COMMON APPLICATION FORM Please read Product Labelling available on the Front Inside

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

licat	

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.

*

EDELWEISS MUTUAL FUND

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.

												DI	STR	IBU	TOF	R IN	FOF	RM/	ATIC	DN																
Distributor	Code					Sub-	Broke	r C	ode				5			er Co								nique			E	-Code	е				A CO			
ARN -				A	RN -									INTE	RNA	l coi	DE			IDE	NTIFI	CATI	N NC	0. (E	UIN)					ON	ILY FO	DR DI	RECT	INVES	TME	NT
*Investors should menti has been intentionally I broker or notwithstandi Upfront commission sh distributor. For Direct im ^I/We, have invested in holdings / NAV etc. in res	eft blar ng the a all be p vestme the bel	nk by advic baid nts, p ow n	me/u e of in direct please nentio	us as n-app ly by e mer oned	this t propri the tion schei	transa iaten inves 'Dire me o	action ess, if a tor to ct' in tl f Edelv	is e any, the he c veis	xecu , prov e AM colun ss Mu	ted /ide FI r nn 'l Itua	with d by egis Nam al Fu	the the e & I nd u	any emp d Dis Distr nder	inter loyed stribu ibuto the	ractio e/rel utors or Co Direc	on or ation base de'. ct Pla	r adv nship ed o in. I/	vice b p mai n the 'We h	oy the nage e inv nerel	e en r/sa esto by gi	nploy iles p ors'a	ee/r ersoi ssess y/ou	elati n of t smer	onsh he di nt of nseni	ip m strib vario : to s	anag outor ous f hare	ger/s /sub acto /pro	ales brok rs inc	pers ær". cludi the t	on of ng th	the ne se	abov ervice	ve di e ren	strib dere	utor d by	/sub / the
SIGNATURE (s)			S	OLE	/ FIRS	ST AP	PLICA	NT								SE	CON	D AP	PLIC	ANT	-								THIF	D AP	PLIC	ANT				
MAKE YOUR SELE	СТІО	N B	EFOF	re f	ILLIN	NG F	ORN	1 (1	PLE/	٩SE	E 🗸))				IN\	/ES ⁻	T NO	SW			Ζ	ERC) BA	LAI	NCE	FO	LIO		(Refe	er Ins	truct	ion l	No.X	11)
TRANSACTION CI	HARG	ES (PLEA	٩SE	√) ((Defa	ult opt	tion	n Exis	ting	; Inve	estor	r)																	(1	Refe	r Inst	ructi	on N	o.XI	II)
📃 I am a First Tim	e Inve	stor	in M	utua	al Fur	nds					[l an	n an	Exis	ting	Inve	esto	r in l	Mut	tual	unc	ls													_
In case the subscription first time mutual fund in																															0/-(1	for in	vest	or ot	her	thar
						onnun	ie subs		NVE										11.5 W	iii b	e 1330	eu a	gann	51 111	, Dai)LDII						
(If you have an existin	g folio	with	KYC v	alida	ated,				P SU									HEQU	IF		10		(In	case	of D					lode		oldir	ng sh	ould	1	
please mention he	re and s	skip t	to sec	tion	5)		_		P SU		итн	SID	/стр	1		1100		n L Q V					C:	da	b	-		is in [-	at Ao		,		(Da	faul	+)
									1 30		VIII	5117	, , , ,	, , , , , , , , , , , , , , , , , , , ,									Sing	gie		Joi				iyone		Surv		(De	laui	U
UNIT HOLDING OPT	ION	CD	osl/ i	NSD	L	DP I	D NO	.:								D	epo	sitor	y Pa	rticij	pant	Nam	ne:													
Physical Mode Demat Mode			nefic C No.																											ount D demat			irst /	Sole /	Appli	cant
		,			A - 10 - 0	المعام			e Not																				-		(D	- f I				
1 APPLICANT I					1	Jato	ry) i	OB	E FIL	LED		sloc	.K LE	IIEF	(S*	4	APPL	ICAN		ROP	VI CA	NAD	A WI		OIR	E AC	CEP	IED			(Re	efer I	nstru			.11)
NAME OF SOLE /1S	T APPLI	CAN	T Mr.	Ms.	M/s.																															
PAN							CKYC	C N	0.																D	ate	of B	irth	D	D	M	Μ	Y	Y	Y	Y
Mobile No.								E	mai	ID																										
Please note: In t	Spouse he eve imunic	e [nt th atio	De nat th n in t	epen e mo his r	dent obile egarc	t Pare num d to t	ents ber oi he un	r th it h	De De e en iolde	epe nail er.	nde id p	nt C rovi	hild ded	ren here	ein a	Dep bove	oeno e do	dent es no	Sib ot ap	ling: ppea	s ar to	be t	Gua hat d	rdiai of th	า e un	it ho	ldei	r's, th	nen ⁻	the A	MC	shal				
Mr. Ms. M/s.																																				
															Rel	atio	nship	p wit	h M	inor	/Des	ignat	tion													
PAN							Dat	e o	f Bir	th	D	D	Μ	Μ	Y	Y	Y	Υ		(СКҮС	No.														
Address																																				
																		С	ITY																	
STATE			1				-	+							coui	NTRY					1									PIN						
RESI.		+								OFF	:													FAX												
		- NA	0 M/o																																	
SECOND APPLICA		r. IVI	s. IVI/s	·			_														_															
											i	1	 	 			 	 	 			 				ate	of B	irth	D	D	Μ	Μ	Y	Y	Y	Y
PAN			_				СКҮС	C N	o.															Mo	bile	No.										
THIRD APPLICAN	IT M	r. M	s. M/s																																	
																									D	ate	of B	irth	D	D	M	Μ	Y	Y	Y	Υ
PAN							СКҮС	C N	o.															Mo	bile	No.										
}																																			•>	R

EDELWEISS MUTUAL FUND

ACKNOWLEDGEMENT SLIP To be filled in by the investor

Received from: Mr. / Ms. / M/s		an applicati	A on for allotment	pplication No:
Scheme	Plan	Option		Collection Center's Stamp &
vide Cheque No	Dated//	Amount (₹)	Drawn on	Receipt Date and Time
Bank and Branch				

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

	TAX STATUS (App	olicat	ole foi	First ,	/ Sol	e Ap	plica	nt)																						
	Resident Individu	ial 🗌	FIIs	NRI	- NRC	D	HUF		Club /	Soc	iety		PIO [E	Body C	orpor	ate [Mi	nor		Gover	nme	ent B	ody		Trust		NRI	- NR	E
	Bank & Fl		Sole	Proprie	tor		Part	nersh	ip Fir	m			QFI [F	Provide	ent Fu	nd [Ot	hers	i										
	MANDATORY PR	OOF	OF D	ATE OI	F BIR	TH F	OR N	11NO	RS (AN		IE)	& Rel	atio	onshi	p Pro	of													
	BIRTH CERTIFICAT	E		MARK	SHEET	(HSC	C/ICSE/	CBSE)		SCH	001	. LEAVI	NG	CERTIF	ICATE		P/	ASSP	ORT	[OTHE	RS						
	OVERSEAS APPLI	ICAN	T DET	AILS																										
	ADDRESS (Mandatory	for NF	RI/FII ap	plicant*	·)																									
	Country														Zip (Code					F	or N	NRI a	ppli	cants		ndia	in [Ov	erseas
	E-MAIL COMMU	NICA	TION	[Plea	se 🗸]																								
	Default communicati		-	through ged An			-						then p ormati		e 'Opt-	-in' to	receiv	ve bel	ow d	locur	nents	in p	hysic	alco	opy by	/ tick	ing tl	he op	otion	below:
2	KYC DETAILS (Ma			0							,,,,																			
2	OCCUPATION (Pleas				1511 40	lion			cuns	' '																				
	First Applicant		, Busine Burea			Serv	ice x Dea	lor			essic sted		npany		_	ricult dy Co				-	usewi ted Co		anv	[uden hers			De	fence
	Second Applicant		Busine	ess		Serv	ice			Prof	essic	nal			Ag	ricult	urist			Но	usewi	ife		[St	uden	t		De	fence
	Third Applicant		Burea Busine			Fore Serv	x Dea ice	ler			sted essic		npany		_	ody Co gricult					ted Co usewi		any	[hers uden			De	fence
			Burea			Fore	x Dea	ler		Unli	sted	Cor	npany		Bo	dy Co	orpor	ate		Lis	ted Co	omp	bany	[Ot	hers				
	GROSS ANNUAL INC		•		-																									
	First Applicant		Below Net wo	1 Lac orth (Ma		1-5 La ory fo		_ n - Inc		10 L Jals)					10-25	Lac		_ > 2 as o		D D	1 Cror			> 1	Cror	1	t old	ler th	nan 1	year]
	Second Applicant		Below	1 Lac	1-5	Lacs		5-10	Lacs		10-	-25	Lacs		> 25	Lacs	- 1 Cr	rore	> 1	1 Cro	re OR	Ne	t Wo	orth						
	Third Applicant		Below	1 Lac	1-5	Lacs		5-10	Lacs		10-	-25	Lacs		> 25	Lacs	- 1 Cr	rore	> 1	1 Cro	re OR	Ne	t Wo	orth						
	For Individuals		l am			am		No	*				n-Indi														_			1
			Politica Expose	d	Relat Polit	ted to tically		Applic			or C	Cont	ompai trolled	by	a Liste	d Con	npan	y :			OT LIST	tea	Com	pan	У	L	Y	es		No
	Sole/First Applican	+	Persor	ר Ex	posed	d Pers	son		1		•		n Excha				,			,						[Y	'es		No
	Second Applicant]		Gar	ning	g / Gai	nbli	ing / L	ottery	/ Ca	sino S	Servi	ices							Y	'es		No
	Third Applicant										Мо	ney	Lendi	ng /	' Pawn	ing											Y	'es		No
3	FATCA/CRS DET	AILS	No	n Indivi	dual I	Inves	tors sl	houla	mar	ndat	ory f	ill se	eparat	e FA	ATCA/O	CRS de	etails	form	1							(Ref	er In	struc	tion N	No.XVII)
	Sole / First												nd App						_				d App					POA		
	Place & Country of												irth : _								& Cou						/	/		
	#Please indicate all		tries, o Paver					you a	ire a i	resid	lent f		ax purp Tax Pav						lenti	ficati	on Nu	mbe								
	Country #		ID No		ntifica r other,		specify]	(Coun	try ‡	‡		Ref ID			entific or other		e specify	y]	Cοι	intry #	ŧ			Paye ID No					Type e specify]
	1.			_				1.											1.				_							
	2.							2.							_				2.											
_								3.											3.											
4	BANK ACCOUNT	L DE	TAILS	1 1		I I		_	1					-			_					_	7		_		_	-	_	No.IV)
	Account No.							_							Acc	ount	lype	[Pleas	se 🗸] [SB		_ Cu	irrei	nt 🗌	NRC		NR	E [FCNR
	Bank Name																													
	Branch Add.																													
	Pin			IF	SC CC	DDE										Μ	ICR C	ODE												
5	PAYMENT DETA	ILS																												
	Mode of Payment [e ✔] [RTGS	/NEF	T/Fur	nd Tra	nsfer)em	and (Draf	ft 🗌 C	hec	que	Che	que N	۱o.	1			Т	D	ate						
				_				_	et Am													 . (₹)					+			
	Gross Amount (₹)				(0)					ioun	_ ` '					(0)	- 4:-1				narges					<i>c:11 :</i>	4/			
	Bank Details:		ame as	above	(Piea	ise tid	ск (√)	If yes	5)			Tere	ent fro	m a	bove (Pleas		((f It Is	s aijj	erent	Jroi	m ab	ove	ana _	TIII IN	the	aeta		elow)
	Bank/Branch & City							_																						
	Account No.														ccount		-			SI			irren		N			NRE		FCNR
	Please note that the OTM										-				-														on thro	ough OTM
	~																													
	CHECKLIST Please submit t Documents	the follo	owing do	cuments v	vith you	ir applio	cation (w		pplicab dividu a		ll docu		ts should ompanie		riginal/tr Societie						ustee /C estment					horised r usts		atory / RI	Notar FIIs	y Public) PIO
	Resolution/ Authorisation			men sign	atures							L	√ √		√ √		,		_			~				✓ ✓			✓ ✓	
	Memorandum & Articles Trust Deed						-					F	√	-		+			+		_	_		_	-	✓	T			\square
	Bye-laws Partnership Deed						+							+	√	+		/	+						-					\square
	Overseas Auditor Certifi Notarised POA	cate					+							1		+			+			~			1		1	\rightarrow	~	\square
	Proof of Address						+		~							+		/	\downarrow						1					 Image: A start of the start of
	Copy of PAN Card / PEKE KYC Compliance	NN.							✓ ✓				√ √	+	√ √	+		/	+			√ √			-	✓ ✓	_	✓ ✓	✓ ✓	×
	PIO Card Foreign Inward Remittar Aadhaar	nce Cer	tificate				+		/				,	+	,	+		/	+			/				/		~		✓ ✓
													×		✓							*								

6 POWER OF ATTORNEY (POA) If investment is	being made by a Constitutional Attorney, please submi	t notarised copy of POA
POA NAME Mr. Ms. M/s.		PAN PAN
7 FOR LUMPSUM/NEW SIP-INVESTMENT DETAIL	LS* Choice of Scheme/Plan/Option For SIP Invest	tment Auto-Debit Form is mandatory (Refer Instruction No.VI)
Edelweiss - Scheme	Plan C	Option Sub-Option
(Default Plan/Option/Facility will be adap	ted in case of no information, ambiguity or discrepanc	y)
IDCW (Transfer) to Scheme	Plan	Option
8 SYSTEMATIC TRANSACTION REGISTRATION DE	TAILS	
SIP	STP	SWP
Scheme: Edelweiss	Source Scheme:	Scheme:
Plan	Target Scheme:	
Option Sub-Option		Amount (in figures):
Installment amount (in figures):	Amount (in figures):	Amount (in words):
Installment amount (in words):	Amount (in words):	
Frequency: Daily Weekly Fortnightly	Frequency: Daily Weekly Fortnightly Monthly Quarterly	Frequency: Fortnightly Monthly
Debit Date:	Preferred STP date: Please write the debit date as per SID	Preferred SWP date: Please write the debit date as per SID
SIP Period: From Date To Date	(For Monthly & Quarterly only)	(For Monthly & Quarterly only)
Or Perpetual: 31/12/2099	STP Period: From Date To Date	SWP Period: From Date To Date
9 NOMINATION DETAILS* (Mandatory) [Refer inst	truction no. IX)	

I/We wish to nominate as under:

Sr. No.	Name of Nominee	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian Signature
1.					DD/MM/YY		
2.					DD/MM/YY		
3.					DD/MM/YY		

I/We DO NOT wish to nominate

Declaration for Nomination (to be signed by all unitholders including joint holders, irrespective of more of holding): I / We do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holders, my / our legal heirs would need to submit all the requisite documents issued by count or such other competent authority, based on the value of the assets held in the mutual fund folio.

Declaration for Investment: Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to the Trustee of Edelweiss Mutual fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/We agree that in case my/our investment in the Scheme(s) is equal to or more than 25% of the corpus of the Scheme, then Edelweiss Asset Management Ltd., Investment Manager to the Edelweiss Mutual Fund, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I /We hereby authorise Edelweiss Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / Edelweiss Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/us, including all changes, update to such information as and when provided by me/us to Edelweiss Mutual Fund/Edelweiss Asset Management Limited to any Indian or foreign governmental or statutory or judicial authorities/ agencies, the tax/ revenue authority and other investigation agencies without obligation on advising me/ us of the same. I/We authorise Edelweiss Mutual Fund to reject the application, revert the units credited/redeem units created at applicable NAV, restrain me/us from making any further investment in any of the Schemes of the fund, recover/debit my/our folios(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned by my/our banker for any reason whatsoever. I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. I/We hereby, further agree that the Fund can directly credit all the IDCW payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/authenticating and updating my/our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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 further agree that the Fund/AMC can send us all types of SMS relating to the products offered by them.

I/We confirm that I am/We are not resident(s) of Canada under the laws of Canada. In case 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).

Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (✓) (Including amount of Additional Purchase Transaction made in future)

Applicable if resident / citizen of a member state of European Union protected under GDPR

I/We, resident/citizen of a member state of European Union protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on www.edelweissfin.com. Please see the tick marks in the relevant boxes below that will apply to me:

1) I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement. YES NO

2) I wish to receive marketing information from Edelweiss Group (*) I YES NO

3) I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (*) Newsletter Email Text message Telephone call Not interested

	SIGNATURE (s)	
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT