

COMMON APPLICATION FORM

Please read Product Labelling available on the Front Inside Cover Page and instructions before filling this form (all points marked * are mandatory)



EDELWEISS MUTUAL FUND

APPLICATION NO.

Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS. Use this form if you are making a one time investment. For SIP investment use the separate SIP Form.

DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE^
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT

*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "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".
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'.

^I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

SIGNATURE (s)	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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MAKE YOUR SELECTION BEFORE FILLING FORM (PLEASE ✓)

☐ INVEST NOW

☐ ZERO BALANCE FOLIO

(Refer Instruction No.XII)

TRANSACTION CHARGES (PLEASE ✓) (Default option Existing Investor)

(Refer Instruction No.XIII)

☐ I am a First Time Investor in Mutual Funds

☐ I am an Existing Investor in Mutual Funds

In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio with KYC validated, please mention here and skip to section 5)

INVESTMENT TYPE (Please tick any one)

☐ LUMP SUM

☐ SIP WITHOUT CHEQUE

☐ LUMP SUM WITH SIP/STP/SWP

MODE OF HOLDING

(In case of Demat Purchase Mode of Holding should be same as in Demat Account)

☐ Single

☐ Joint

☐ Anyone or Survivor (Default)

UNIT HOLDING OPTION

☐ Physical Mode

☐ Demat Mode

CDSL/ NSDL

DP ID NO.:

Depository Participant Name:

Beneficiary
A/C No.

(Please Note: Please attach copy of Client Master List.)

Please Note: Demat Account Details of First / Sole Applicant (Name should be as per demat account)

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APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS*

APPLICANTS FROM CANADA WILL NOT BE ACCEPTED

(Refer Instruction No.II)

NAME OF SOLE /1ST APPLICANT Mr. Ms. M/s.

PAN KYC No. Date of Birth D D M M Y Y Y Y

Mobile No. Email ID

I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick (✓) any one from the below options) -

☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian

Please note: In the event that the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)

Mr. Ms. M/s.

Relationship with Minor/Designation

PAN Date of Birth D D M M Y Y Y Y KYC No.

Address

CITY

STATE COUNTRY PIN

RESI. OFF. FAX

SECOND APPLICANT Mr. Ms. M/s.

Date of Birth D D M M Y Y Y Y

PAN KYC No. Mobile No.

THIRD APPLICANT Mr. Ms. M/s.

Date of Birth D D M M Y Y Y Y

PAN KYC No. Mobile No.

**EDELWEISS
MUTUAL FUND**

ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Received from: Mr. / Ms. / M/s. an application for allotment

Scheme Plan Option

vide Cheque No Dated / / Amount (₹) Drawn on

Bank and Branch

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Application
No:

Collection Center's Stamp &
Receipt Date and Time

☐ Resident Individual
 ☐ FIs
 ☐ NRI - NRO
 ☐ HUF
 ☐ Club / Society
 ☐ PIO
 ☐ Body Corporate
 ☐ Minor
 ☐ Government Body
 ☐ Trust
 ☐ NRI - NRE
☐ Bank & FI
 ☐ Sole Proprietor
 ☐ Partnership Firm
 ☐ QFI
 ☐ Provident Fund
 ☐ Others

☐ BIRTH CERTIFICATE ☐ MARKSHEET (HSC/ICSE/CBSE) ☐ SCHOOL LEAVING CERTIFICATE ☐ PASSPORT ☐ OTHERS

Country Zip Code For NRI applicants ☐ Indian ☐ Overseas

Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below:

☐ Annual Report ☐ Abridged Annual Report ☐ Other Statutory Information

First Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others	<input type="checkbox"/> Defence
Second Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others	<input type="checkbox"/> Defence
Third Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others	<input type="checkbox"/> Defence

[illegible]

For Individuals			
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign Exchange / Money Changer Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Lending / Pawning	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant		<input type="checkbox"/> POA	
Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			
#Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc.									
Country #	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)	Country #	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)	Country #	Tax Payer Ref ID No	Identification Type (TIN or other, please specify)	
1.			1.			1.			
2.			2.			2.			
3.			3.			3.			

Account No.																			Account Type [Please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
Bank Name																								
Branch Add.																								
Pin						IFSC CODE										MICR CODE								

Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.

[illegible]

6	POWER OF ATTORNEY (POA)		<i>If investment is being made by a Constitutional Attorney, please submit notarised copy of POA</i>	
POA NAME Mr. Ms. M/s.			PAN	

7 FOR LUMP SUM/NEW SIP-INVESTMENT DETAILS* **Choice of Scheme/Plan/Option** *For SIP Investment Auto-Debit Form is mandatory* (Refer Instruction No.VI)

(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)

8 SYSTEMATIC TRANSACTION REGISTRATION DETAILS

9 NOMINATION DETAILS* (Mandatory) [Refer instruction no. IX]

☐ I/We DO NOT wish to nominate

DATE : / / PLACE :