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, Kohinoor City Mall, Kohinoor City, Kirol Road, Kurla (West), Mumbai - 400070

1		DIS	TRIBUTOR INF	ORMATION				FOR OFFICE USE ONLY			Application No:		
	Name & Distributor Cod			Employee Unique II	ndentification Number (EUIN	N)* E - Code	Registra	ar/Bank Serial No.	Date & Time	of Receipt	CAF WB058473		
	58603	ΔRN	Internal Code	E 0	26768								
	*Investors should mention	on the EUIN of the per	son who has advis	ed the investor. If let	t blank, the fund will assum	ne following de	eclaration	by the investor "I/W	e hereby confirm	n that the EUIN	I box has been intentionally left blank		
	provided by the employe	y 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 am rovided 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 D 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  Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory  2nd Applicant / Authorised Signatory  3rd Applicant / Authorised										e distributor. For Direct investments,			
	the separate SIP Form All columns marked * are				Sole/1st Applic			20-1 015		344	Applicant / Authorised Signatory		
		,						2nd Applicant / Au					
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)											1)		
	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 find the first time mutual fund investor) or ₹100/- (for investor other than find find find find find find find fin												
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		HOLDER INFOR	MATION / E	KISTING ZERO	BALANCE FOLIO N	O. If you hav	ve existin	g folio, please fill in	section 2 and p	proceed to se	ction 8. (Refer Instruction No. XII)		
	Folio No.			Name of Firs									
4	Mandatory *									(Please submit KYC Application Form)			
	1st Applicant /Gu			I U M B E		ase submit							
5						TTERS* A	pplicat	ions from resid	lents of USA	A and Cana	ada will not be accepted		
	Name of Sole /1st	Applicant M	r. Ms. M	/s. Others (Pleas	e Specify)		D-4	f D:-+- /DOI	)\A / D=+= =4	£ 1	tier D D M M V V		
	In case of Miner	Parent/Logal C	Suardian Na-	of 1ct Applia	ant /Contact norse:	n (in case si		e of Birth (DOE		incorpora	tion D D M M Y Y		
	iii case oi iviinor -	raient/ Legal C	uarulan Nan	ie oi ist Applic	ant /Contact persor			Minor/ Design					
	Andardatam mea	f of Doto of	Birth Certifi	cate				Certificate	ation		Passport		
	^Mandatory prod Birth for Minors (A				er Secondary Board		-	Others			· '		
	Mailing Address	of Sole/First Apr			not be sufficient) Ov				dian Address	c			
	Walling Address t	or sole/Tirst App	nicarit (1.0. b	ox dioric may i	lot be sumelent, ov	rerseus miv		last provide int	aran Adares	,			
	City		St	ate				Country	I N D I	A Pin (	Code		
	Contact Details	Email ID (In BLO	CK Letters										
	of Sole / First							Mobile No	).				
	Applicant	Tel. No. STD	Code	Re	es.		Offi	ce		Fax			
	Email ID & Mobile No. are essential to enable us to communicate with you better  Overseas Address (mandatory for NRI/FII applicant*)												
	Country	(Illalluatory loi	ічкі/ гіі арр			۸ddr	ross for	correspondence	o (for NPL a	nnlicants)	Indian Overseas		
	E-MAIL COMMI	INICATION (Re	fer Instructio	Zip Code	se √1	Addi	E33 101	correspondent	e (IOI IVINI a	ірріісапісэ)	Illulaii Overseas		
				,	al document(s) Account Statement / News Letter / Annual Report / Other Statut					tutory Inform	nation Yes No		
	Gross Annual Incom				Occupation* [please ✓] Legal Status* [please ✓								
		1-5 Lacs 5-10	Lacs 10-25	acs Business Service Professional					dual FII's Society/Club				
	>25 Lacs-1 crore	>1 crore									IRI/PIO FI HUF		
	Net-worth in (Mand	atory for Non-Indi	viduals) ₹						IIIIIIII		nership Firm Bank Trust / Corporate NPO		
	as on DD/M	M / Y Y Y Y	(Not olde	than 1 year)	For Individual Politically Exposed Person (PEP) Yes No Investor* Related to PEP Yes No					Others Please Specify			
	Mandatory for Non-Individual	• For Foreign E	y Changer Service		s No [(A	Also atta	ch Ultimate Ben			(Refer Instruction No. XIV)] dicates) Yes No			
	Investor  Mode of Holding*	Money Lendi  Inlease √1 Si	ng / Pawning ngle Join		survivor(s)								
	Name of 2nd App		Ms.	- Tilly offic of						\N			
	Gross Annual Incon			on* [please ✓]				l ogal S	tatus* [pleas				
			Business		Professional Agricu	Ilturist	louse W			-	Society/Club AOP/BOI		
	Below 1 Lac	1-5 Lacs	Student		Bureaucrat Forex Dealer Unlisted Place			Name Consider Hill 10		FI HUF Minor Partners			
	5-10 Lacs >25 Lacs-1 cror	10-25 Lacs e >1 crore	For Individu	al Politically	Exposed Person (PEP) PEP Yes No			Dalli	Trust		Body Corporate NPO		
	Name of 3rd Appl	icant Mr.	Ms.						P/	AN			
	Gross Annual Incon	on* [please ✓]	Professional Agriculturist House Wife Re			Legal S	Legal Status* [please ✓]  Resident Individual FII's Society/Club AOP/BOI						
	Business Service										ife Resid		
	Below 1 Lac 1-5 Lacs Student Defence 5-10 Lacs 10-25 Lacs Company Body Cor				Bureaucrat Forex Dealer Unlisted  orate Listed Company Others Please Specif				NRI/PIO FI HUF Minor Pa				
	>25 Lacs-1 cror		For Individu	al Politically	Exposed Person (PEP) Yes No			Bank Trust Company/ Others Please Specify			Body Corporate NPO		
Investor* Related to PEP Yes No									Application No:				
*	Edelweis Mutual Fu	SS n d			OWLEDGEM be filled in by the i		LIP			CAF V	VB058473		
Rece	eived from: Mr. /	Ms. / M/s					an a	pplication for a	allotment	Colled	ction Center's Stamp &		
											ceipt Date and Time		
					/ Amou								
	k and Branch					. ,							
				ques and as per	applicable load structu	ıre (please r	efer Sch	eme Information	Document)				







SMS IQ to 5757590



WEBSITE www.edelweissmf.com



FATCA/CRS/KY	C Additional Detail	s Non Individual	Investors should mai	ndatory fill separate F	ATCA/CRS details fo	rm						
Sole /	3rd A	Applicant	POA									
Place & Country		COUNTRY	Place & Country	of Birth PLACE	COUNTRY	Place & Country of Birth PLACE COUNTR'						
#Please indicates a	all Countries, other th	an India, in which y	you are a resident fo	or tax purpose, associ	iated Taxpayer Ide	ntification Number and it's Identification type e.g.: TIN et						
Country #	Country # Tax Identification Number Type		Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type				
1			1			1						
2			2			2						
3			3			3						
BANK ACCOUNT DETAILS* (Refer Instruction No. IV for multiple bank registration)												
A/c Type [please	A/c Type [please ✓] SB Current NRO NRE FCNR											
Account No	Account No Bank Name Bank Name											
Branch Address												
Pin		IFSC Code			MIC	R Code						
INVESTMENT	DETAILS* Choice	of Scheme /Plan	/ Option (Refer	Instruction No. VI)	[please √]							
Scheme/Plan/O		Edelweiss-	Scher	•	Plan		Option/Facility					
							Ориону гаспи					
	ption/Facility will be	applied in case of	of no information,		,	ent Facility is not avai	ilahla undar Edalusias	الاد السما				
Dividend Sweep		this for Edalwaiss	Short Tarm Incom		ividena keinvestme	ent Facility is not avai	ilable under Edelweiss	ELSS FUIIU				
	*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund											
PAYMENT DETA	PAYMENT DETAILS (Refer Instruction No. VII)											
Mode of Paymen	t [please ✓] F	/lode of Payment [please ✓]   RTGS/NEFT   Transfer Letter   Cheque   Cheque No.   Date   D   M   M   Y   Y   Y										
Gross Amount (₹)	Gross Amount (₹)   DD Charges (₹)   Net Amount (₹)											
			DD Charg	ges (₹)	Net A	mount (₹)						
Bank /Branch & C			DD Char			mount (₹)						
Bank /Branch & C Account No.  DEMAT ACCOL Do you want units in	City		Please ensure that t	Account Type [	please ✓] S	6B Current	NRO I					
Bank /Branch & C Account No.  DEMAT ACCOU Do you want units in with the depository NATIONA Depository Pail DP ID No.:  NOMINATION	JNT DETAILS* n demat Form? [please	ository LTD. (Note: Inc. Inc. Inc. Inc. Inc. Inc. Inc. Inc.	[Please ensure that t rovide their demat a NSDL)	Account Type [ the sequence of name ccount details, an acc  CE  Beneficiary A	s as mentioned in tount statement sha NTRAL DEPOSIT	he application form all be sent to them.  TORY SERVICES (I	matches with that of t	he demat A/c. h				
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Date   D   D   M   M   Y   Y	re(s)			
Place	atri			
	igi	Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

For Detailed Instructions on Filling the Application Form please refer to Page no. 30.

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	✓	✓	<b>√</b>	✓	✓	✓	✓	✓	
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓

## P 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, Kohinoor City Mall Kohinoor City, Kirol Road, Kurla (West), Mumbai - 400070 Maharashtra Regular SIP Micro SIP (MSIP) New SIP Registration Change in Bank Account (for SIP earlier registered) **DISTRIBUTOR INFORMATION** FOR OFFICE USE ONLY Sub-Broker Code | Sub-Broker Code | Employee Unique Indentification Number (EUIN)\* | E - Code Registrar/Bank Serial No. Name & Distributor Code Date & Time of Receipt Internal Code E 026768 58603 \*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' Signature(s) All sections to be filled in English and in BLOCK LETTERS. **UNITHOLDER INFORMATION** Folio/Application No. Sole/First Investor Name: 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 \*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund From Date | M M To Date | M M Amount Per Installment: Amount (in words) 1st Installment Cheque Details: Cheque/DD No. Amount (₹) Drawn on Bank & Branch Photo Identification proof number in case of Micro SIP of 1st Applicant \_ 2nd Applicant \_ 3rd Applicant 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  $\textbf{Note:} \ \mathsf{Please} \ \mathsf{allow} \ 1 \ \mathsf{month} \ \mathsf{for} \ \mathsf{Auto} \ \mathsf{Debit} \ \mathsf{to} \ \mathsf{register} \ \mathsf{and} \ \mathsf{start} \ .$ Frequency Details (Please √) Weekly (SIP) Monthly (SIP) Daily (SIP) All Business Days OR 21st OR 28th 7th, 14th, 21st, 28th of any month 7th 14th SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only) (Refer instruction no. 36) SIP Top-up Frequency: Half-yearly DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')\* D D M M Y Y Y I/We declare that the particulars furnished here are correct. I/We authorise 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) DEBIT MANDATE FOR NACH `Edelweiss Mutual Fund Date Tick (✓) UMRN Create (✓) CITI000PIGW CITI00062000000037 Sponsor Bank Code Utility Code Modify (×) I/We hereby authorize **EDELWEISS MUTUAL FUND** To Debit (✓) SB / CA / CC SB NRE / SB NRO / Other Cancel (X) Bank A/c. Number IFSC or MICR With Bank ₹ An Amount of Rupees Yearly 🗸 FREQUENCY Monthly Quarterly Half Yearly **DEBIT TYPE** Fixed Amount 🗸 As & when presented Maximum Amount Phone No. Reference /Folio No. ALL SCHEMES OF EDELWEISS MUTUAL FUND Email ID Scheme Name 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 Or **Until Cancelled**