

Please refer Terms and Conditions/Instructions overleaf and complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink.

Broker Name & ARN Code/RIA Code	Sub-broker ARN Code	Sub Code	EUIN	Branch Code	Time Stamp
ARN-257030			E 479794		

Investor's Declaration where EUIN is not furnished: I/We confirm that the EUIN box has been intentionally left blank by me/us as this is an "execution only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor and/or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of distributor and the distributor has not charged any advisory fees on this transaction

Sole/1st applicant/ Authorised Signatory	X	2nd applicant / Authorised Signatory	X	3rd applicant / Authorised Signatory	X
---	----------	---	----------	---	----------

Please (✓) any one ☐ New Registration (in case of multiple registrations, please fill up separate Enrolment Forms) ☐ Cancellation

1 UNIT HOLDER INFORMATION																
Name of Sole/1st Unit Holder as per PAN						Name as per PAN CARD										
Folio No. of 'Transferor' Scheme (for existing Unit holder)/Application No. (for new investor)																
	First Unit Holder/Guardian [#]				Second Unit Holder				Third Unit Holder							
PAN/PEKRN**																
KIN [^]																
Date of Birth [^]	D	D	M	M	Y	Y	Y	Y	D	D	M	M	Y	Y	Y	Y
[#] In case the First/Sole Applicant is a Minor. KYC of Guardian is mandatory. Please enclose copies of KYC acknowledgement letters for all applicants. **PEKRN required for Micro investments upto Rs. 50,000 in a year. [^] 14 digit KYC Identification Number (KIN) and Date of Birth is mandatory for Individual(s) who has registered under Central KYC Records Registry (CKYCR).																

2 FLEX SYSTEMATIC TRANSFER PLAN (FLEX STP) (Please tick (✓) wherever applicable)																													
Name of 'Transferor' Scheme/Plan/Option		HSBC		Scheme Name		Plan		Option /Sub-Option																					
Name of 'Transferee' Scheme/ Plan		HSBC		Scheme Name		Plan		Growth Option (Only Growth Option)																					
Transfer Amount		Amount per instalment Rs.*						(The transfer amount shall be determined by formula in Instruction 2(a))																					
Flex STP Frequency		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly (10th)		No. of Installments*																									
Day of Transfer		<input type="checkbox"/> Monday (Default*) <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday																											
Enrolment Period		From		M		M		Y		Y		Y		Y		To		M		M		Y		Y		Y		Y	
Date of Transfer [¶]		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th (Default) <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> 13th <input type="checkbox"/> 14th <input type="checkbox"/> 15th <input type="checkbox"/> 16th <input type="checkbox"/> 17th <input type="checkbox"/> 18th <input type="checkbox"/> 19th <input type="checkbox"/> 20th <input type="checkbox"/> 21st <input type="checkbox"/> 22nd <input type="checkbox"/> 23rd <input type="checkbox"/> 24th <input type="checkbox"/> 25th <input type="checkbox"/> 26th <input type="checkbox"/> 27th <input type="checkbox"/> 28th <input type="checkbox"/> 29th <input type="checkbox"/> 30th <input type="checkbox"/> 31st																											
[*] Minimum 12 installments for registration. Refer Instruction 9(b) and 9(c). The minimum amount of transfer required under daily, weekly and monthly frequency is Rs. 500/- and in multiples of Re. 1/- while for quarterly frequency, it is Rs. 1500/- and in multiples of Re. 1/-. [¶] If no debit date is mentioned default date would be considered as 10th of every month/quarter. If the day for Weekly STP is not selected, Monday will be the default day.																													

3 DECLARATION & SIGNATURES (To be signed in the same order as per Mode of Holding)		
I/We hereby declare and confirm that I/we have read and agree to abide by the terms and conditions of the scheme related documents and the terms & conditions mentioned overleaf of Flex Systematic Transfer Plan (Flex STP) of the relevant Scheme(s) and hereby apply to the Trustees for enrolment under the Flex STP of the Scheme(s)/Plan(s)/Options(s). I/We have neither received nor been induced by any rebate or gifts, directly or indirectly in making this transaction. Also, the AMFI registered Distributor has disclosed to me/us the commissions (in trail commission or any other mode), payable to him for different Schemes of mutual funds from amongst which the Scheme is being recommended to me/us.		
I/We hereby accord my/our consent to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, updates to such information as and when provided by me/us to the group companies of HSBC for any valid business purposes including marketing or sales promotion or with any statutory or judicial authorities, without any prior intimation to me/us, until notified by me/us otherwise.		
X	X	X
Sole/First Applicant/Guardian/PoA	Second Applicant/ PoA	Third Applicant/PoA
In case the mode of holding is joint, all Unit holders are required to sign.		

Received from _____ Folio No/Application No: _____

'Flex STP' application for transfer of Units;

From Scheme _____ Plan _____ Option/Sub-option _____

To Scheme _____ Plan _____ Option/Sub-option : **Growth**

☐ Flex STP Instalment amount Rs. _____ Frequency: ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly

Acknowledgement
Stamp & Date