height:15px;"></table>	<table border="1" style="display:inline-table; border-collapse: collapse; width:100px; height:15px;"></table>	<table border="1" style="display:inline-table; border-collapse: collapse; width:100px; height:15px;"></table>
UBO / SMO PEP#	<input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> No – Not a PEP.	<input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> No – Not a PEP.	<input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> No – Not a PEP.
UBO / SMO Address [include City, Pincode, State, Country]	Address _____ City: _____ Pincode <table border="1" style="display:inline-table; border-collapse: collapse; width:100px; height:15px;"></table> State _____ Country _____	Address _____ City: _____ Pincode <table border="1" style="display:inline-table; border-collapse: collapse; width:100px; height:15px;"></table> State _____ Country _____	Address _____ City: _____ Pincode <table border="1" style="display:inline-table; border-collapse: collapse; width:100px; height:15px;"></table> State _____ Country _____
UBO / SMO Address Type	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office	<input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Regd. Office
UBO / SMO Email ID			
UBO / SMO Mobile No.			
UBO / SMO Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others
UBO / SMO Father's Name			
UBO / SMO Occupation	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others	<input type="checkbox"/> Public Service <input type="checkbox"/> Private Service <input type="checkbox"/> Business <input type="checkbox"/> Others
SMO Designation#			
UBO / SMO KYC Complied**	<input type="checkbox"/> Yes/ <input type="checkbox"/> No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.	<input type="checkbox"/> Yes/ <input type="checkbox"/> No. If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status.
BEN2 Form or any other relevant supporting documents as applicable ***	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached	<input type="checkbox"/> Attached

# Mandatory column. Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory. \* Participating Mutual Fund(s)/RTA may call for additional information/documentation wherever required or if the given information is not clear/incomplete/correct and you may provide the same as and when solicited. \*\* In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof, Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country. \*\*\* Documentary proof for UBO.

## DECLARATION

I/We acknowledge and confirm that the information provided above is 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, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable share holding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees/RTAs (the Authorized Parties) or any Indian or foreign governmental or statutory or judicial authorities/agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries/or any regulated intermediaries registered with SEBI/RBI/IRDA/PFRDA to facilitate single submission/update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your/Fund's end or by domestic or overseas regulators/tax authorities.

### Signature with relevant seal:

<input checked="" type="checkbox"/>	Authorized Signatory 1	<input checked="" type="checkbox"/>	Authorized Signatory 2	<input checked="" type="checkbox"/>	Authorized Signatory 3
Name:		Name:		Name:	
Designation:		Designation:		Designation:	
Date	<input type="text"/>	Place	<input type="text"/>		

## INSTRUCTIONS ON CONTROLLING PERSONS/ULTIMATE BENEFICIAL OWNER

As per PMLA guidelines and relevant SEBI circulars issued from time to time, non-individuals and trusts are required to provide details of controlling persons [CP]/ultimate beneficiary owner [UBO] and submit appropriate proof of identity of such CPs/UBOs. The beneficial owner has been defined in the circular as the natural person or persons, who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted and includes a person who exercises ultimate effective control over a legal person or arrangement.

### A. For Investors other than individuals or trusts:

- The identity of the natural person, who, whether acting alone or together, or through one or more juridical person, exercises control through ownership or who ultimately has a controlling ownership interest. Controlling ownership interest means ownership of/entitlement to:
  - more than 10% of shares or capital or profits of the juridical person, where the juridical person is a company.
  - more than 10% of the capital or profits of the juridical person, where the juridical person is a partnership.
  - more than 15% of the property or capital or profits of the juridical person, where the juridical person is an unincorporated association or body of individuals..
- In cases where there exists doubt under clause (i) above as to whether the person with the controlling ownership interest is the beneficial owner or where no natural person exerts control through ownership interests, the identity of the natural person exercising control over the juridical person through other means like through voting rights, agreement, arrangements or in any other manner.
- Where no natural person is identified under clauses (i) or (ii) above, the identity of the

relevant natural person who holds the position of senior managing official.

### B. For Investors which is a trust:

The identity of the settlor of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any other natural person exercising ultimate effective control over the trust through a chain of control or ownership.

### C. Exemption in case of listed companies/foreign investors

The client or the owner of the controlling interest is a company listed on a stock exchange or is a majority-owned subsidiary of such a company, there is no need for identification and verification of the identity of any shareholder or beneficial owner of such companies and hence exempted from UBO declaration provided other requisite information is provided. Intermediaries dealing with foreign investors' viz., Foreign Institutional Investors, Sub Accounts and Qualified Foreign Investors, may be guided by the clarifications issued vide SEBI circular CIR/MIRSD/11/2012 dated September 5, 2012 and other circulars issued from time to time, for the purpose of identification of beneficial ownership of the client.

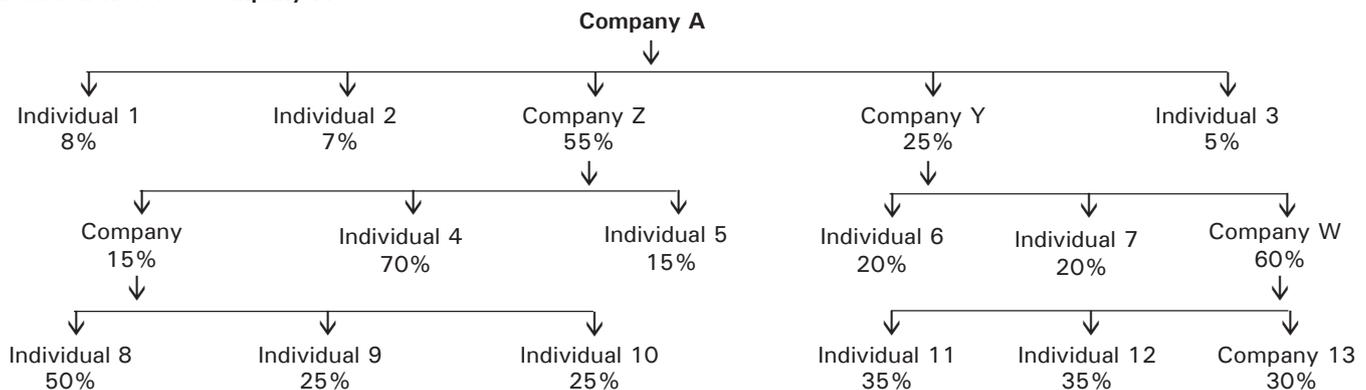
### D. KYC requirements

Beneficial Owner(s)/ Senior Managing Official (SMO) is/are required to comply with the prescribed KYC process as stipulated by SEBI from time to time with any one of the KRA & submit the same to AMC. KYC acknowledgement proof is to be submitted for all the UBO(s)/SMO(s).

*In case of Foreign Nationals, who are not KYC complied, they need to attach the ID proof in English along with the Nationality proof. Address proof again in English. If the documentary proof is in Foreign Language, it should be translated in English and should be attested by Indian Embassy of that country.*

## SAMPLE ILLUSTRATIONS FOR ASCERTAINING BENEFICIAL OWNERSHIP:

### Illustration No. 1 – Company A



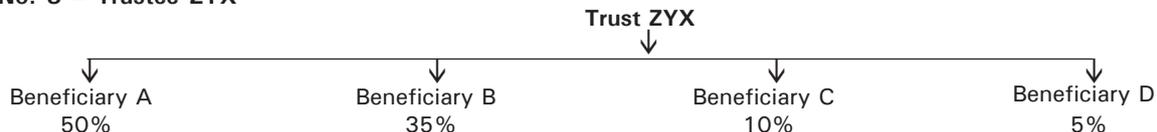
For Applicant A, Individual 4 is considered as UBO as it holds effective ownership of 38.50% in Company A. Hence details of Individual 4 must be provided with KYC proof, Shareholding pattern of Company A, Z & Y to be provided along with details of persons of Company Y who are senior managing officials and those exercising control.

### Illustration No. 2 – Partnership Firm ABC



For Partnership Firm ABC, Partners 1, 2 and 5 are considered as UBO as each of them holds >=10% of capital. KYC proof of these partners needs to be submitted including shareholding.

### Illustration No. 3 – Trustee ZYX



For Trust ZYX, Beneficiaries A, B and C are considered as UBO as they are entitled to get benefitted for >10% of funds used. KYC proof for these beneficiaries needs to be submitted. Additionally, if they have nominated any person or group of persons as Settlor of Trust/Protector of Trust, relevant information to be provided along with the proof indicated.

**INVESTOR'S DETAILS**

Investor Name as per PAN \_\_\_\_\_ Name as per PAN CARD \_\_\_\_\_

PAN 

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Mobile No. + **9** **1**

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 I/We hereby confirm that above stated entity/organization is falling under “Non-profit organization” [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

 Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:

Registration Number of DARPAN portal \_\_\_\_\_

If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.

 I/We hereby confirm that the above stated entity/organization is NOT falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

I/We acknowledge and confirm that the information provided above is 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 am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you [RTA/Fund/AMC/Other participating entities] to disclose, share, rely, remit in any form, mode or manner, all/any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees/RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities/agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax/revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission/update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your/Fund's end or by domestic or overseas regulators/tax authorities.

**SIGNATURE WITH RELEVANT SEAL:**

<b>X</b>  Authorized Signatory	<b>X</b>  Authorized Signatory	<b>X</b>  Authorized Signatory							
Date <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> / <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								Place: _____	

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**FATCA and CRS Self Certification for Non-Individuals**

[Mandatory for Non-Individual Investors including HUF] Please turn over for Definitions/ Instructions/Guidance

**APPLICANT DETAILS**

Applicant Name as per PAN	Name as per PAN CARD
PAN	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:
-------------------------	---------------------------	------------------------

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 <sup>^</sup>	Identification Type (TIN or Other, please specify)
1		Mandatory	
2		Mandatory	
3		Mandatory	
4		Mandatory	

<sup>^</sup> 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 NFEs)**

<b>We are a, (Please ✓ as appropriate) :</b> <input type="checkbox"/> Financial Institution (Refer definition A) or <input type="checkbox"/> Direct reporting NFE (Refer definition B)	<b>GIIN</b> _____ <b>Note:</b> 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 <b>Name of sponsoring entity:</b> _____
<b>GIIN - Not Available (Please ✓ as appropriate):</b> 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 _____ (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)**

<b>Is the Entity a publicly traded company?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, please specify any one stock exchange on which the stock is regularly traded) (that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)	<b>Name of stock exchange</b> _____
<b>Is the Entity a related entity of a publicly traded company?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) (a company whose shares are regularly traded on an established securities market) (Refer definition D2)	<b>Name of listed company</b> _____ <b>Nature of relation:</b> <input type="checkbox"/> Subsidiary of the Listed Company OR <input type="checkbox"/> Controlled by a Listed Company <b>Name of stock exchange</b> _____
<b>Is the Entity an Active NFE?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> (Refer definition D3)	<b>Nature of Business</b> _____ <b>Please specify the sub-category of Active NFE</b> _____ (Mention code - refer D3)
<b>Is the Entity a Passive NFE?</b> No <input type="checkbox"/> Yes <input type="checkbox"/> Also provide UBO Form <input type="checkbox"/> (Refer definition E2)	<b>Nature of Business</b> _____

# If Passive NFE, please provide the below additional details for each of the Controlling person. (Please attach additional sheets if necessary)

Sr. No.	Name of UBO	Taxpayer Identification Number/PAN / Equivalent ID Number	Place of Birth	Country of Birth	Occupation Type [Service, Business, Others]	Nationality	Father's Name	Date of Birth dd/mm/yyyy	Gender [Male, Female, others]
1		Mandatory							
2		Mandatory							
3		Mandatory							

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions such as the Bank to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

If any controlling person of the entity is a US citizen or resident or green card holder, please include United States in the foreign country information field along with the US Tax Identification No.

\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

**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/update. I also undertake to keep the Fund informed in writing about any changes/modification/update 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.	<b>X</b>
--	----------

Date : _____ Place : _____	<b>Authorized Signatories</b> [with Company / Trust/Firm/Body Corporate seal]
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**DEFINITIONS / INSTRUCTIONS / GUIDANCE**

**A. Financial Institution (FI)-** The term FI means any financial institution that is a :

- 1 Depository institution:** Accepts deposits in the ordinary course of banking or similar business.
- 2 Custodial institution:** An entity that as a substantial portion of its business, holds financial assets for the account of others and where the entity's gross income attributable to holding financial assets and related financial services equals or exceeds 20 percent of the entity's gross income during the shorter of- (a) The three-year period ending on December 31 of the year preceding the year in which the determination is made; (b) The period during which the entity has been in existence before the determination is made)
- 3 Investment entity :** Conducts a business or operates for or on behalf of a customer for any of the following activities: (a) Trading in money market instruments, foreign exchange, foreign currency, etc. (b) Individual or collective portfolio management. (c) Investing, administering or managing funds, money or financial asset on behalf of other persons. [OR] The gross income of which is primarily attributable to investing, reinvesting, or trading in financial assets, if the entity is managed by another entity that is a depository institution, a custodial institution, a specified insurance company, or an investment entity described herein. An entity is treated as primarily conducting as a business one or more of the 3 activities described above, or an entity's gross income is primarily attributable to investing, reinvesting, or trading in financial assets of the entity's gross income attributable to the relevant activities equals or exceeds 50 percent of the entity's gross income during the shorter of: (i) The three-year period ending on 31 March of the year preceding the year in which the determination is made; or (ii) The period during which the entity has been in existence.
- 4 Specified Insurance company:** Entity issuing insurance products i.e. life insurance or cash value products.
- 5 Holding company or treasury company:** Is an entity that is a holding company or treasury centre that is a part of an expanded affiliate group that includes a depository, custodial institution, specified insurance company or investment entity.

**B. Direct Reporting NFE:** means a Non-financial Entity (NFE) that elects to report information about its direct or indirect substantial U.S. owners to the IRS.

**C. GIIN not required:** Categories with codes

Code	Sub-Category
01	Governmental Entity, International Organization or Central Bank
02	Treaty Qualified Retirement Fund; a Broad Participation Retirement Fund; a Narrow Participation Retirement Fund; or a Pension Fund of a Governmental Entity, International Organization or Central Bank
03	Non-public fund of the armed forces, an employees' state insurance fund, a gratuity fund or a provident fund
04	Entity is an Indian FI solely because it is an investment entity
05	Qualified credit card issuer
06	Investment Advisors and Investment Managers
07	Exempt collective investment vehicle
08	Trustee of an Indian Trust
09	I with a local client base
10	Non-registering local banks
11	FI with only Low-Value Accounts
12	Sponsored investment entity and controlled foreign corporation
13	Sponsored, Closely Held Investment Vehicle
14	Owner Documented FI

**D. Non-Financial Entity (NFE):** Entity that is not a financial institution (including a territory NFE). Types of NFEs excluded from FATCA reporting are as below:

- 1. Publicly traded corporation (listed company):** A company is publicly traded if its stock are regularly traded on one or more established securities markets.
- 2. Related entity of a listed company:** The NFE is a related entity of an entity of which is regularly traded on an established securities market;
- 3. Active NFE:** (is any one of the following):

Code	Sub-Category
01	Less than 50 percent of the NFE's gross income for the preceding financial year or other appropriate reporting period is passive income and less than 50 percent of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
02	The NFE is a Governmental Entity, an International Organization, a Central Bank, or an entity wholly owned by one or more of the foregoing;
03	Substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an entity shall not qualify for NFE status if the entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
04	The NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE shall not qualify for this exception after the date that is 24 months after the date of the initial organization of the NFE;
05	The NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganizing with the intent to continue or recommence operations in a business other than that of a Financial Institution;
06	The NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution;
07	Any NFE is a 'non for profit organization which meets all of the following requirements: <ul style="list-style-type: none"> <li>• It is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or</li> </ul>

Code	Sub-Category
	educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organization, business league, chamber of commerce, labor organization, agricultural or horticultural organization, civic league or an organization operated exclusively for the promotion of social welfare; <ul style="list-style-type: none"> <li>• It is exempt from income tax in India;</li> <li>• It has no shareholders or members who have a proprietary or beneficial interest in its income or assets;</li> </ul>

The applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a governmental entity or other non-profit organization, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

Code	Sub-Category
A	An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B	The United States or any of its agencies or instrumentalities
C	A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
D	A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
E	A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
F	A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G	A real estate investment trust
H	A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I	A common trust fund as defined in section 584(a)
J	A bank as defined in section 58
K	A broker
L	A trust exempt from tax under section 664 or described in section 4947(a)(1)
M	A tax exempt trust under a section 403(b) plan or section 457(g) plan

**E. Other definitions**

- 1 Related entity:** An entity is a related entity of another entity if either entity controls the other entity or the two entities are under common control. For this purpose, control includes direct or indirect ownership of more than 50% of the vote or value in an entity.
- 2 Passive NFE:** The term passive NFE means any NFE that is not (i) an Active NFE (including publicly traded entities or their related entities), or (ii) a withholding foreign partnership or withholding foreign trust pursuant to relevant U.S. Treasury Regulations. (Note: Foreign persons having controlling interest in a passive NFE are liable to be reported for tax information compliance purposes)
- 3 Passive income:** The term passive income means the portion of gross income that consists of: (a) Dividends, including substitute dividend amounts; (b) Interest; (c) Income equivalent to interest, including substitute interest and amounts received from or with respect to a pool of insurance contracts if the amounts received depend in whole or part upon the performance of the pool; (d) Rents and royalties, other than rents and royalties derived in the active conduct of a trade or business conducted, at least in part, by employees of the NFE; (e) Annuities; (f) The excess of gains over losses from the sale or exchange of property that gives rise to passive income described in this section.; (g) The excess of gains over losses from transactions (including futures, forwards, and similar transactions) in any commodities, but not including: (i) Any commodity hedging transaction, determined by treating the entity as a controlled foreign corporation; or (ii) Active business gains or losses from the sale of commodities, but only if substantially all the foreign entity's commodities are property (h) The excess of foreign currency gains over foreign currency losses; (i) Net income from notional principal contracts; (j) Amounts received under cash value insurance contracts; (k) Amounts earned by an insurance company in connection with its reserves for insurance and annuity contracts
- 4 Controlling persons:** Controlling persons are natural persons who exercise control over an entity. In the case of a trust, such term means the settlor, the trustees, the protector (if any), the beneficiaries or class of beneficiaries, and any other natural person exercising ultimate effective control over the trust. In the case of a legal arrangement other than trust, such term means persons in equivalent or similar positions. The term "Controlling Persons" shall be interpreted in a manner consistent with the Financial Action Task Force recommendations.
- 5 Specified US Persons -** Any US Person other than i). A publicly traded corporation; ii). A corporation that is a member of the same expanded affiliate group; iii). A tax exempt organization; iv). an individual retirement plan; v). the United States or an agency or instrumentality of the United States; vi). Any state [including District of Columbia and United States possession] or State Authorities; vii). A bank, viii). A real estate investment trust; ix). A regulated investment company; x). an entity registered with the SEC under the Investment Company Act of 1940; xi). A common trust fund; xii). A tax exempt trust; xiii). A registered dealer; xiv). A registered broker
- 6 Expanded affiliated group:** Expanded affiliated group is defined to mean one or more chains of members connected through ownership (50% or more, by vote or value, as the case may be) by a common parent entity if the common parent entity directly owns stock or other equity interests meeting the requirements in at least one of the other members.
- 7 Owner documented FI:** An FI meeting the following requirements: (i) The FI is an FI solely because it is an investment entity; (ii) The FI is not owned by or related to any FI that is a depository institution, custodial institution, or specified insurance company; (iii) The FI does not maintain a financial account for any nonparticipating FI; (iv) The FI provides the designated withholding agent with all of the documentation and agrees to notify the withholding agent if there is a change in circumstances; and (v) The designated withholding agent agrees to report to the IRS (or, in the case of a reporting Model 1 FI, to the relevant foreign government or agency thereof) all of the information described in or (as appropriate) with respect to any specified U.S. persons and (2). Notwithstanding the previous sentence, the designated withholding agent is not required to report information with respect to an indirect owner of the FI that holds its interest through a participating FI, a deemed-compliant FI (other than an owner-documented FI), an entity that is a U.S. person, an exempt beneficial owner, or an excepted NFE.

Date: \_\_\_\_\_

Application

No. : \_\_\_\_\_

**1 INVESTOR'S DETAILS (Names should be in the same sequence as appearing in your Demat Account. In case of discrepancies, the Application is liable to get rejected.)**

Name as per PAN (Mandatory)***	Mr Ms M/s	Name as per PAN CARD	
KYC Identification Number (KIN)		PAN (Mandatory)	
Proof to be enclosed (✓) PAN card Copy			
<b>Guardian's</b> (If Sole/First Applicant is a Minor) OR <b>Contact Person's</b> (In case of Non-Individual Investors only)			
Name as per PAN	Mr Ms M/s	Name as per PAN CARD	
KYC Identification Number (KIN)		PAN (Mandatory)	
Proof to be enclosed (✓) PAN card Copy			
Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No** <input type="checkbox"/> ** Default if not ticked.			

**2 INVESTMENT DETAILS**

Scheme Name :	<b>HSBC Gold ETF</b>
Total Amount to be blocked (in Figures) ₹	(in words)

**3 SCSB ACCOUNT DETAILS (please refer websites of NSE, BSE and SEBI for list of SCSBs) (MANDATORY)**

Bank Name	
Branch Address	
Bank A/c No.	Bank City
Bank A/c No.	A/c. Type (✓) <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO* <input type="checkbox"/> NRE* * For NRI Investors

**4 DEMAT ACCOUNT DETAILS (MANDATORY)**

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

**5 UNDERTAKING BY ASBA INVESTOR/ACCOUNT HOLDER**

1) I/We hereby undertake that I/We am/are an ASBA investor(s) as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009. 2) In accordance with ASBA process provided in the SEBI (Issue of Capital and Disclosure Requirements) Regulations, 2009, I/We authorize (a) the Self Certified Syndicate Bank (SCSB) to do all acts as are necessary to make an application for purchase of units in the NFO blocking the amount to the extent mentioned above in the "SCSB details" or unblocking of funds in the bank account maintained with the SCSB specified in the ASBA Form, transfer of funds to the Issuer's account designated for this purpose on receipt of instruction from the Registrar after finalisation of the basis of allotment entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar to HSBC Mutual Fund to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the ASBA Form, upon finalisation of the basis of allotment and to transfer the requisite money to the Issuer's account designated for this purpose. 3) In case the amount available in the bank account specified in the ASBA Form is insufficient for blocking the amount equivalent to the application money, the SCSB shall reject the application. 4) If the DP ID, Client ID or PAN furnished by me/us in the ASBA Form is incorrect or incomplete, the ASBA Application shall be rejected and the AMC, R&TA and SCSB shall not be liable for losses, if any. 5) I/We hereby authorize the SCSB to make relevant revisions as may be required to be done during the NFO, in the event of price revision.

Having read and understood the contents of the SID and SAI, I/We hereby apply under Direct/AMFI Certified empanelled distributors to the Trustees of HSBC Mutual Fund for units of the Scheme/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 authorize 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 and to verify my/our bank details provided by me/us. 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/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 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. We have understood that the present scheme does not offer any guarantee or assured return and that the scheme is subject to credit risk or default risk including possible loss of principal, any losses in case of a default will be borne by me/us. \*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 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. 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. \*Applicable to NRI

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 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).

Signature of the Applicant(s)	1. Sole/First Applicant/Guardian/POA	2. Second applicant/POA	3. Third Applicant/POA	Attn: NRI investors; payment must be made through NRE/FCNR Accounts)
Signature of the Bank Account Holder(s)	1. Sole/First Applicant/Guardian/POA	2. Second applicant/POA	3. Third Applicant/POA	

**ACKNOWLEDGEMENT SLIP FOR INVESTOR**

Date: _____	Application No. : _____
Scheme Name _____	
Received from Mr./Ms. _____	
Address _____	
_____ Pin Code _____	
Tel. _____ Mobile _____ Bank A/c No. _____	
Bank Name & Branch Address _____	
_____ Total Amount to be Blocked (Rs.) _____	
( in words) _____	

**SCSB Stamp, Signature, Date & Time of Form submission**