

| Transaction Form For Existing Investors | HSBC Mutual Fund |
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| This Form is for use by existing Unitholders of all funds of HSBC Mutual Fund Please use a separate Form for each Transaction | only For Office Use Only |
| Distributor / Broker ARN Sub-Broker Code ARN - 0988 / Ganesh S. Shanbhag | No. CT |
| code. Any correction of Broker Code requires investor's authentication. Upfront commiss | cated as a direct application. Incase of Direct application, please write as "Direct" against broker ARI ion shall be paid directly by the investor to the AMFI registered Distributors based on the investor |
| assessment of various factors including the service rendered by the distributor. UNITHOLDER INFORMATION | (MANDATORY) |
| Folio Sole / First Unitholder's Name Sole / First Unitholder Sole / First Unitholder Guardia | |
| PAN** (Mandatory) | |
| Enclosed (✓) PAN Card Copy KYC Compliance Proof* Update of Birth Mendator for Minor PAN Card Copy KYC Compliance Vupdate the above KYC / PAN Update the above Are you a resident of | |
| ~ Transactions subject to rejection if minor has turned major and relevant documents for ch * W.e.f. January 1, 2011, all the applicants need to be KYC Compliant irrespective of | nange in status not submitted. Refer SID/SAI for instructions related to folios held in the name of Minor. |
| ADDITIONAL PURCHASE (Please ✓ your choice of Scheme / Plan / € | , , , |
| Scheme Name HEF HIOF HMEF HPTF HEMF HTSF HDF H | BF HUOF HSCF HIF HGF HMIP-R HMIP-S HFRF HCF HUSBF HFDF Option Regular Institutional Institutional Plus |
| Investment Amount (Rs.) (Rs. in words) Mode of Payment Cheque / DD / Fund Transfer / Cheque DD No. | Dividend Frequency Daily** Weekly** Monthly# Quarterly Forthrightly^ f any discrepancy between the two, units will be allotted as per the scheme name mentioned on the cheque only. Net Amount (Cheque / DD amount) (Rs.) |
| Drawn on Bank Branch | City |
| Documents attached to avoid Third Party Payment Rejection where applicable : Third Party | |
| | In bank account in my /our name \square Yes \square No. If no, my relationship with the bank account holder (\checkmark) \square Parent pecify); and the Third Party declaration form is attached (Refer the section on Third Party Payments in the SAI). |
| REDEMPTION (Please & your choice of Scheme / Plan / Option / Sub | |
| | HIF HUOF HSCF HGF HMIP-R HMIP-S HFRF HCF HUSBF HFDF HFTS HIN |
| Plan | Option Regular Institutional Institutional Plus |
| Sub-option Growth Dividend Reinvestment Dividend Page | yout Dividend Frequency Daily** Weekly** Monthly# Quarterly Fortnightly^ |
| Amount (Rs. in figures) OR | No. of Units All Units |
| (Rs. in words) | |
| SWITCH (Please \(your choice of Scheme / Plan / Option / Sub-option / Sub-o | on) KYC MANDATORY w.e.f. January 1, 2011. Please enclose KYC acknowledgement. |
| Name HBF HIF HGF HMIP-R HMIP-S HFRF H | Switch To HDF Scheme HEF HIOF HMEF HPTF HTSF HSCF UOF Name HEMF HDF HBF HIF HGF HMIP-R SCF HMIP-S HFRF HCF HUSBF HFDF HUOF |
| Plan | Plan |
| Option Regular Institutional Institutional Plus | Option Regular Institutional Institutional Plus |
| Sub-option Growth (default) Dividend Reinvestment Dividend Payou | sub-option Growth (default) Dividend Reinvestment ^{ss} Dividend Payout |
| Dividend Frequency Daily** Weekly† Monthly# Quarterly\$ Fortnightly^ Half Yea | Trly ^{††} Dividend Frequency Daily ^{**} Weekly [†] Monthly [#] Quarterly ^{\$} Fortnightly [^] Half Yearly ^{††} |
| for Institutional / Institutional Plus options of HFRF-ST, HFRF-LT, HUSBF, HCF and Regonly for dividend amount equal to or greater than 1 lacs. # Applicable for Institutional / In only. S Applicable for HMIP-R, HMIP-S and HIF-IP only. Applicable for regular & Ir of HFDF. Please note that dividend payout is available only in the Monthly & Quarterly CHANGE OF BANK MANDATE | · |
| FOR INVESTORS WHO HAVE REGISTERED FOR MULTIPLE BANK ACCO The redemption should be processed into the following registered bank acco | |
| Name of Bank | rant as per the payout meenanism indicated by file/us. |
| Branch | City |
| Account No. | A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE* ☐ Others (* For NRI Investors) |
| the redemption will be processed into the "Default" bank account registered for will not be liable for any loss arising to the unitholder(s) due to the credit of red | gistered as a valid bank mandate. If the account details are not filled above OR incorrect, or the aforesaid folio. HSBC Mutual Fund or HSBC Asset Management (India) Pvt. Ltd. demption proceeds into any of the bank accounts registered with us for the aforesaid folio. |
| | stration / Deletion Form. for changing the bank account in the folio, the redemption will be processed into the bank anagement (India) Pvt. Ltd. will not be liable for any loss arising to the unitholder(s) due |
| ACKNOWLEDGEMENT SLIP (To be filled by the investor) This Acknowledgement and the state of the st | cknowledgement Slip is for your reference only. Information provided on the form is considered final |
| Folio No. Name Received fi | from the above mentioned investor the following: |
| Additional Purchase Scheme Tota | d Amount (Rs.) |
| Cheque No(s) Drawn on | |
| Redemption or Switch Amount (Rs.) STP SEP Change of Bank Mandate Change of Address Please Note : All purchase are subject to realisation of instruments. All transaction pr | OR Units Nomination / Cancellation of Nomination rocessing is subject to final verification. Signature, Stamp & Date |

| 6 | CHANGE OF A | HANGE OF ADDRESS / E-MAIL / CONTACT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---|---|------------------------|------------|------------|---------------------|-----------------------------|--------------|-------------|-----------------|-----------|--|--|-----------|------------------|--------------|---------------------|---|------------------|-----------------|--------------------|---------------------|-----------------|--------------------|----------|--------------------|----------|--|
| | New Address for correspondence : Address is (Please ✓) : ☐ Home ☐ Office | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | City | | | | | | | | | | | | | + | | | _ | | | | Pin (| Code‡ | | | | | | |
| | State | | | | | | | | | | | | | C | ountry | t | | | | | 1111 | Couct | | | | - | | |
| | DI 0 | | | | | | | Ex | tn. | | | | | _ | ax | | - | | | - | | | | | | | | |
| | Phone R | | | | | | | | | Mobi | le | | | +- | | | | | | | | | | | | | | |
| | | omont Annua | 1 Domouto | and other | minform | otion inc | tontly by | | | | | rich 1 | o rec | ceiv | e und | atec v | ia SN | AS. | Mobile | No. | | | | \Box | | | | |
| | | Receive Account Statement, Annual Reports and other information instantly by e-mail \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | | | | | | 1511 | o rec | CCIV | c upu | aucs v | ia bi | 1.5 | MODIN | 110. | | | | | | | | |
| | e-mail I / We wish to receive the above by email I / We do not wish to receive the above by email. | | | | | | | | | | | T 4 | *** | | | | | . 1.0 | <u> </u> | | | C 1 1 | | | 11 | | *11.1 | |
| | I / We wish to processed as per the defa | receive the abov | e by email | 1 L I / W | ve do not | wish to re | ceive the at | ove b | y en | 1811. ondone | ^ [| Note : | When | re the | e invest | or has | not op | ted for | any optio | n or ha | s opted | for both | optic | ons, the | applica | ation W Instruc | ill be | |
| 7 | SYSTEMATIC E | | | | | | | | | | | | | | | upuates | OII IVI | | gistrati | | 1 to poi | Can | | | Jenerai | msuuc | tions. | |
| 1 | | | | | | | | | | | | | _ | | | TTD 67 | D D | | _ | | | | | | HEDE | | HOE | |
| | Scheme Name HEI | HIOF | HMEF | HPIF | HDF | HBF | | | | | | | HIF | H | GF _ | HMI | P-K | HM | IP-S | HFKF | H(| | HUSE | 5F | HFDF | H | UOF | |
| | Sub-option | Growth | Di | vidend I | Reinves | tment ^{SS} | Div | iden | d P | ayou | t## | Or | tion | | | R | egula | r | Instit | utiona | ıl | Insti | itutio | nal F | lus | | | |
| | Withdrawal Options | s 🔲 Fiz | xed Amo | ount | Ca | apital Ap | preciatio | n | | | | Fre | equer | ncv | (√) | | Mon | thly | Q | uarter | ly | | | | | | | |
| | Period of enrolment | t From | M M / | YY | YY | To | мм/ | Y | Y | Y | Y | | | | | | | | Rs. 1 | | | multip | oles o | of Re | .1/- th | ereaf | ter) | |
| | Note : SEP will be | | | | | | | | | | | Rs. Redemption amo | | | | | | | | | | | | vill eo | ual ap | precia | tion | |
| 8 | SYSTEMATIC T | | | | - | | | ome | (e) | who | ro an | | |) | | | | Po | aietrati | on | Ť | Can | ce11s | ation | | | | |
| | Transfer from | MANUSI LIN | FLAIN | (311) | (1.01 | mvesto | is in sci | ıcıııc | (3) | WIIC | тс ар | applicable) Registration Cancellation Transfer to Scheme: | | | | | | | | | | | | | | | | |
| | | IF HGF | нмір. | R H | MIP-S | HFRF | HCF | н | ISBI | F | HFDF | | | | | | | | | | | | | | | | HDF | |
| | | | | | | | | | | | | - | ption | | | | | owth* Dividend Reinvestmentss Dividend Payout | | | | | | | | | | |
| | Plan | | | | | | | | | | | | noun | | -r _ | | JIOW | Dividend Reinvestment Dividend Payout (Minimum transfer amount Rs. 1000/- | | | | | | | | | | |
| | Option | Regular | In | stitution | 191 | | Instituti | onal | Plu | 10 | | | stalm | | | | | except HTSF. For HTSF Rs 500/-) | | | | | | | | | | |
| | Option | Regulai | | Stitution | aı | | mstituti | tioliai Fius | | | | | P D | ate | (✓) | Mor | thly# | 3 | rd 10 |)th | 17 th [| 26 th | | 30 ^{th##} | | All Da | ites | |
| | Sub-option | Growth (de | fault) | Divid | end Re | investme | ent 🗆 D | Divido | end | Payo | out | ## Last Business Day of the month for February. Minimum period for STP is 3 r | | | | | | | | | | | is 3 m | onths. | . | | | |
| | Dividend | | | | | | | | | | | Instalment From Service To Servic | | | | | | | | | | | | | | v | | |
| | Frequency | Dividend Frequency □ Daily** □ Weekly† □ Monthly# □ Quarterly\$ □ Fortnightly^ □ Half Yearly†† ** Applicable for Institutional / Institutional Plus options of HCF, HFRF-ST & HUSBF and Regu | | | | | | | | | | commencing From M M / Y Y Y Y Y TO M M / Y Y Y Y Y TO be submitted 10 days prior to the STP date incase of Registration & 14 days incase of Cancellation | | | | | | | | | | | | | | | ation. | |
| | ** Applicable for Ins | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | options of HFRF-ST, HFRF-LT, HUSBF, HCF and Regular option of HFRF-ST, HFRF-LT, HUSBF, HCF | | | | | | | | | | | HCF only. Dividend Payout in case of HFRF-LT is done only for dividend amount equal at LT, HIF-SP, HUSBF, HFDF, HGF, HMIP-R and HMIP-S only. S Applicable for HMIP-R, | | | | | | | | | | | | | | | | |
| | to or greater than 1 la HMIP-S, HUSBF, HF | cs. # Applical | ole for Ins IP only | ^ Applic | d / Instit | utional P | lus Optior & Institution | is of . | HCI Onti | on of | RF-ST | `&L Ean∉ | I, HI 1 Inct | F-S | P, HU. onal (| SBF, F | of H | , HGF, FRF I | , ΗΜΙΡ Τ ++ Δ | R and | HMIP ble for | '-S only r Regul | /. ³A lar an | applica ad Inc | able fo | r HMI al On | IP-R, | |
| | of HFDF. Please note | that dividend | payout is | availabl | e only ir | n the Moi | nthly, Qua | rterly | / &] | Half | Yearly | Sub- | Optio | ons. | ss Not | appli | cable | in case | of HTS | SF. # | Payout | t will b | e dep | ender | nt on th | ne Sch | eme. | |
| 9 | NOMINATION (| To be filled | and sig | ened by | Indivi | idual(s) | applyin | g siı | ngly | or | jointl | lv) | | | | | | | | | | | | | | | | |
| | I/We | | | , | | | 11 0 | 0 | 0. | | , | • / | | | | | | | | | | | | | | | | |
| | and | | | | | | | | | | _ and | l | | | | | | | | | | | | | | | | |
| | (strike out which is | not applicabl | e) do her | reby non | ninate th | ne underr | nentioned | non | nine | e(s) t | o rece | ive t | he ur | nits | allotte | d to r | ny / o | our cre | edit in n | ny Fol | io in 1 | the eve | ent of | f my | our c | leath. | | |
| | Name and Address | of Nomine | | | | a minor, | Name 8 | k Ad | dre | ss of | | | | | | atory | | | · | | | | | | | | | |
| | | | Fi | rst Non | ninee | | | | | | S | econ | d No | omi | nee | | | | Third Nominee | | | | | | | | | |
| | Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Guardian's Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Guardian's Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (in case of Minor) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | allocation % | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date of Birth | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (if nominee is a minor) I/We do not w | ish to anno | int a N | Jomine | e in th | is Folic | (defau | lt in | ca | se d | etails | ah | ove : | are | not | nrov | ided | 1). | | | | | | | | | | |
| | | ish to appo | mile at 1 | (OIIIIIIC) | - 111 (11 | 15 1 0110 | (uciau | 11 111 | ca | se u | cuiis | and the protinces | | | | | | | | | | | | | | | | |
| | Signature(s) | | Sole/ | First Ap | pplicant | t | | | | | Se | econ | nd Applicant | | | | | | | Third Applicant | | | | | | | | |
| 10 | DECLARATION | AND SIGI | NATUR | RES (In | case o | of joint | holding | , sign | nati | ures | of al | l un | it ho | olde | rs ar | e ma | ndat | ory) | | | | | | | | | | |
| | The Trustees, HSBC Mutu | | 4. C | 1 C .1 | TC | D | CAT1 | A 11 | .1 | c 4 c | -1 | | . 3 231 | 1 | r / W. | 1 1 | | Siş | gnature | shou | ld be | in Bla | ack (| or Bl | ue ink | only | 7. | |
| | Having read and understood the contents of the Combined Scheme Information Document, SAI and Addenda of the Scheme(apply under Direct / AMFI Certified empanelled distributors to the Trustees of HSBC Mutual Fund for units of the Scheme / | | | | | | | | | | | | | | | /First | | | | | | | | | | | | |
| | and agree to abide by the terms, conditions, rules and regulations of the Scheme. I / We have understood the details of the Sche nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We hereby authorise HSBC Mutu | | | | | | | | | | | | | | | | holder/ rdian/P0 | ١٨ | | | | | | | | | | |
| | and its Agents to disclose of | l its Agents to disclose details of my / our investment to my/our bank(s) / HSBC Mutual Fund's Bank(s) and / or Distribute | | | | | | | | | istributo | or / Br | oker /] | Inves | tment A | Advisor | 3 | Jua | i diali/ l' | <i>)</i> / 1 | | | | | | | | |
| | and to verify my / our bank | and to verify my / our bank details provided by me / us. I/We hereby declare that the particulars given above are correct and make payments referred above through participation in ECS / Direct Debit Facility. If the transaction is delayed or not effected | | | | | | | | | | expres | for rea | our | willing | ness to | E | Seco | ond | | | | | | | | | |
| | or incorrect information, I/ We would not hold HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutu | | | | | | | | | | al Fun | at all for reasons of incomplete al Fund), their appointed service | | | | | Unit | holder/F | POA | | | | | | | | | |
| | providers or representatives responsible. I/We will also inform HSBC Asset Management (India) Pvt. Ltd., about any changes have read and agreed to the terms and conditions for ECS / Direct Debit. *I/We confirm that I am/we are Non-Residents of In the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I / We | | | | | | | | | | | | | | | SIGNATURE(S) | Third | | | | | | | | | | | |
| | | | | | | | | | | I / We | confin | n that t | the d | etails pr | ovided | 5 | | | | | | | | | | | | |
| | | by me / us are true and correct. I / We hereby declare that the amount being invested by me'us in the Scheme(s) of HSBC legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. **Applicable to NEL 1 / We confirm that the AEN holder has disclosed to make all the commissions (the form of trail commis | | | | | | | | | | | Autual Fund is derived through gislation or any other applicable | | | | | Unit | holder/F | POA | | | | | | | | |
| | laws or any Notifications, | | | | | | | | | | | , | | | | | | _ | | | | | | _ | | | \dashv | |
| | *Applicable to NRI: I / We confirm that the ARN holder has disclosed to me'us all the commissions (in the form of trail commissio to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended | | | | | | | | | | | | | | | | Date | Date | | | | | | | | | | |

Applications from investors resident in USA or Canada shall be rejected.

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

INSTRUCTIONS

INSTRUCTIONS

GENERAL INSTRUCTIONS: 1. This Form is for use by existing unitholders of all funds of HSBC Mutual Fund only. Please use a separate Form for each transaction. 2. If any alteration is made, then a countersign is mandatory. 3. Investors should refer to the Combined Scheme Information Document, Statement of Additional Information, Addenda and KIM of the respective Schemels) carefully before filling the Application Form. 4. Please refer to the Combined Scheme Information Document, Statement of Additional Information or cut-off timings, available product features, add-ons and dividend frequency, minimum additional purchase amounts etc.

The amount in words and figures on the cheque should not be in local languages. 5. In case of multiple holders, the dividend (if applicable) and redemption amount will be paid to the first holder. 6. Additional Purchases

- Cheque/DD must be drawn in the name of the Scheme or its abbreviation as applicable and crossed "Account payee only". Outstation cheques will not be accepted. 7. Bank charges for demand drafts will be borne by the AMC and will be limited to the bank charges as for amount up to Rs. 1,0,000/4, DD Charges are at actuals, subject to a maximum of Rs. 1,50/4 and for amount above Rs. 1,0,000/4 at Rs. 3,50/4 per Rs. 1,000/4. Minimum Rs. 12,500/4. The AMC will not entertain any request for refund of demand draft charges. Outstation cheques / outstation demands draft will not be accepted. 8. Redemption amounts should not be less then minimum repurchase amounts. 9. As per Securities and Exchange Board of India (SEBI) Circular dated 27 April 2007 and letter dated 25 June 2007, Permanent Account Number (PAN) has been made the sole identification number for all participants investing in the securities market, irrespective of the amount of investment. With effect from 1 Junavay 2008, for all applicable transactions, investors will need to submit their PAN brunber. The PAN requirements will be applicable to all joint applicants as well as the Guardian, in case of app

11. Hease note that information sought will be obtained from CVL database and information in the AIVL records will be overwritten.

INSTRUCTIONS FOR NOMINATION: Applicants applying for Units singly / jointly can also make the nomination at the time of initial investment. Investors are advised to consider availing nomination facility in their own interest. (a) The nomination can be made only by individuals applying for / holding units on their own behalf singly or jointly. Non-individuals including society, trust, body corporate, partnership firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. (b) Where a folio has joint holders, all joint holders should sign the request for nomination/cancellation of nomination, even if the mode of holding is not "joint". Nomination form cannot be signed by Power of attorney (PoA) holders. (c) There can be no nomination in a folio held in the name of minor. (d) The investors/Unitholders are requested to note that a maximum of three nominees can be registered for a Folio. In case of multiple nominees, the "Share / Ratio" of nomination has to be clearly specified in the nomination form / request letter. If the "Share / Ratio" of nomination is not explicitly stated, then the nomination shall be treated at "Equal Share/Ratio". (e) A minor can be nominated and in that event, the name, address and PAN of the Guardian of the minor nominee (in case the minor does not have PAN) shall be provided by the Light Lighting Lord Example of Examp the information standard related at Equal state product (e) Artimitor can be information that the information standard of the fundamental of the f a Nominee shall be valid discharge by the AMC / Mutual Fund / Trustees against the legal heir. (i) The cancellation of nomination can be made only by those individuals who hold Units on their own behalf singly or jointly and who made the original nomination. (i) On cancellation of the nomination, the nomination shall stand rescinded and the AMC / Mutual Fund / Trustees shall not be under any obligation to transmit the Units in favour of the Nominee. (k) The rights in the units will rest in the Nominee(s) only upon death of all Unitholders. (i) Every new nomination for a folio/account will overwrite the existing nomination. (m) Nomination shall be mandatory for new folios/accounts opened by individual especially with sole holding and no new folios/accounts for individuals in single holding should be opened without nomination.