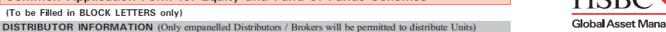
## Common Application Form for Equity and Fund of Funds Schemes



Global Asset Management

Sub-broker ARN code Sub code EUIN Broker Name & ARN code Application ARN-0155 16336 No. : E 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.  $I \ / \ We hereby confirm that the EUIN box has been intentionally left blank by me \ / \ us as this transaction is executed without any interaction or advice by the employee \ / \ relationship manager \ / \ sales person of the above distributor \ / \ sub \ broker or notwithstanding$ For Office Use Only the advice of in-appropriateness, if any, provided by the employee / relationship manager / sales person of the distributor / sub broker. Sole / First Applicant / Authorised Signatory Second Applicant / Authorised Signatory Third Applicant / Authorised Signatory TRANSACTION CHARGES (Please tick any one of the below. Refer point 5 on page 20 regarding transaction charges applicability) I AM AN EXISTING INVESTOR IN MUTUAL FUND I AM A FIRST TIME MUTUAL FUND INVESTOR (₹ 150 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) (₹ 100 will be deducted as transaction charge for per purchase of ₹ 10,000 and more) APPLICANT'S INFORMATION [Please fill in your Folio No. below. In case of existing folio, furnish only KYC and PAN details below (if not provided earlier) and proceed to Section 3] Please note that applicant details and mode of holding will be as per existing Folio Number. SOLE/FIRST APPLICANT'S PERSONAL DETAILS AS APPEARING ON PAN CARD Are you a resident of Canada.? (✓) Yes No<sup>‡‡</sup> Name Mr Ms M/s Date of Birth~# D D M M Y Y Y Y PAN\*\* Enclosed (✓) ☐ PAN Card Copy ☐ KYC Compliance Proof\* (Mandatory) ~ Proof Enclosed (✓) ☐ Birth Certificate ☐ School Leaving Certificate ☐ Marksheet issued by HSC/State Board ☐ Passport ☐ Others Nationality<sup>‡</sup> Country of Residence<sup>‡</sup> Guardian Name (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Mr Ms M/s □ Natural Guardian<sup>+</sup> (Father or Mother) □ Legal Guardian<sup>++</sup> (court appointed Guardian) PAN\*\* (Mandatory)

† Document evidencing relationship with Guardian ++ In case of Legal Guardian, please

| PAN\*\* (Mandatory) | PAN\*\* (M Enclosed (\*) PAN Card Copy KYC Compliance Proof\*
PAN/KYC not required for contact person but required for Guardian of Minor. submit attested copy of the court appointment letter, affidavit etc. to support. Status of Sole / 1st Applicant (Please ✓) : Resident Individual Resident Minor (through Guardian) Non-Resident (Repatriable) Non-Resident (Non-Repatriable) Non-Resident - Minor (Repatriable) 🗌 Non-Resident - Minor (Non-Repatriable) 🗌 Bank 🔲 FIIs 🗀 QFI/EFI 🗀 AOP 🗀 HUF 🗀 FPI 🗀 Sole-Proprietor Private Limited Company Public Limited Company Body Corporate Partnership Firm Trust NPS Trust Fund of Fund Gratuity Fund Pension and Retirement Fund 
Government Body 
NGO BOI Society PIO Non Profit Organisation Global Development Network Foreign Nationals [Specify 3 KYC DETAILS [Mandatory (Details of Guardian in case the unitholder is a minor)] To check your KRA KYC compliance status, please follow these steps: ▶ Login to the website of the KYC Registration Agency(KRA) ▶ Go to section "KYC enquiry" and check your KYC status by entering your PAN Investors are requested to complete the KYC section for Joint holders & POA also, as applicable Date KYC submitted | Current KYC status What is required? Verified by KRA Sections 3a, 3b & 3c is not mandatory. Please complete in case of any change in information Upto 24 June 2014 Sections 3a, 3b & 3c is not mandatory. Please complete in case of any change in information KYC in progress/KYC submitted KYC verified by CVL-MF Submit the following with the investment application: Section B of the KYC change details form & Sections 3a, 3b & 3c KYC on hold Submit the pending documents/information to the intermediary where KYC form was submitted earlier Incomplete KYC records / Old Submit the following with the investment application: KYC records submitted etc. - fresh KRA KYC form along with the supporting documents Sections 3a, 3b & 3c are mandatory Post 24 June 2014 Verified by KRA Sections 3a, 3b & 3c are mandatory (w.e.f 25 June 2014) KYC in progress/KYC submitted Sections 3a, 3b & 3c are mandatory **3a.** Occupation Details (Please ✓): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Business Nature of Business ☐ Doctor ☐ Forex Dealer ☐ Casino Owner Arms manufacturer Gambling services offerer Money lender Pawn Broker Others [Please specify] 3b. Gross Annual Income (Please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs ☐ ₹ 10-25 Lacs ☐ ₹ 25 Lacs - ₹ 1 Crore ☐ > ₹ 1 Crore OR Net-worth in Rupees (Mandatory for Non-Individuals) ₹ Net-worth should not be older than 1 year as on (date) D D M M Y Y Y Y Source of funds (for this investment) \_ Source of Wealth (for eg: Salary, Business income, Gift, Ancestral property etc.) \* 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 (for details refer point 10 under Important Instructions).

W.e.f. January 1, 2008, PAN number is Mandatory for all investors (including Joint Holders, Guardian in case of Minor and NRIs). Please see point 8 under Important Instructions. However, for Micro SIP Investment Please see Instruction 4C. ‡ Please note that information sought here will be obtained from KRA also. In case of any differences, the KRA input will apply. ..continued overleaf ACKNOWLEDGEMENT SLIP (To be filled in by the Investor) ARN-49 Note: This Acknowledgement Slip is for your reference only. Information provided on the form is considered final. Application Received from Mr Ms M/s No. : E application for Units of Scheme Folio No. Option/Sub-option Lumpsum investment along with Cheque / DD No. Dated Drawn on (Bank) Amount (Rs.) ISC Stamp, Signature & date □ SIP Investment □ Total Cheques □□□□ ECS (Debit Clearing)/Direct Debit Facility Total Amount (Rs.)

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

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### **CALL US AT**

a.

HSBC MUTUAL FUND INVESTOR SERVICE CENTRES:

PAN\*\* (Mandatory)

• Bengaluru: No. 7, HSBC Center, M.G. Road, Bengaluru 560 001 • Chennai: No. 30, 2nd Floor, Rajaji Salai, Chennai 600 001 • Kolkata: Jasmine Tower, 1st Floor, 31, Shakespeare Sarani, Kolkata 700 017 • Mumbai: 314, D. N. Road, Fort, Mumbai 400 001 • New Delhi: 3rd Floor, East Tower, Birla Tower, 25, Barakhamba Road, New Delhi 110 001.

Others (please 🗸) : 🔲 Politically Exposed Person (PEP) 🔲 Related to a Politically Exposed Person (PEP) 🔲 Not Applicable

Gambling services offerer Money lender Pawn Broker Others [Please specify] \_ Gross Annual Income (please ✓): ☐ Below ₹ 1 Lac ☐ ₹ 1-5 Lacs ☐ ₹ 5-10 Lacs OR

Occupation (please  $\checkmark$ ): Private Sector Service Public Sector Service Government Service Professional Agriculturist Retired Housewife Student Doctor Forex Dealer Money lender Casino Owner Arms manufacturer

PoA copy notorised or the original copy of PoA needs to be submitted in case of Investment through PoA.

₹

Net-worth in Rupees (Mandatory for Non-Individuals)

Net-worth should not be older than 1 year

TOLL FREE NUMBER: 1800 200 2434 (can be dialled from all phones within India) AND Investors calling from abroad may call on - +91 44 39923900 to connect to our customer care centre.

ARN-49710

| EUIN- |
|-------|
|-------|

| Core Banking A/c No.  Bank Name  |  |  |   |  |
|--|--|--|---|--|
| Bank Name  |  | A/c. Type  | e (✓) ☐ Current ☐ Savings ☐ NRO*  | * For NRI Investors  |
|  |  |  |   |  |
| Branch Address   |  |  |   |  |
| MICR Code 9 digit number next  | to your Cheque No. RTGS IFSC   | C Code For Rupees One lakh   | and above NEFT IFSC Code For  | ess than Rupees One lakh   |
| ease also provide a cancelled cle<br>e amount to your bank account   | heque leaf of the same bank according to the sam | unt as mentioned above. Mentioning your  | 11 digit RTGS IFSC Code or NEFT IFSC  | Code, as applicable, will help us transfe  |
| ,  | 1  | () Scheme / Option / Sub-Option)   | (refer Important Instruction I  | No. 11 on Third Party Payments)  |
| Scheme (✓) ☐ HEF ☐ HIOI  | F   HPTF   HMEF   HTS  | F $\square$ HDF $\square$ HEMF $\square$ HDYEF $\square$ H   |   |  |
| Plan   |  | Option / Sub-option (✓) ☐ G  | rowth (default) Dividend Reinve   | stment** Dividend Payout   |
| ** Not applicable in case of I   |  | s to be the same. In case of any discrepancy be  | tween the two, units will be allotted as per the  | scheme name mentioned on the cheque on   |
|  |  | ase fill the details hereunder. Do not s   |   | selection name inclinated on the energie on  |
| Payment Mode   | Cheque DD RTGS   | NEFT  Fund Transfer Cheque/RTG   | S/NEFT/DD/FT Date D D /   | M M / Y Y Y  |
| Cheque/DD/RTGS/NEFT No.  |  | Payment fr   | om Bank A/c. No.  |  |
| Investment Amount (Rs.) (i)  |  | Bank Name  | ,   |  |
| DD charges (Rs.) (ii)  |  | Branch   |   |  |
| Total Amount (Rs.) (i + ii)  | 1.TILL I D D D   | ** * /   | ent Savings NRO* NRE* FCN   | `  |
|  |  | ection where applicable :  Third Par account provided above pertain to my  |   |  |
| If no, my relationship with the  | e bank account holder (✓) □  | Parent Grandparent Employee  | Custodian Others  |  |
| the Third Party declaration fo   | rm is attached (Refer importan   | nt instruction No. 11 on the Third Party   | Payments).  |  |
| ,  | C INVESTMENT PLAN  | [For SIP through Post Dated Che  |   | of same date of the months/quarters  |
| First SIP Cheque Details :   |  | Drawn on Bank Nam  | Bank A/c. No.   |  |
| Cheque No.  Cheque Date  D D   | / M M / Y Y Y  | Y Branch   |   |  |
|  |  | efault^) 17th 26th 30th ## A   | ll Dates Quarterly (10th) ## Las  | t Business Day of the month for Februar  |
|  |  | te M M Y Y March 2025 (I   | ^ Refe  | r instruction 4b(g)<br>er instruction 4b(h)  |
| Each SIP Amount (Rs.)  |  | Cheque Nos. From   | То  |  |
| Drawn on Bank A/c.   |  | Bank   | Branch  |  |
| C) SIP · SVSTEMATI   | C INVESTMENT PLAN  | (For SIP through ECS Debit Cle   | aring) (Please fill un SIP Auto Debit   | Form and attach with this)   |
| First SIP Cheque/DD Details  |  | To sir till digit best ele   |   | D / M M / Y Y Y Y  |
| Drawn on Bank A/c. No.   |  | Bank Nam   | e & Branch  |  |
| MICRO SIP (Refer Note No   | o. 4C on page 19) Date of B  | Birth D D M M Y Y Y Y Suppor   |   | Reference No.<br>if available)   |
| *For the permissible list of applic  | able documents please refer to Pag   | ge 20.   | ent type  | ii available)  |
| DEMAT ACCOUNT DET  |  |  |   |  |
|  |  | d the units in demat form in addition  | to account statement as per current j   | practice and the sequence of name  |
| Please ensure that unit holde<br>as mentioned in the applicati   |  |  |   |  |
|  | rs are given an option to hold<br>on form matches with the Do<br>NSDL  |  | CDS   | SL   |
| s mentioned in the applicati   | on form matches with the De  |  | CDs   | SL   |
| DP Name  | on form matches with the De  |  |   | SL   |
| op Name  | on form matches with the Do  |  |   | SL   |
| DP Name DP ID Beneficiary Account No.  | NSDL   | epository Participant.   | N A   |  |
| DP Name DP ID Beneficiary Account No.  | NSDL  I N   OMINATE (Mandatory fo  | epository Participant.   | N A NO A  | ho do not wish to nominate)  |
| DP Name DP ID Beneficiary Account No.  | NSDL  I N   OMINATE (Mandatory fo  | epository Participant.   | N A NO A  | ho do not wish to nominate)  |
| DP Name DP ID Beneficiary Account No.  NON-INTENTION TO NO Please \( \square \) I/We hereby co   | NSDL  I N   OMINATE (Mandatory fo  | epository Participant.   | N A NO A  | ho do not wish to nominate)  |
| DP Name DP ID Geneficiary Account No.  NON-INTENTION TO NO   | NSDL  I N   OMINATE (Mandatory fo  | epository Participant.   | e mode of holding is single and wation in respect of units subscrib   | ho do not wish to nominate)  |
| DP Name DP ID Beneficiary Account No.  NON-INTENTION TO NO Please ✓ ☐ I/We hereby co   | I N NOMINATE (Mandatory fo   | or new Folios of Individuals when  | e mode of holding is single and wation in respect of units subscrib   | tho do not wish to nominate) ed/purchased by me/us.  |
| DP Name DP ID Beneficiary Account No.  NON-INTENTION TO No Please ✓ □ I/We hereby co   | OMINATE (Mandatory foonfirm that I/We do not w   | or new Folios of Individuals when ish to exercise the right of nomin   | e mode of holding is single and wation in respect of units subscrib   | ho do not wish to nominate) ed/purchased by me/us.  Third Applicant  |
| DP Name DP ID Beneficiary Account No.  NON-INTENTION TO NO Please \( \sqrt{1}\) We hereby co Signature(s)  | OMINATE (Mandatory fo onfirm that I/We do not w  | or new Folios of Individuals when ish to exercise the right of nomin   | e mode of holding is single and wation in respect of units subscrib   | ho do not wish to nominate) ed/purchased by me/us.  Third Applicant  |
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| DP Name DP ID Beneficiary Account No.  NON-INTENTION TO NO Please  V I/We hereby co Signature(s)  NOMINATION DETAILS I/We and  | IN SOLE  OMINATE (Mandatory for one with the Description of the Descri | or new Folios of Individuals when ish to exercise the right of nomin OR  lios of Individuals where mode of the second April 1985 and 1985  | e mode of holding is single and wation in respect of units subscrib   | ho do not wish to nominate) ed/purchased by me/us.  Third Applicant  (ref. Important Instruction 15  described hereunder/and*/cancel the   |
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| Sementioned in the application of the application o | IN SOLE  OMINATE (Mandatory for position that I/We do not well)  Sole/First Applicant  S (Mandatory for new Fole)  (Unit holder 1)  (Unit holder 3)  In the day of sminee(s)  Date of Birth  | or new Folios of Individuals where ish to exercise the right of nominal Second A OR lios of Individuals where mode of the whole of the Units under the respect of the Units under the resp | mode of holding is single and wation in respect of units subscrib splicant  holding is single)  (Unit holder 2) sinate the person(s) more particularly ler Folio No.                                      | the do not wish to nominate) ed/purchased by me/us.  Third Applicant  (ref. Important Instruction 15  described hereunder/and*/cancel the content of the con |
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| DP Name DP ID Beneficiary Account No.  NON-INTENTION TO NO Please ✓ □ I/We hereby co Signature(s)  NOMINATION DETAILS I/We and nomination made by me/us of Name & Address of No  | IN SOLE  OMINATE (Mandatory for position that I/We do not well)  Sole/First Applicant  S (Mandatory for new Fole)  (Unit holder 1)  (Unit holder 3)  In the day of sminee(s)  Date of Birth  | r new Folios of Individuals where ish to exercise the right of nominates of Individuals where mode of the Units under the Company of the Company  | e mode of holding is single and wation in respect of units subscribe oplicant  Tholding is single)  (Unit holder 2)  inate the person(s) more particularly der Folio No.  Signature of Nominee / Guardian | ho do not wish to nominate) ed/purchased by me/us.  Third Applicant  (ref. Important Instruction 15  described hereunder/and*/cancel the (*strike out which is not applicable Proportion (%) in which the units will be shared by each   |
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| DP Name DP ID Beneficiary Account No.  NON-INTENTION TO NO Please \( \sqrt{1}\) We hereby co  NOMINATION DETAILS  I/We and nomination made by me/us of Name & Address of No  | IN SOLE  OMINATE (Mandatory for position that I/We do not well)  Sole/First Applicant  S (Mandatory for new Fole)  (Unit holder 1)  (Unit holder 3)  In the day of sminee(s)  Date of Birth  | r new Folios of Individuals where ish to exercise the right of nominates of Individuals where mode of the Units under the Company of the Company  | e mode of holding is single and wation in respect of units subscribe oplicant  Tholding is single)  (Unit holder 2)  inate the person(s) more particularly der Folio No.  Signature of Nominee / Guardian | ho do not wish to nominate) ed/purchased by me/us.  Third Applicant  (ref. Important Instruction 15  described hereunder/and*/cancel th  (*strike out which is not applicable  Proportion (%) in which the units will be shared by each  |

CONFIRMATION UNDER THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) FOR DETERMINING US PERSON STATUS [Mandatory for all investors including Unit holder (Guardian in case of minor) and Joint holder(s)]

Please provide a response common to all holders in the folio(s). For eg: If the answer to any one of the question for any one of the holder is "Yes", please tick on "Yes" against the question

#### FATCA DECLARATION FOR INDIVIDUAL INVESTORS (INDIVIDUAL / NRI / HUF / ON BEHALF OF MINOR / PROPRIETORSHIP FIRM)

| FATCA Compliance Confirmation Indicia  | "Yes" or "No | o" please (✓) |
|--|--------------|---------------|
| Are you a resident or Citizen of the United States?  | Yes          | □ No          |
| Is US your place of birth?   | Yes          | □ No          |
| Do you have a US telephone number in the capacity of a resident / citizen of US ?                            | Yes          | □ No          |
| Do you hold any residence / mailing address / 'C/o address' / hold mail address / PO Box address in the US ? | Yes          | □ No          |
| Is your POA holder based out of US or hold US residence / citizenship?                                       | Yes          | □ No          |
| Do you pay tax in the US?  | Yes          | □ No          |
| Do you hold an Identification Number or any identification that indicates US residence / citizenship?        | Yes          | □ No          |
|  |              |               |

#### FATCA DECLARATION FOR NON-INDIVIDUAL INVESTORS (COMPANY / TRUST / SOCIETY / PARTNERSHIP FIRM etc.)

| FATCA Compliance Confirmation Indicia  | "Yes" or "No" | please (√) |
|--|---------------|------------|
| Does your organisation / entity hold a mailing address / communication address in the US   | Yes           | □ No       |
| Is the country of incorporation - US?  | Yes           | No         |
| Do you have a US telephone number ?  | ☐ Yes         | □ No       |
| Does your organisation have a US beneficiary   | Yes           | □ No       |
| Is your Director / Promotor / Authorised signatory / POA holder based out of US or holds US residence / citizenship?                                       | ☐ Yes         | □ No       |
| $Does\ your\ organisation\ have\ one\ or\ more\ US\ beneficial\ owners/shareholders\ with\ more\ than\ 10\%\ ownership\ on\ vote\ or\ value\ of\ stock\ ?$ | Yes           | □ No       |
| Does your organisation have partners (of US) owning more than a 10% profit or capital interest in a partnership?   | Yes           | _ No       |
| Any US "owner" of a grantor trust or, to the extent provided in regulations, a more than 10% beneficial interest in a trust?                               | Yes           | □ No       |
| Does your organisation / entity pay tax in the US?   | Yes           | □ No       |
|  |               |            |

Declaration: Investor agrees to provide the fund with any documentation or information requested relating to individual or entity tax status. To the extent required by the fund, investor hereby consents to the disclosure and reporting of any tax related information obtained or held by the fund to any local or foreign regulatory or tax authority ("Tax Authority"). Upon request by the fund, investor hereby agrees to obtain a written waiver or consent from the entity's "substantial owners" or "controlling persons" and to provide those consents to the fund to permit it to disclose and report tax and account specific financial information to any local or foreign Tax authority. The terms "substantial owners" and "controlling persons" shall have the meaning as defined under local or foreign tax laws, regulatory guidance or inter governmental cooperation agreements. The potential consequences for failure to comply with requests for tax information, failure to respond to requests for waivers or consents for tax information disclosure, and/or failure to respond to requests to obtain waivers or consents from substantial owners or controlling persons, include, but are not limited to: (a) Fund has the right to carry out actions which are necessary to comply with the local or foreign tax reporting obligations; (b) Fund has the right to withhold taxes that may be due from certain payments made to the investor's account; (c) Fund has the right to pay relevant taxes to the appropriate tax authority; (d) Fund has the right to refuse to provide certain services; and (e) Fund has the discretion to close investor accounts. The investor agrees to inform, or respond to any request from, the fund, if there are any changes to tax information previously provided.

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

Having read and understood the contents of the Combined Scheme Information Document, Key Information Document, Statement of Additional Information and Addenda of the Scheme(s) issued till date, I / We hereby apply to the Trustees of HSBC Mutual Fund for units of the relevant Scheme and agree to abide by the terms, conditions, rules and regulations of the Scheme and the above mentioned documents of HSBC Mutual Fund. I / We hereby authorise HSBC Mutual Fund, the AMC and its Agents to disclose my / our details including investment details 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, or to disclose to such other service providers as deemed necessary for conduct of business. I / We 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 the Fund, the AMC, its service providers or representatives responsible. I/We will also inform the AMC, 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 / we are Non-Residents of Indian Nationality / Origin and that the funds are remitted from abroad through approved banking channels or from my / our NRE / NRO / FCNR Account (Applicable to NRI). 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) is through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any other applicable laws or Notifications issued by any governmental or statutory authority from time to time. I / We acknowledge that the AMC has not considered my / our tax position in particular and that I / we should seek tax advice on the specific tax implications arising out of my / our participation in 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 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. I / We confirm that I / We do not have any existing Micro SIP investments which together with the current application will result in aggregate investments exceeding Rs. 50,000/- in a year. (Applicable for Micro SIP investments only)

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).

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.

| Sole / First<br>Applicant<br>Guardian /<br>PoA |  |
|--|--|
| Second<br>Applicant /<br>PoA                   |  |
| Third<br>Applicant /<br>PoA                    |  |
|  | oplication Form No. / Folio No.<br>of the Cheque / Demand Draft. |

Default options will be applied in cases where the information provided is either ambiguous or has any discrepancy.