

Request for Signature Updation

Please complete all sections in English. For legibility, please use BLOCK LETTERS in black or dark ink

| | | | | Date D D M N | I Y Y Y | |
|--|--|--|---|--|----------------------------|--|
| Name of Sole/1st Unit 1 | Holder | | | | | |
| olio No. | PA | N/PEKRN | | | | |
| | | Fir | st Unit Holder Seco | ond Unit Holder Third U | nit Holder | |
| obile No. +91- | | E-mail ID | | | | |
| ear Sir/Madam, | | | | | | |
| We | | | are her | beby submitting the below request to up | date my/our no | |
| gnature in record. | | | | | | |
| eason for change in sig | | | | | | |
| | | | Second Unit Holder | r Third Unit F | Third Unit Holder X | |
| Old Signature/s | | | × | x | | |
| New Signature/s | | | × | × | | |
| My identity detai | ls for In-Person veri | fication (IPV) ^{^^} : (c | opy enclosed & original shown for | · verification)* | | |
| Description | | ler/Guardian | Joint Holder 1 | Joint Holde | r 2 | |
| PAN/(Please Specify) | * | | | | | |
| Holder's Name | | | | | | |
| Contact Number | | | | | | |
| Signature \$ | x | | x | x | x | |
| To be signed by all 4L - 1. | olders in the folio irrespective | of the mode of halding | 1 | l l | | |
| I have done the In-Per | | ve referred investor alor | | e; matched with the information available copies shared and found them in order. | e in the referred | |
| Employee No. | | | | | | |
| Location Name | CAMS/AMC - | Location Name> | | Xs | | |
| Date | D D M M Y Y Y Y | | | Signature with Bra | Signature with Branch Seal | |
| Declaration & Sig | natures (To be signed | by all the holders in the | e folio irrespective of the mode of h | nolding) | | |
| I/We have read and und I/We understand that the in consideration of doin harmless and indemnifi | derstood the Instructions and change(s) being carried ag so, I/We hereby agree t | out on the basis of my r o hold the AMC, HSBC onsequences, liability, lo | ions for Signature Updation and agree equest will be effected on all investm Mutual Fund Trustee Limited, their | | ectors and agent | |
| × | | × | | x | | |
| Sole/First Unit Holder | | | Second Unit Holder | Third Unit Holder | Third Unit Holder | |
| HSBC Mutua | il Fund | | ACKNOWLEDGE | EMENT SLIP (To be filled in by | the Applican | |
| | : | | | | | |

Subject to further verification and furnishing of mandatory information/documents. Please retain this slip until processed

Date: D D M M Y Y Y Y



* Mandatory

BANK ATTESTATION OF ACCOUNT DETAILS & ACCOUNT-HOLDER'S SIGNATURE

(where aggregate value of investment under all folios is up to ₹ 5 lakhs) {To be issued on the Bank's Letter Head

OR

This form itself with Bank Official's name and Employee code mentioned & Bank seal affixed in the space below}

| | TO WHOMSOEVER IT MAY CONCERN | |
|---|------------------------------|----------|
| This is to certify that Mr./Ms. | | |
| is a customer of our bank, namely, | Name of the Bank | , |
| the following Bank Account: | branch | n having |
| Account number : | | |
| A/c Type (Pls ✓) : ☐ Savings | Current NRE NRO FCNR Others | _ |
| MICR Code (9 Digit) : | IFSC Code (11 Digit) : | |
| His/her address, as per our Bank records | s, is as follows: | |
| | | |
| City | Pin State | |
| Signature Verification by Bankers: (Manager and above) | | |
| Signature of the above customer in the box alongside, verified & validated with his/her specimen signature as per Bank's records | X Signature of the client | |
| Signature of the bank official with Bank's Seal | x | |
| Name* of the attesting Bank Official | | |
| Designation* (Manager and above) | (Manager and above) | |
| Employee Code* | | |
| Telephone Number* | | |
| | I . | |

PUBLIC