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)



DISTRIBUTOR INFORM	MATION (Only empanelled	Distributor	s / Brokers will be pe	rimitted to dis	stribute Units)		Global Asset Managemen
Broker Name & ARN	code	Sub-broker Al	RN code	Sub code		EUIN	A1:4:	
Bonanza - 0186							$\begin{array}{c} \textbf{Application} \\ \textbf{No.} : \textbf{E} \end{array}$	
Upfront commission shall be pa factors including the service rer I / We hereby confirm that th interaction or advice by the er	ndered by th	e distributor. x has been intentio	nally left bla	nk by me / us as this to	ansaction is ex	ecuted without an	For	Office Use Only
the advice of in-appropriatene Sole / First Applicant /	ss, if any, pr	rovided by the empl		Applicant /	son of the distr		Applicant /	
Authorised Signatory				ed Signatory			ised Signatory	
1 ECS DEBIT BANK AC	COUNT	DETAILS (MAN	NDATORY)	(Cheque should be di	awn on bank,	details provided b	oelow or please attacl	h cancelled Cheque copy.)
by ECS (Debit Clearing) / Direction Name of the Account	ct Debit Faci	lity or any other facil				gh their authorised s	-	my / our following bank account
Holder as in Bank Records		First Name			Middle Name		Last	Name
Folio No. Scheme Name					A	pplication No.		
Name of the Bank								
Branch Address						City		
Account Number					A/c. Type (✓)		Savings NRO*	NRE* * For NRI Investors
Per SIP Amount				MICR Code	, Jr. ()		(9 digit number next to y	
	Monthly (I	Default^) : 3rd		ault^)	30th ##			
SIP Period	Start Date	M M Y Y	End Date	Mare	h 2025 ^^			
	## Last Busin	ness Day of the month f	for February	^ Refer instruction 4b(f)	^ Refer instruction	n 4b(g)		
There should be a minimum time	gap of 25 Bus	siness Days for the first	t instalment of S	SIP through ECS (Debit Clea	ring) or Direct De	ebit. Minimum 12 inst	alments under Monthly S	IP and 4 quarters for Quarterly SIP.
2 AUTHORISATION OF	THE BA	NK ACCOUNT	HOLDER	[to be signed by the	Account Ho	lder(s)]		
be made from my / our below m	nentioned bar esentative car	nk account number wi	ith your bank. I	/ We authorise HSBC Ass	et Management (India) Pvt. Ltd. (Inv	estment Manager to HS	ment in HSBC Mutual Fund shall BC Mutual Fund), acting through ybe charged to my / our account.
SIGNATURE(S) (As	In Bank R	ecords)	Sole/First	Account Holder	Seco	ond Account Hold	er T	hird Account Holder
AUTO DEBIT FOI	RM - Fo	or MICRO SII	P Investme	ents (refer instruc	tion 4C on	page 19		HSBC (X)
DISTRIBUTOR INFORM	/IATION ((Only empanelled	l Distributor	s / Brokers will be pe	rmitted to dis	stribute Units)		Global Asset Managemen
Broker Name & ARN	code	Sub-broker A	RN code	Sub code		EUIN	Application No.: E	
Upfront commission shall be pa			AMFI registe	red Distributors based or	the investor's a	ssessment of various		Office Use Only
factors including the service rer I / We hereby confirm that th interaction or advice by the er the advice of in-appropriatene	ne EUIN bo mployee / re	x has been intentio elationship manager	r / sales perso loyee / relation	n of the above distribut iship manager / sales pe	or / sub broker	or notwithstandin	g g r.	Office Use Only
Sole / First Applicant / Authorised Signatory				Applicant / ed Signatory			Applicant / ised Signatory	
1 ECS DEBIT BANK AC	COLINIT	DETAILS (MAN	IDATORVI	(Cheque should be de	own on bonk	datails provided b	olow or places etterl	h cancelled Cheque conv.)
	Asset Manage	ement (India) Pvt. Ltd.	., Investment N	Ianager to HSBC Mutual I			•	my / our following bank account
Holder as in Bank Records		First Name			Middle Name		Last	Vame
Folio No.					$\mathbf{A}_{\mathbf{j}}$	pplication No.		
Scheme Name								
Name of the Bank								
Branch Address								
					l + / m / 6	City		NDE# #F NDV
Account Number				NUCD C 1	A/c. Type (✓)		Savings NRO*	
Per SIP Amount SIP Date (✓)	Monthly (I	Default^) : 3rd	10th (Defa	MICR Code \square ault^) \square 17th \square 26tl	30th ##		(9 digit number next to y Ouaterly (10th)	our Cneque No.)
SIP Period	Start Date	M M Y Y ness Day of the month f	End Date N	1 M Y Y Mar	h 2025 ^^ ^ Refer instruction		Quaterly (10th)	
There should be a minimum time	gap of 25 Bus	siness Days for the first	t instalment of S	SIP through ECS (Debit Clea	ring) or Direct De	ebit. Minimum 12 inst	alments under Monthly S	IP and 4 quarters for Quarterly SIP.
	<u> </u>			` ` `				
		NIV ACCOUNT	HOLDER	[4a ba star J. bard]	A constant TY	Idam(a)I		
This is to inform I / b				[to be signed by the			t towards my / s i	ment in HSBC Mutual Fund shall

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	Second Account Holder	Third Account Holder					