

# COMMON APPLICATION FORM

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

Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited. Tower 3, Wing B, Ground Floor, Kohinor City Mall, Kohinor City, Kurla Road, Kurla (West), Mumbai - 400070

<b>1 DISTRIBUTOR INFORMATION</b>					<b>FOR OFFICE USE ONLY</b>		<b>Application No:</b> CAF WB058473
Name & Distributor Code <b>58603</b>	Sub-Broker Code ARN	Sub-Broker Code Internal Code	Employee Unique Identification Number (EUI)* <b>E 026768</b>	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt	

\*Investors should mention the EUI 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 EUI 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'

All sections to be filled in English and in BLOCK LETTERS.

Use this form if you are making a one time investment. For SIP investment use the separate SIP Form

All columns marked \* are mandatory

Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Make your selection before filling the form (Please ✓)  INVEST NOW  ZERO BALANCE FOLIO (Refer Instruction No. XII)

**2 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.

**3 EXISTING UNIT HOLDER INFORMATION / EXISTING ZERO BALANCE FOLIO NO.** If you have existing folio, please fill in section 2 and proceed to section 8. (Refer Instruction No. XII)

Folio No. \_\_\_\_\_ Name of First Applicant \_\_\_\_\_

**4 Mandatory \*** PAN Please attach certified PAN copy (Refer Instruction No. V) **Know Your Customer (KYC)** (Refer Instruction No. X)

1st Applicant / Guardian P A N I N U M B E R Yes  (Please submit proof) Yes  (Please submit KYC Application Form)

**5 APPLICANT INFORMATION (Refer Instruction No. II) to be filled in BLOCK LETTERS\*** Applications from residents of USA and Canada will not be accepted

Name of Sole /1st Applicant Mr. Ms. M/s. Others (Please Specify) \_\_\_\_\_

Date of Birth (DOB)^ / Date of Incorporation D D / M M / Y Y

In case of Minor - Parent/ Legal Guardian Name of 1st Applicant /Contact person (in case of non individual applicant) \_\_\_\_\_

Relationship with Minor/ Designation \_\_\_\_\_

^Mandatory proof of Date of Birth for Minors (Any One)  Birth Certificate  School Leaving Certificate  Passport  Mark sheet issued by Higher Secondary Board / ICSE / CBSE  Others Please Specify \_\_\_\_\_

Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country I N D I A Pin Code \_\_\_\_\_

Contact Details of Sole / First Applicant Email ID (In BLOCK Letters) \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Tel. No. STD Code Res. Office Fax

Email ID & Mobile No. are essential to enable us to communicate with you better

Overseas Address (mandatory for NRI/FII applicant\*) \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_ Address for correspondence (for NRI applicants)  Indian  Overseas

**E-MAIL COMMUNICATION (Refer Instruction No. III) [please ✓]**

I/we wish to receive the following document via email in lieu of physical document(s) Account Statement / News Letter / Annual Report / Other Statutory Information  Yes  No

<b>Gross Annual Income [please ✓]*</b> <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	<b>Occupation* [please ✓]</b> <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify _____	<b>Legal Status* [please ✓]</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others Please Specify _____
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on D D / M M / Y Y Y Y (Not older than 1 year)	<b>For Individual Investor*</b> Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Mandatory for Non-Individual Investor** Is the entity involved/providing any of the following services  Yes  No [(Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV)]  
♦ For Foreign Exchange / Money Changer Services  Yes  No ♦ Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)  Yes  No  
♦ Money Lending / Pawning  Yes  No

**Mode of Holding\* [please ✓]**  Single  Joint  Any one or survivor(s)

Name of 2nd Applicant Mr. Ms. \_\_\_\_\_ PAN \_\_\_\_\_

<b>Gross Annual Income [please ✓]*</b> <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	<b>Occupation* [please ✓]</b> <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify _____	<b>Legal Status* [please ✓]</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others Please Specify _____
	<b>For Individual Investor*</b> Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of 3rd Applicant Mr. Ms. \_\_\_\_\_ PAN \_\_\_\_\_

<b>Gross Annual Income [please ✓]*</b> <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	<b>Occupation* [please ✓]</b> <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify _____	<b>Legal Status* [please ✓]</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others Please Specify _____
	<b>For Individual Investor*</b> Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

## ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Application No:  
CAF WB058473

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



# SIP Enrollment Form cum NACH / Auto Debit Mandate

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



Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited Tower 3, Wing B, Ground Floor, Kohinor City Mall, Kohinor City, Kiroli Road, Kurla (West), Mumbai - 400070 Maharashtra

Regular SIP  Micro SIP (MSIP)  New SIP Registration  Change in Bank Account (for SIP earlier registered)

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY	
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique Identification Number (EUIN)*	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt
58603	ARN	Internal Code	E 026768			
<small>*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".</small>						
<small>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 &amp; Distributor Code'</small>						
<small>All sections to be filled in English and in BLOCK LETTERS.</small>						
Signature(s)		Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory		2nd Applicant / Authorised Signatory		3rd Applicant / Authorised Signatory

**2 UNITHOLDER INFORMATION**

Folio/Application No.

Sole/First Investor Name:

**3 INVESTMENT DETAILS** Choice of Plan [please ✓]

Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) Dividend Reinvestment Facility is not available under Edelweiss ELSS Fund				
Dividend Sweep to Scheme <input type="text"/>				
<small>*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund</small>				
Installment Period:	From Date	<input type="text"/>	To Date	<input type="text"/>
Amount Per Installment:	<input type="text"/>	Amount (in words) <input type="text"/>		
<b>1st Installment Cheque Details:</b> Cheque/DD No. <input type="text"/> Amount (₹) <input type="text"/>				
Drawn on Bank & Branch <input type="text"/>				
Photo Identification proof number in case of Micro SIP of 1st Applicant <input type="text"/> 2nd Applicant <input type="text"/> 3rd Applicant <input type="text"/>				
I/We hereby authorize Edelweiss Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing/Auto Debit for collection of SIP payments				
<b>Note:</b> Please allow 1 month for Auto Debit to register and start.				
<b>Frequency Details (Please ✓)</b>				
<input type="checkbox"/> Daily (SIP)	<input type="checkbox"/> Weekly (SIP)	<input type="checkbox"/> Monthly (SIP)		
All Business Days	<input type="radio"/> 7th, 14th, 21st, 28th of any month	<input type="radio"/> 7th	OR	<input type="radio"/> 14th OR <input type="radio"/> 21st OR <input type="radio"/> 28th
<input type="checkbox"/> <b>SIP Top-up (Optional)</b> (Please ✓ to avail this facility) Top-up Amount (Rs.) <input type="text"/> (The amount should be in multiples of Rs. 500 only)				
(Refer instruction no. 36) SIP Top-up Frequency: <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly				

**4 DECLARATION AND SIGNATURE** (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')\* Date

I / We declare that the particulars furnished here are correct. I / We authorize Edelweiss Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Edelweiss Mutual Fund about any changes in my bank account.

This is to inform you that I/We have registered for making payment towards my investments in EDELWEISS MUTUAL FUND by debit to my /our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account.

I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Edelweiss Mutual Fund using this facility.

Signature/s as per Edelweiss Mutual Fund records (Mandatory)

<input type="text"/>	<input type="text"/>	<input type="text"/>
First Account Holders Signature	Second Account Holders signature	Third Account Holders signature

## DEBIT MANDATE FOR NACH

Date

Tick (✓)  Create (✓)  Modify (X)  Cancel (X)

UMRN  For Office Use only

Sponsor Bank Code  CITI000PIGW Utility Code  CITI00062000000037

I/We hereby authorize  EDELWEISS MUTUAL FUND To Debit (✓)  SB / CA / CC SB NRE / SB NRO / Other

Bank A/c. Number

With Bank  IFSC  or MICR

An Amount of Rupees  ₹

**FREQUENCY**  Monthly  Quarterly  Half Yearly  Yearly  As & when presented **DEBIT TYPE**  Fixed Amount  Maximum Amount

Reference /Folio No.  Phone No.

Scheme Name  ALL SCHEMES OF EDELWEISS MUTUAL FUND Email ID

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

**PERIOD**

From	<input type="text"/>	<input type="text"/>	<input type="text"/>
To	<input type="text"/>	<input type="text"/>	<input type="text"/>
Or	<input type="checkbox"/> Until Cancelled	<input type="text"/>	<input type="text"/>

Signature Primary Account holder  Signature Account holder  Signature Account holder

1. Name as in Bank Records  2. Name as in Bank Records  3. Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized debit