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 Ideas create, values protect | MUTUAL FUND

APPLICATION NO.

Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, 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 - 146822	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN) 254833		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

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)

1 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 CKYC 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 ☐ My dependents ☐ My Childrens
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 CKYC 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 CKYC No. Mobile No.

THIRD APPLICANT Mr. Ms. M/s.
Date of Birth D D M M Y Y Y Y
PAN CKYC No. Mobile No.

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ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Application No:

Received from: Mr. / Ms. / M/s_____ an application for allotment
Scheme_____ Plan _____ Option_____
vide Cheque No _____Dated ____/____/_____ Amount (₹) _____ Drawn on
Bank and Branch _____

Collection Center's Stamp & Receipt Date and Time

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

TAX STATUS (Applicable for First / Sole Applicant)

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

MANDATORY PROOF OF DATE OF BIRTH FOR MINORS (ANY ONE) & Relationship Proof

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

OVERSEAS APPLICANT DETAILS

ADDRESS (Mandatory for NRI/FII applicant*)

Country Zip Code For NRI applicants ☐ Indian ☐ Overseas

E-MAIL COMMUNICATION [Please ✓]

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

2 KYC DETAILS (Mandatory - Refer Instruction No X for details)

OCCUPATION (Please tick ✓)

First Applicant	☐ Business ☐ Bureaucrat	☐ Service ☐ Forex Dealer	☐ Professional ☐ Unlisted Company	☐ Agriculturist ☐ Body Corporate	☐ Housewife ☐ Listed Company	☐ Student ☐ Others_____	☐ Defence
Second Applicant	☐ Business ☐ Bureaucrat	☐ Service ☐ Forex Dealer	☐ Professional ☐ Unlisted Company	☐ Agriculturist ☐ Body Corporate	☐ Housewife ☐ Listed Company	☐ Student ☐ Others_____	☐ Defence
Third Applicant	☐ Business ☐ Bureaucrat	☐ Service ☐ Forex Dealer	☐ Professional ☐ Unlisted Company	☐ Agriculturist ☐ Body Corporate	☐ Housewife ☐ Listed Company	☐ Student ☐ Others_____	☐ Defence

GROSS ANNUAL INCOME (Please tick ✓)

First Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lac ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore Net worth (Mandatory for Non - Individuals) ₹ as on D D M M Y Y Y Y [Not older than 1 year]
Second Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore **OR** Net Worth
Third Applicant	☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ > 25 Lacs - 1 Crore ☐ > 1 Crore **OR** Net Worth

For Individuals

	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	☐	☐	☐
Second Applicant	☐	☐	☐
Third Applicant	☐	☐	☐

For Non-Individual Investors (Companies, Trust, Partnership etc.)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration)	☐ Yes	☐ No
Foreign Exchange / Money Charger Services	☐ Yes	☐ No
Gaming / Gambling / Lottery / Casino Services	☐ Yes	☐ No
Money Lending / Pawning	☐ Yes	☐ No

3 FATCA/CRS DETAILS *Non Individual Investors should mandatory fill separate FATCA/CRS details form* (Refer Instruction No.XVII)

Sole / First Applicant / Guardian	2nd Applicant	☐ 3rd Applicant ☐ 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.		

4 POWER OF ATTORNEY (POA) *If investment is being made by a Constitutional Attorney, please submit notarised copy of POA*

POA NAME Mr. Ms. M/s. PAN

5 NOMINATION DETAILS*

I/We hereby nominate the under mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be valid discharge by the AMC/Mutual Fund/Trustee Company.

Name of Nominee	Date of Birth *(If Nominee is minor)*	Allocation *(%)*	Name of Legal Guardian/Parent *(If Nominee is minor)*	Relationship with Nominee	Address of Nominee/ Legal Guardian

CHECKLIST Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public)

Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FIIs	PIO
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓	
Memorandum & Articles of Association		✓							
Trust Deed						✓			
Bye-laws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate								✓	
Notarised POA					✓				
Proof of Address									✓
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓
Aadhaar	✓	✓	✓	✓	✓	✓			

6 FOR LUMPSUM/NEW SIP-INVESTMENT DETAILS* Choice of Scheme/Plan/Option

For SIP Investment Auto-Debit Form is mandatory (Refer Instruction No.VI)

Edelweiss - Scheme | Plan | Option | Sub-Option

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

Dividend Sweep to Scheme _____ Plan _____ Option _____

7 BANK ACCOUNT DETAILS

(Refer Instruction No.IV)

Account No. _____ Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Bank Name _____

Branch Add. _____

Pin _____ IFSC CODE _____ MICR CODE _____

8 PAYMENT DETAILS

Mode of Payment [Please ✓] ☐ RTGS/NEFT/Fund Transfer ☐ Demand Draft ☐ Cheque ☐ One time Mandate (OTM already registered)

Cheque No. _____ Date _____ Gross Amount (₹) _____

Net Amount (₹) _____ DD Charges (₹) _____

Bank Details: ☐ Same as above *(Please tick (✓) if yes)* ☐ Different from above *(Please tick (✓) if it is different from above and fill in the details below)*

Bank/Branch & City _____

Account No. _____ Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

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.

9 SYSTEMATIC TRANSACTION REGISTRATION DETAILS

SIP	STP	SWP
Scheme: **Edelweiss -** _____ Plan _____ Option _____ Sub-Option _____	Source Scheme:	Scheme:
Installment amount (in figures):	Target Scheme:	Amount (in figures):
Installment amount (in words):	Amount (in figures):	Amount (in words):
Frequency: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	Amount (in words):	Frequency: ☐ Fortnightly ☐ Monthly ☐ Quarterly
Debit Date:	Frequency: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	Preferred SWP date: Please write the debit date as per SID (For Monthly & Quarterly only)
SIP Period: From Date / To Date	Preferred STP date: Please write the debit date as per SID (For Monthly & Quarterly only)	SWP Period: From Date / To Date
Or Perpetual: ☐ 31/12/2099	STP Period: From Date / To Date	

10 DECLARATION AND SIGNATURE(S)

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 dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

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.

Applicable to investors who have not opted for nomination facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Edelweiss Mutual Fund.

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).

I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for(I) collecting,storing and usage (ii) validating/authenticating and Updating my/our Aadhaar numbers(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I /We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent(RTA) for the purpose of updating the same in my/our folios with my/our PAN.

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)

☐ Repatriation ☐ Non Repatriation

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 (*) ☐ 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

DATE : ____ /____ /_____ PLACE : _____