Wealth Management Relationship Form

Name of the customer (In the order of First Name, Middle name, Last name)

Bank account details

Account number: Branch Name: ______

PAN of customer: CKYC No.: ______ Date of birth: D D M M Y Y Y Y

Customer is minor: ☐ Yes ☐ No

Name of the guardian: (In case the customer is minor)

Relationship of guardian with minor: ______

Nationality ______ Country of birth ______

Contact details and Address of the customer: ☐ Resident Individual ☐ Non-Resident Individual ☐ Non-Individual

Flat number and building name

Road number/name Area and landmark

City State Pin code

Telephone (Res.): (ISD code) (STD code) Mobile number: + (ISD code)

*E-mail ID:

Overseas address: (for NRE/NRO accounts)

Flat number and building name

Road number/name Area and landmark

City Country Pin code

Occupation: ☐ Business ☐ Service ☐ Professional ☐ Agriculturist ☐ Retired ☐ Housewife ☐ Student ☐ Private Sector ☐ Public Sector/Government Service ☐ Forex Dealer ☐ Others ______

Name of the organisation: ______

Designation: ______

Income range per annum: ☐ Below ₹1 lakh ☐ ₹1-5 lakh ☐ ₹5-10 lakh ☐ ₹10- 25 lakh ☐ ₹25 lakh - ₹1 crore ☐ More than ₹1 crore

Source of Wealth: ☐ Salary ☐ Business Income ☐ Gift ☐ Ancestral Property ☐ Rental Income ☐ Prize Money ☐ Royalty ☐ Others

Net-Worth (Mandatory for Non-Individuals) ₹ ______ in lakhs as on D D M M Y Y Y Y (not older than 6 months)

Politically Exposed Person (PEP) Status** ☐ I am PEP ☐ I am related to PEP ☐ Not Applicable

**PEP are defined as individuals who are or have been entrusted with prominent public functions in a foreign country. e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc., or senior political figures and their immediate family members and close associates.

Power of Attorney (POA) holder to be appointed ☐ Yes ☐ No

If yes, relevant third party power of attorney form along with other documents as required by the Bank to be provided. Please contact your Bank Relationship Manager or any of the Bank's branches for assistance.

*The e-mail ID mentioned above will be shared with the Asset Management Companies (AMC) which may be used by them to correspond with you regarding your investments. The AMCs may communicate to you at your mailing address as per the records of CDSL Ventures Limited (CVL)/KYC Registration Agency(s) as notified by regulator and we will communicate at the contact details mentioned hereinabove. In case there are any changes in the contact details as provided above, please contact your Bank Relationship Manager or your branch to update your records in this regard.

Customer Declaration

☐ I confirm that I have read and understood and agree to the terms and conditions applicable to Tariff Plan made available by The Hongkong and Shanghai Banking Corporation Limited, India (hereinafter referred to as 'the Bank') on its website, www.hsbc.co.in ('Website') and agree to the same. I understand that the tariff plans are subject to change at the discretion of the Bank and agree to pay the charges as applicable from time to time. I understand that when the fee/tariff is revised upwards, a clear 30 days notice will be provided to me by the Bank, to give me the opportunity to make an informed decision to continue/discontinue the wealth management services. I understand that the Bank reserves the right to first recover any previous outstanding charges prior to executing my investment transaction by debiting the Bank account maintained with the Bank, the details of which are mentioned hereinabove.

☐ I am aware that the detailed terms and conditions for Wealth Management Services of the Bank are available on its Website. I confirm that I have read and understood and hereby agree to abide by the terms and conditions pertaining to Wealth Management Services and Mutual Fund Key Features Document.

HSBC

☐ I agree that the Bank shall have the right to modify the Wealth Management Account rules and the terms and conditions at its sole discretion, which shall be put up on the Website from time to time. I undertake to check the Bank's Website for any modifications thereto from time to time. I am aware that any change to the terms and conditions will be made with prospective effect and would be updated on the Website.

☐ I confirm that the information provided by me is true, correct and complete. I agree to inform the Bank of any modification to this information promptly. I authorise the Bank to share the information provided with AMCs, their Registrars and Transfer Agents or other SEBI Registered Intermediaries. I further acknowledge the right of the Bank to provide details of my account and sharing or transfer of information, which will be on a confidential basis, to HSBC Group offices or other third party agencies/service providers, whether located in India or overseas including but not limited for the purpose of availing support services of any nature by the Bank and also may disclose information if required or permitted by any law, rule or regulation or at the request of any public or regulatory authority or if such disclosure is required for the purposes of preventing fraud, without any further specific consent or authorisation from me. I understand that the details provided by me will be reconciled with existing records of the Bank and any discrepancy will be duly highlighted to me for rectification/updating of records.

Customer name: ____

Customer signature:

Date: D D M M Y Y Y Y Place:

For office use section:

1. KYC updated on HUB ☐ Yes ☐ No
2. SV done with HUB and SIMP ☐ Yes ☐ No
3. Aadhaar updated on HUB ☐ Yes ☐ No ☐ NA (for NRI customers)
   If the above is No, branch to confirm that the customer has declined to submit Aadhaar ☐ Yes

☐ I have verified the name and signature of the customer on wealth management account opening form with the KYC documents provided.

Staff name (non-sales staff):

Designation (non-sales staff):

Staff signature:

Employee ID (non-sales staff):

☐ I/We confirm that the above due diligence has been conducted by me/us for the customer and the customer is recommended for wealth management account opening.

Planner name:

Employee ID of planner:

Planner signature:

☐ I confirm that the RM name matches with HUB. Sales process completed and all necessary documents obtained. Recommended for WMS account opening.

BM name:

BM employee ID:

BM signature:

Bank stamp:

SAVE PRINT

WMR_AOF_06/19