

# Transaction Form for Existing Investors

This Form is for use by existing Unitholders of all funds of HSBC Mutual Fund only  
Please use a separate Form for each Transaction

Distributor / Broker ARN	EUIN	Sub-Broker (ARN Code)	Sub Code
ARN -		ARN -	

No. CT

"I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker."

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

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

## 1 UNITHOLDER INFORMATION (Refer above note on 'Transaction Charges'. For details refer page 94 of the Common Scheme Information Document)

Folio No.	Sole / First Unitholder's Name	Mr./Ms./M/s.																
<table border="1"> <tr> <th>Sole / First Unitholder</th> <th>Guardian</th> <th>Second Unitholder</th> <th>Third Unitholder</th> </tr> <tr> <td>PAN (Mandatory)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Enclosed (✓) <input type="checkbox"/> KYC Compliance Proof*</td> <td><input type="checkbox"/> KYC Compliance Proof*</td> <td><input type="checkbox"/> KYC Compliance Proof*</td> <td><input type="checkbox"/> KYC Compliance Proof*</td> </tr> <tr> <td>Date of Birth~ (Mandatory) DD MM YY YY</td> <td colspan="3">Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No <input type="checkbox"/> **</td> </tr> </table>			Sole / First Unitholder	Guardian	Second Unitholder	Third Unitholder	PAN (Mandatory)				Enclosed (✓) <input type="checkbox"/> KYC Compliance Proof*	<input type="checkbox"/> KYC Compliance Proof*	<input type="checkbox"/> KYC Compliance Proof*	<input type="checkbox"/> KYC Compliance Proof*	Date of Birth~ (Mandatory) DD MM YY YY	Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No <input type="checkbox"/> **		
Sole / First Unitholder	Guardian	Second Unitholder	Third Unitholder															
PAN (Mandatory)																		
Enclosed (✓) <input type="checkbox"/> KYC Compliance Proof*	<input type="checkbox"/> KYC Compliance Proof*	<input type="checkbox"/> KYC Compliance Proof*	<input type="checkbox"/> KYC Compliance Proof*															
Date of Birth~ (Mandatory) DD MM YY YY	Are you a resident of USA/Canada? (✓) Yes <input type="checkbox"/> No <input type="checkbox"/> **																	

\*\* Default if not ticked.  
~ 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.  
\* W.e.f January 1, 2011, all the applicants need to be KYC Compliant irrespective of the amount invested (including switch). W.e.f January 1, 2012, applicants who are not KYC compliant are required to complete the uniform KYC process. W.e.f December 1, 2012, Individual applicants who had obtained erstwhile MF KYC compliance from CVL are required to update the missing information and Non-individuals are required to obtain fresh KYC compliance. (Please see point 10 under General Instructions).

## 2 ADDITIONAL PURCHASE (Please ✓ your choice of Scheme / Plan / Option / Sub-option) (See instruction 1-4)

Scheme	<input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HPTF <input type="checkbox"/> HDF <input type="checkbox"/> HTSF <input type="checkbox"/> HEMF <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HIF <input type="checkbox"/> HUSBF <input type="checkbox"/> HGF <input type="checkbox"/> HFDF <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M	
Plan	<input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <sup>SS</sup> <input type="checkbox"/> Dividend Payout	
Dividend Frequency	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly# <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly^	
Investment Amount (Rs.)	DD Charges (Rs.)	Net Amount (Cheque / DD amount) (Rs.)
Mode of Payment	Cheque / DD / Fund Transfer /	Cheque / DD No.
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"/> 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 where applicable :  Third Party Declarations  Bank Certificate for Pre-funded Instruments  
**MANDATORY DECLARATION :** The details of the bank account provided above pertain to my/our own bank account in my /our name  Yes  No. If no, my relationship with the bank account holder (✓)  
 Parent  Grandparent  Employee  Custodian  Others \_\_\_\_\_ (Please specify); and the Third Party declaration form is attached (Refer the section on Third Party Payments in the SAI).

## 3 REDEMPTION (Please ✓ your choice of Scheme / Plan / Option / Sub-option) (See instruction 1, 2, 3 & 5)

Scheme	<input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HPTF <input type="checkbox"/> HDF <input type="checkbox"/> HTSF <input type="checkbox"/> HEMF <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HIF <input type="checkbox"/> HUSBF <input type="checkbox"/> HGF <input type="checkbox"/> HFDF <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus
Sub-Option	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout
Dividend Frequency	<input type="checkbox"/> Daily** <input type="checkbox"/> Weekly** <input type="checkbox"/> Monthly# <input type="checkbox"/> Quarterly <input type="checkbox"/> Fortnightly^
Amount (Rs. in figures)	OR <input type="checkbox"/> No. of Units <input type="checkbox"/> All Units

## 4 CHANGE OF BANK MANDATE : Please download the latest Standalone Change in Bank Mandate Form / Multiple Bank accounts Registration Form from our website or Contact 1800-200-2434 to receive a form by email / obtain the same from any of our Investor Service Centers.

## 5 CHANGE OF ADDRESS / E-MAIL / CONTACT DETAILS (Address should be same as in KRA records)

**FOR INVESTORS WHO HAVE NOT COMPLIED KYC (For Proof of Identity & Proof of Address : Self attested with originals produced to AMC ISC for verification (or) Self-attested along with attestation by KYD compliant distributor or a competent authority as outlined in Uniform KYC guidelines)**

New Address for correspondence : \_\_\_\_\_ Address is (Please ✓) :  Home  Office

City \_\_\_\_\_ Pin Code ‡ \_\_\_\_\_  
 State \_\_\_\_\_ Country ‡ \_\_\_\_\_

Contact Details : \_\_\_\_\_ ‡ Please refer to point 10 & 11 under General Instructions.

Phone	O	Extn.	Fax
	R		Mobile
E-mail			

**Proof of address to be provided by Applicant:** Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.  
 Passport  Ration Card  Registered Lease / Sale Agreement of Residence  Driving License  Voter Identity Card  \*Latest Bank Statement/Passbook  
 \*Latest Telephone Bill (only Land Line)  \*Latest Electricity Bill  \*Latest Gas Bill  Others (Please specify) \_\_\_\_\_ \*Not more than 3 months old

**Proof of Identity** \_\_\_\_\_ **Proof of Identity submitted for PAN exempt cases (✓)** (For other acceptance proof of identity, please refer point 12)  
 PAN \_\_\_\_\_  UDI (Aadhar Card)  Passport  Voter Identity Card  Driving License  
 Please enclosed a duly attested copy of your PAN Card.  Others (Please specify) \_\_\_\_\_

**FOR INVESTORS WHO HAVE COMPLIED KYC** Please submit Change of address request in the prescribed format alongwith supporting documents as outlined under uniform KYC guidelines

## 6 SYSTEMATIC ENCASHMENT PLAN (SEP) (For investors in scheme(s) where applicable) Registration Cancellation

Scheme	<input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HPTF <input type="checkbox"/> HDF <input type="checkbox"/> HTSF <input type="checkbox"/> HEMF <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HIF <input type="checkbox"/> HUSBF <input type="checkbox"/> HGF <input type="checkbox"/> HFDF <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus
Option	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <sup>SS</sup> <input type="checkbox"/> Dividend Payout <sup>##</sup>
Sub-Option	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <sup>SS</sup> <input type="checkbox"/> Dividend Payout <sup>##</sup>
Withdrawal Options	<input type="checkbox"/> Fixed Amount <input type="checkbox"/> Capital Appreciation
Period of enrolment	MM / YY YY To MM / YY YY
Frequency (✓)	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Withdrawal Amount (Minimum Rs. 1000 and in multiples of Re. 1/- thereafter)	Rs. _____ Redemption amount will equal appreciation

Note : SEP will be processed on the 1st Business Day of the month.

## ACKNOWLEDGEMENT SLIP (To be filled by the investor) This Acknowledgement Slip is for your reference only. Information provided on the form is considered final.

Folio No.	Name	No. CT
Received from the above mentioned investor the following :		
<input type="checkbox"/> Additional Purchase Scheme	Total Amount (Rs.)	
Cheque No(s)	Drawn on	
<input type="checkbox"/> Redemption or <input type="checkbox"/> Switch Amount (Rs.)	OR Units	
<input type="checkbox"/> STP <input type="checkbox"/> SEP <input type="checkbox"/> Change of Address <input type="checkbox"/> Nomination		

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

ISC Stamp, Signature & Date

**7 SWITCH** (Please your choice of Scheme / Plan / Option / Sub-option) KYC MANDATORY w.e.f. January 1, 2011. Please enclose KYC acknowledgement.

<b>Switch From</b> Scheme <input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HPTF <input type="checkbox"/> HDF <input type="checkbox"/> HTSF <input type="checkbox"/> HEMF Name <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HIF <input type="checkbox"/> HUSBF <input type="checkbox"/> HGF <input type="checkbox"/> HFDf <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M Plan _____ Option <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus Sub-option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout Dividend Frequency <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly <sup>†</sup> <input type="checkbox"/> Fortnightly <sup>^</sup> <input type="checkbox"/> Monthly <sup>†</sup> <input type="checkbox"/> Quarterly <sup>§</sup> <input type="checkbox"/> Half Yearly <sup>††</sup>	<b>Switch To</b> Scheme <input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HPTF <input type="checkbox"/> HDF <input type="checkbox"/> HTSF <input type="checkbox"/> HEMF Name <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HIF <input type="checkbox"/> HUSBF <input type="checkbox"/> HGF <input type="checkbox"/> HFDf <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M Plan _____ Option <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus Sub-option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout Dividend Frequency <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly <sup>†</sup> <input type="checkbox"/> Fortnightly <sup>^</sup> <input type="checkbox"/> Monthly <sup>†</sup> <input type="checkbox"/> Quarterly <sup>§</sup> <input type="checkbox"/> Half Yearly <sup>††</sup>
<input type="checkbox"/> Amount (Rs. in figures) _____ OR <input type="checkbox"/> No. of Units _____ <input type="checkbox"/> All Units	

\*\* Applicable for HCF & HUSBF only. † Applicable for HCF, HIF-ST, HFRF-LT, HUSBF & HGF. Dividend Payout in case of HFRF-LT is done only for dividend amount equal to or greater than 1 lacs. †† Applicable for HCF, HIF-ST, HMIP-R, HMIP-S, HUSBF, HGF, HFRF-LT and HFDf. § Applicable for HIF-IP, HMIP-R, HMIP-S and HFDf. ^ Applicable for HFRF LT & HFDf. †† Applicable for HFDf only. Please note that dividend payout is available only in the Monthly, Quarterly & Half Yearly Sub-Options. §§ Not applicable in case of HTSF. ††† Payout will be dependent on the Scheme.

**8 SYSTEMATIC TRANSFER PLAN (STP)** (For investors in scheme(s) where applicable)  Registration  Cancellation

<b>Transfer From</b> Scheme <input type="checkbox"/> HIF <input type="checkbox"/> HMIP-R <input type="checkbox"/> HMIP-S <input type="checkbox"/> HUSBF Name <input type="checkbox"/> HGF <input type="checkbox"/> HFDf <input type="checkbox"/> HFRF-LT <input type="checkbox"/> HCF Plan _____ Option <input type="checkbox"/> Regular <input type="checkbox"/> Institutional <input type="checkbox"/> Institutional Plus Sub-option <input type="checkbox"/> Growth (default) <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend Payout Dividend Frequency <input type="checkbox"/> Daily** <input type="checkbox"/> Weekly <sup>†</sup> <input type="checkbox"/> Fortnightly <sup>^</sup> <input type="checkbox"/> Monthly <sup>#</sup> <input type="checkbox"/> Quarterly <sup>§</sup> <input type="checkbox"/> Half Yearly <sup>††</sup>	<b>Transfer To Scheme</b> Scheme <input type="checkbox"/> HEF <input type="checkbox"/> HIOF <input type="checkbox"/> HMEF <input type="checkbox"/> HTSF <input type="checkbox"/> HPTF <input type="checkbox"/> HDF <input type="checkbox"/> HEMF Name <input type="checkbox"/> HDYEF <input type="checkbox"/> HAPDF <input type="checkbox"/> HBF <input type="checkbox"/> HMS-C <input type="checkbox"/> HMS-G <input type="checkbox"/> HMS-M Plan _____ Option <input type="checkbox"/> Growth* <input type="checkbox"/> Dividend Reinvestment <sup>§§</sup> <input type="checkbox"/> Dividend Payout Amount Per instalment Rs. _____ (Minimum transfer amount Rs. 1000/- except HTSF. For HTSF Rs. 500/-) STP Date (✓) <input type="checkbox"/> Monthly <sup>#</sup> <input type="checkbox"/> 3rd <input type="checkbox"/> 10th <input type="checkbox"/> 17th <input type="checkbox"/> 26th <input type="checkbox"/> 30th <sup>##</sup> <input type="checkbox"/> All Dates ## Last Business Day of the month for February. Minimum period for STP is 3 months.
---	---

Installment commencing from  /  /  To  /  /  To be submitted 10 days prior to the STP date incase of Registration & 14 days incase of Cancellation.

\*\* Applicable for HCF & HUSBF only. † Applicable for HCF, HIF-ST, HFRF-LT, HUSBF & HGF. Dividend Payout in case of HFRF-LT is done only for dividend amount equal to or greater than 1 lacs. †† Applicable for HCF, HIF-ST, HMIP-R, HMIP-S, HUSBF, HGF, HFRF-LT and HFDf. § Applicable for HIF-IP, HMIP-R, HMIP-S and HFDf. ^ Applicable for HFRF LT & HFDf. †† Applicable for HFDf only. Please note that dividend payout is available only in the Monthly, Quarterly & Half Yearly Sub-Options. §§ Not applicable in case of HTSF. ††† Payout will be dependent on the Scheme.

**9 NON-INTENTION TO NOMINATE** (Mandatory for new Folios of Individuals where mode of holding is single and who do not wish to nominate)

Please  I/We hereby confirm that I/We do not wish to exercise the right of nomination in respect of units subscribed/purchased by me/us.

Signature(s)	Sole/First Applicant	Second Applicant	Third Applicant
<b>OR</b>			

**NOMINATION DETAILS** (Mandatory for new Folios of Individuals where mode of holding is single) (ref. Instructions for Nomination)

I/We \_\_\_\_\_ (Unit holder 1) and \_\_\_\_\_ (Unit holder 2) and \_\_\_\_\_ (Unit holder 3) \*do hereby nominate the person(s) more particularly described hereunder/and\*/cancel the nomination made by me/us on the \_\_\_\_\_ day \_\_\_\_\_ of in respect of the Units under Folio No. \_\_\_\_\_ (\*strike out which is not applicable)

Name & Address of Nominee(s)	Date of Birth	Name & Address of Guardian	Signature of Nominee / Guardian of Nominee (Optional)	Proportion (%) in which the units will be shared by each Nominee ‡
Nominee 1				
Nominee 2				
Nominee 3				

‡ the aggregate total should be 100%.

**10 DECLARATION AND SIGNATURES** (In case of joint holding, signatures of all unit holders are mandatory)

The Trustees, HSBC Mutual Fund Having read and understood the contents of the Combined Scheme Information Document, SAI and Addenda of the Scheme(s) issued till date, I / We hereby apply under Direct / AMFI Certified empanelled distributors to the Trustees of HSBC Mutual Fund for units of the Scheme / Plan / Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I / We have understood the details of the Scheme and I / We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I / We hereby authorise HSBC Mutual Fund, its Investment Manager and its Agents to disclose details of my / our investment to my/our bank(s) / HSBC Mutual Fund's Bank(s) and / or Distributor / Broker / Investment Advisor 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. I/We have read and agreed to the terms and conditions for ECS / Direct Debit. *I/We confirm that I am/are a Non-Resident of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account. I / We confirm that the details provided by me / us are true and correct. I / We hereby declare that the amount being invested by me/us in the Scheme(s) of HSBC Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. *Applicable to NRI I / We confirm that the ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode) payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. 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. I/We confirm that I am/We are not United States person(s) under the laws of United States or resident(s) of Canada. Incase 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 should be in Black or Blue ink only. SIGNATURE(S) Sole/First Unitholder/Guardian/POA Second Unitholder/POA Third Unitholder/POA Date Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.	<b>Signature should be in Black or Blue ink only.</b> Sole/First Unitholder/Guardian/POA Second Unitholder/POA Third Unitholder/POA Date
---	--

**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 Scheme(s) carefully before filing the Application Form. 4. Please refer to the Combined Scheme Information Document, Statement of Additional Information for 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. 10,000/-, DD Charges are at actuals, subject to a maximum of Rs. 50/- and for amount above Rs. 10,000/- at Rs. 3.50/- per Rs. 1000/-, Minimum Rs. 50/- and Maximum Rs. 12,500/-. 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 than minimum purchase 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 January 2008, for all applicable transactions, investors will need to submit their PAN Number. The PAN requirements will be applicable to all joint applicants as well as the Guardian, in case of applications by a Minor. Accordingly, submission of Form 49A and / or declaration in Form 60/61 will not be accepted. 10. KYC is mandatory under the Prevention of Money Laundering Act, 2002 for all investors irrespective of the amount of investment (including Switch, SIP/STP received and registered on or after January 1, 2011). This will be applicable for investments from individual investors including joint holding / institutional investors / other non-institutional investors / investments through power of attorney holders / investments of a minor through a guardian. SEBI vide circular number MIRDSE/Cir-21/2011 dated October 05, 2011 issued guidelines for uniform KYC requirements for investors while opening accounts with any intermediary in the securities market w.e.f. January 01, 2012. In order to bring this into effect, SEBI has appointed KYC Registration Agency (KRA) who will act as a central authority to maintain records of KYC compliant investors in the securities market. This is in order to avoid duplication of KYC process with every intermediary. An investor can fulfil the new KYC requirements by filing up the prescribed form and submitting the same along with the other required details / proof (attested true copies of supporting documents relating to proof of identity and address or verification with the original) and submit along with the investment application, if not already KYC compliant. Stand alone KYC requests shall not be accepted by the AMC/RTA of AMC. Fresh KYC requests received in the old KYC form will be subject to rejection. Any subsequent change to Address, Pin Code, Country, Nationality, Occupation, Income details, Date of Birth, Proof of Identity recorded with the intermediary and further registered with KRA will overwrite the records maintained with the AMC. The AMC/RTA of AMC reserves the right to refund the amount invested or reject transaction requests in case of any discrepancy noted in the information provided in the application. **Introduction of Person Verification (IPV) :** SEBI has vide the circular number MIRDSE/Cir-26/2011 dated December 23, 2011 has mandated IPV for all new clients. The IPV carried out by one SEBI registered intermediary can be relied upon by another intermediary. It is also stated that, in case of Mutual Funds, the Asset Management Companies (AMCs) and the distributors who comply with the certification process of National Institute of Securities Market (NISM) or Association of Mutual Funds (AMFI) and have undergone the process of 'Know Your Distributor (KYD)', can perform the IPV. However, in case of applications received by the mutual funds directly from the clients (i.e. not through any distributor), the AMCs may also rely upon the IPV performed by the scheduled commercial banks. 11. Please note that information sought will be obtained from KRA also. In case of any differences, the KRA input will apply. 12. **Guidance for other proofs :** Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges/affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.  
**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 as 'Equal Share/Ratio'. (e) A minor can be nominated and in that event, the name and address of the Guardian of the minor nominee shall be provided by the Unitholder. (f) 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 can be a Nominee subject to the exchange controls in force, from time to time. However, a resident of USA/Canada can not be a Nominee. Nomination can also be made in favour of the Central Government, State Government, Local Authority, any person designated by virtue of his office or a religious or charitable trust. (g) Nomination in respect of the Units stands rescinded upon the transmission of Units. (h) Transmission of Units in favour of 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. (j) 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. (l) 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. (n) In case of investors opting to hold the Units in demat form, the nomination details provided by the investor to the depository participant will be applicable.