

# COMMON APPLICATION FORM

Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited. Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400098

1 DISTRIBUTOR INFORMATION				FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code	Employee Unique Identification Number (EUIIN)*	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt	CAF
ARN- 6574		EUIIN- E019976				

\*Investors should mention the EUIIN 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 where the EUIIN space has been left blank by me/us, the transaction is an "execution-only" transaction"

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'

Please read the instructions carefully, before filling up the application (all columns marked\* are mandatory). 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

**Make your selection before filling the form [please ✓] ☐ INVEST NOW ☐ ZERO BALANCE FOLIO** (Refer Instruction No. XIII)

2 EXISTING UNIT HOLDER INFORMATION / EXISTING ZERO BALANCE FOLIO NO.	
Folio No.	Name of First Applicant

3 TRANSACTION CHARGES (Please ✓) (Default option Existing Investor) (Refer Instruction No. XIV)	
<input type="checkbox"/> I am a First Time Investor in Mutual Funds	<input type="checkbox"/> 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.

4 Mandatory *		PAN Please attach certified PAN copy (Refer Instruction No. VI)		Know Your Customer (KYC) (Refer Instruction No. XI)	
1st Applicant /Guardian	P A N	N U M B E R	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)	
2nd Applicant	P A N	N U M B E R	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)	
3rd Applicant	P A N	N U M B E R	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)	
POA Holder	P A N	N U M B E R	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)	

5 APPLICANT INFORMATION (Refer Instruction No. II) TO BE FILLED IN BLOCK LETTERS*							
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) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Mark sheet issued by Higher Secondary Board / ICSE / CBSE <input type="checkbox"/> Others Please Specify							
Name of 2nd Applicant Mr. Ms.	DOB D D / M M / Y Y						
Name of 3rd Applicant Mr. Ms.	DOB D D / M M / Y Y						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Mode of Holding* [please ✓]</th> <th style="width: 33%;">Occupation* [please ✓]</th> <th style="width: 33%;">Legal Status* [please ✓]</th> </tr> <tr> <td> <input type="checkbox"/> Single <input type="checkbox"/> Joint  <input type="checkbox"/> Any one or survivor(s)  <small>(Default option is "Any one or survivor(s)" in case of more than one applicant)</small> </td> <td> <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"/> Politically Exposed Person  <input type="checkbox"/> Dealers in High Value Commodities <input type="checkbox"/> Others Please Specify  <small>(Traders in Precious Metals, Jewellery &amp; Antique Dealers)</small> </td> <td> <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"/> Others Please Specify         </td> </tr> </table>		Mode of Holding* [please ✓]	Occupation* [please ✓]	Legal Status* [please ✓]	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or survivor(s) <small>(Default option is "Any one or survivor(s)" in case of more than one applicant)</small>	<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"/> Politically Exposed Person <input type="checkbox"/> Dealers in High Value Commodities <input type="checkbox"/> Others Please Specify <small>(Traders in Precious Metals, Jewellery &amp; Antique Dealers)</small>	<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"/> Others Please Specify
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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) 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) <input type="checkbox"/> Indian <input type="checkbox"/> Overseas

6 POWER OF ATTORNEY (POA)	
POA Name Mr. Ms.	
Address	
City	Pin Code

If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

7 THIRD PARTY PAYMENT DECLARATION	
Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FII.	
Name	Relationship with Applicant:
PAN:	KYC Compliance Status: <input type="checkbox"/> Yes <input type="checkbox"/> No
Declaration: I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or incentive to employee or for & on behalf of FII or as gift from my bank account only. Declaration (Guardian of minor, as registered in the folio): I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor. (Note: Signature should match with the investment cheque signature)	
Person issuing the cheque	

ACKNOWLEDGEMENT SLIP		Application No:
To be filled in by the investor		CAF
Received from: Mr. / Ms. / M/s_____ an application for allotment		
Scheme <b>EDELWEISS</b> Plan _____ Option _____		
vide Cheque No _____ Dated ____/____/____ Amount (₹) _____ Drawn on		
Bank and Branch _____		
<small>Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)</small>		
Collection Center's Stamp & Receipt Date and Time		

[illegible]