AUTO DEBIT FORM - For SIP Investments (To be Filled in BLOCK LETTERS only) **DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units) Broker Name & ARN code Sub-broker ARN code Sub code Application No. : DUpfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various For Office Use Only factors including the service rendered by the distributor. I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker. Sole / First Applicant Second Applicant / Third Applicant Authorised Signatory Authorised Signatory Authorised Signatory ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) (Cheque should be drawn on bank, details provided below or please attach cancelled Cheque copy.) I / We hereby authorise HSBC Asset Management (India) Pvt. Ltd., Investment Manager to HSBC Mutual Fund acting through their authorised service providers to debit my / our following bank account by ECS (Debit Clearing) / Direct Debit Facility or any other facility for collection of SIP payments. Name of the Account Holder as in Bank Records Middle Name Application No. Folio No. Scheme Name Name of the Bank Branch Address City A/c. Type (✓) ☐ Current ☐ Savings ☐ NRO* ☐ NRE* * For NRI Investors Account Number Per SIP Amount MICR Code ## All Dates Quaterly (10th) Daily (Only for HCF & HFRF-LTP) SIP Date (✓) \square 10th (Default^) \square 17th \square 26th \square 30th **Monthly** (Default^) : ☐ 3rd SIP Period End Date M Start Date ☐ March 2025 ^^ ## Last Business Day of the month for February There should be a minimum time gap of 25 Business Days for the first instalment of SIP through ECS (Debit Clearing) or Direct Debit. Minimum 12 instalments under Monthly SIP and 4 quarters for Quarterly SIP. AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by the Account Holder(s)] This is to inform I / we have registered for the RBI's Electronic Clearing Service (Debit Clearing) / Direct Debit Facility and that my / our payment towards my / our investment in HSBC Mutual Fund shall be made from my / our below mentioned bank account number with your bank. I / We authorise HSBC Asset Management (India) Pvt. Ltd. (Investment Manager to HSBC Mutual Fund), acting through their service providers and representative carrying this ECS mandate / Direct Debit Facility Form to get it verified & executed. Mandate verification charges, if any, maybe charged to my / our account. Account Number SIGNATURE(S) (As In Bank Records) Sole/First Account Holder Third Account Holder Second Account Holder AUTO DEBIT FORM - For MICRO SIP Investments (refer instruction 4C on page 20 HSBC **DISTRIBUTOR INFORMATION** (Only empanelled Distributors / Brokers will be permitted to distribute Units) Global Asset Management EUIN Sub-broker ARN code Broker Name & ARN code Sub code **Application** $No. : \mathbf{D}$ Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investor's assessment of various For Office Use Only factors including the service rendered by the distributor. I / We hereby confirm that the EUIN box has been intentionally left blank by me / us as this transaction is executed without any interaction or advice by the employee / relationship manager / sales person of the above distributor / sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker. Sole / First Applicant / Second Applicant / Third Applicant / Authorised Signatory Authorised Signatory Authorised Signatory ECS DEBIT BANK ACCOUNT DETAILS (MANDATORY) (Cheque should be drawn on bank, details provided below or please attach cancelled Cheque copy.) 1/We hereby authorise HSBC Asset Management (India) Pvt. Ltd., Investment Manager to HSBC Mutual Fund acting through their authorised service providers to debit my / our following bank account by ECS (Debit Clearing) / Direct Debit Facility or any other facility for collection of SIP payments. Name of the Account Holder as in Bank Records Folio No. Application No. Scheme Name Name of the Bank Branch Address City Account Number A/c. Type (✓) □ Current □ Savings □ NRO* □ NRE* * For NRI Investors Per SIP Amount MICR Code ◀ (9 digit number next to your Cheque No.) ☐ 10th (Default^) ☐ 17th ☐ 26th ☐ 30th ## SIP Date (✓) All Dates Quaterly (10th) Daily (Only for HCF & HFRF-LTP) SIP Period Start Date M M Y Y End Date M M Y Y March 2025 ^^ ## Last Business Day of the month for February There should be a minimum time gap of 25 Business Days for the first instalment of SIP through ECS (Debit Clearing) or Direct Debit. Minimum 12 instalments under Monthly SIP and 4 quarters for Quarterly SIP. AUTHORISATION OF THE BANK ACCOUNT HOLDER [to be signed by the Account Holder(s)]

