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		DISTRIE	BUTOR INFORMAT	TOR INFORMATION			OR OFFICE USE ONLY		Application No:		
	Name & Distributor	Code Sub-Brol	er Code Employee Unique Indentification Number (EUIN)* E - Code			Registrar/Bank	Serial No. Date & Time of	Receipt			
	AF	RN- 657	'4	EUIN- E	019976				CAF		
	*Investors should men	ntion the EUIN o	of the person who has a	dvised the investor. If le		sume following dec	laration by the investor"I/We	hereby confi	rm that where the EUIN space has		
	Upfront commission sl	een left blank by me/us, the transaction is an "execution-only" transaction" pfront 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									
			n the column 'Name & I before filling up the app		rked* are mandatory). A	ll sections to be fille	d in English and in BLOCK LETT	ERS.			
N	lake your sele	ction befo	ore filling the f	orm [please 🗸	■ INVEST	NOW	ZERO BALANCE F	OLIO	(Refer Instruction No. XIII)		
2	EXISTING UNIT I	HOLDER INF	ORMATION / EXIS	TING ZERO BALAN	CE FOLIO NO. If you	have existing folio,	please fill in section 2 and pro	ceed to sect	ion 8. (Refer Instruction No. XV)		
	Folio No.			Name of First App	licant						
3	TRANSACTION C	CHARGES (PI	ease ✓) (Default o	ption Existing Inve	stor) (Refer Instruct	ion No. XIV)					
	☐ 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.										
4	Mandatory *		PAN Please atta	ach certified PAN co	opy (Refer Instruction	on No. VI)	Know Your Custo	mer (KYC)	(Refer Instruction No. XI)		
	1st Applicant /G	uardian	PAN N	P A N N U M B E R Yes (Please su			Yes (Pleas	e submit l	(YC Application Form)		
	2nd Applicant		P A N N N U M B E R Yes (Please sub			ubmit proof)	Yes (Pleas	e submit I	(YC Application Form)		
	3rd Applicant		PAN N	U M B E R	Yes (Please su	ubmit proof)	Yes (Pleas	e submit l	(YC Application Form)		
	POA Holder P A N N U M B E R Yes (Please submit proof)						Yes (Pleas	e submit l	(YC Application Form)		
5	APPLICANT INFORMATION (Refer Instruction No. II) TO BE FILLED IN BLOCK LETTERS*										
_	Name of Sole /1s	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/ Leg	gal Guardian Name	of 1st Applicant /	Contact person (in c	ase of non individ	ual applicant)				
					Relati	onship with Mi	nor/ Designation				
	^Mandatory prod	of of Date of	Birth Certific	ate	Sc	hool Leaving Ce	ertificate		Passport		
	Birth for Minors ((Any One)	Mark sheet is	ssued by Higher Se	condary Board / ICS	SE / CBSE	Others	Please S	pecify		
	Name of 2nd App	olicant M	r. Ms.					[OOB D D M M Y Y		
	Name of 3rd App	olicant Mi	. Ms.						OOB D D M M Y Y		
	Mode of Holding*	[please ✓]	Occupation* [plea	ıse ✓]			Legal Status* [please ✓	1			
	Single Joint Business Service Professional Agriculturist Resident Individual FII										
	Any one or survivor(s) House Wife Student Defence Bureaucrat AOP/BOI NRI/PIO FI Body Corporate HUF Minor Partnership Firm										
	(Default option is "Any one or Listed Company Politically Exposed Person Bank Trust Company/Body Corporate										
	survivor(s)" in case of more than one applicant) Dealers in High Value Commodities Others Please Specify Others Others Please Specify										
	Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address										
	City		Stat	:e			Country N D I	A Pin (Code		
	Contact Details	Email ID (In	BLOCK Letters)								
	of Sole / First Applicant	Tol No	I. No. STD Code Res.			Mobile No. Fax					
		10111111	ial to enable us to co								
	Overseas Address	Overseas Address (mandatory for NRI/FII applicant*)									
	Country	ountry Zip Code Address for correspondence (for NRI applicants									
6	POWER OF ATTO	DRNEY (POA									
		∕lr. Ms.									
	Address								C1-		
	If investment is being	City Pin Code finvestment is being made by a Constitutional Attorney, please submit notarised copy of POA									
7	,	THIRD PARTY PAYMENT DECLARATION									
	Parent/Grand-Paren	t/Guardian of	Minor/ Related Perso	on Other than the Re	gister Guardian/ Empl	oyer on behalf of	Employee (SIP only)/Custoo	dian on beh	alf of FII.		
	Name Relationship with Applicant:										
	PAN:	PAN: Yes No Reclaration: 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 from my bank account	for these inve nt only. Declar	stments on account o ation (Guardian of mi	of my natural love and inor, as registered in th	affection or incentive ne folio): I confirm that	to employee or follower to employee or follower to the legal guar	etails mentioned above. I a or & on behalf of FII or as gi rdian of the Minor, registere ovestment cheque signature	ft d Per	son issuing the cheque		
*	Edelwe	iss und			LEDGEMEN led in by the inve			CAF	Application No:		
Rece	eived from: Mr. /	Ms. / M/s				an appli	ication for allotment	Collec	ction Center's Stamp &		
									ceipt Date and Time		
					Amount (₹						
						agea rafar Schama	Information Document)				











investor.amc@edelweissfin.com



E-MAIL COMMUNICATION (Refer Instruction No	. III) [please ✓]		9 ELECTRONIC/TELEC	COMMUNICATION M	ODE (Refer Instruc	tion IV) [please 🗸]			
I/we wish to receive the following d Account Statement / News Letter /	9 ELECTRONIC/TELECOMMUNICATION MODE (Refer Instruction IV) [please ✓] ☐ I have accepted the terms and conditions of electronic/ telecommunication mode and would like to apply for the same.									
BANK ACCOUNT DETAILS* (Refer Instruction No	o. V for multiple bank	registration)							
A/c Type [please ✓] S	B Current	NRO	NRE	FCNR						
Account No				Bank Name						
Branch				Branch Address						
				City		Pin				
Preferred mode of payment: Electronic C	Condit /DTCC /NEFT/FCC /FCC	only for dividond nove (t)		MICR Code						
*Mandatory – Please attach cancelled or cheque/ Bank Pass Book/ Bank Statement	iginal cheque / self certified	copy of blank cheque / self ce	ertified Bank Staten of: a. Registration o	nent / first page of the Bank Pass of the investor's Bank Mandate at	book (bearing account num the time of investment b. So	nber and first unit holder ubsequent change in the	name on the face of th investor's Bank Mandate			
DEMAT ACCOUNT DETAILS*										
Do you want units in demat Form? with the depository participant]. Ir						atches with that of	the demat A/c. hel			
NATIONAL SECURITIES	NATIONAL SECURITIES DEPOSITORY LTD. (NSDL) CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)									
Depository Participant (DF	Depository Participant (DP) Name:									
DD ID No :			Damaé	iniam, A/a Na						
DP ID No.:				iciary A/c No.						
INVESTMENT DETAILS* Ch	oice of Scheme /Pl	l an / Option (Refer	Instruction No	o. VII) [please 🗸]						
Scheme/Plan/Option/Facilit	ty Edelweiss-	Sche	me	Plan		Option/Facilit	t y			
(Default Plan/Option/Facility	will be applied in c	ase of no information	, ambiguity o	r discrepancy)						
Schemes offered by Edelwei	ss Mutual Fund:									
-11	Equity Schemes			-11	Debt Schem	ies				
Edelweiss Absolute Return Fur		F. Ton 100) Fund	Edelweiss Liquid Fund	rm Rand Fund						
Edelweiss Diversified Growth E Edelweiss ELSS Fund	quity lop 100 (E.D.G.	.E. 10p 100) Fund		Edelweiss Ultra Short Te Edelweiss Monthly Inco						
Edelweiss Select Midcap Fund				Edelweiss Short Term In						
Edelweiss Equity Enhancer Fur	ıd			Edelweiss Gilt Fund						
PAYMENT DETAILS (Refer Ins	truction No. VIII)									
Mode of Payment [please ✓]	RTGS/NEFT	Transfer Lett	er Ch	eque Cheque No.		Date DDDM	M Y Y Y			
Gross Amount (₹)		DD Cha	rges (₹)	Net A	mount (₹)					
Bank /Branch & City										
Account No.			Account	Type [please ✓]	SB Current	NRO	NRE FCNR			
NOMINATION DETAILS* (If y I/We hereby nominate the under r such Nominee shall be a valid disch	mentioned nominee to	receive the amounts to	my/our credit in	•	, ,		•			
	ate of Birth	Address		Legal Guardian/Parent	Relationship with	Address of L	egal Guardian			
(If No	minee is minor)			f Nominee is minor)	nominee		· ·			
DECLARATION AND SIGNATU	JRE(S)									
Having read and understood the	. ,	me Information Docum	nent of the Sch	eme and Statement of A	dditional Information	and subsequent as	mendments there			
including the section on who car the Scheme as indicated above a	not invest,"Preventio	n of Money Laundering	" and "Know Yo	our Customer", I/We here	by apply to the Truste	e of Edelweiss Mut	ual fund for units			
amount & that the amount inves any acts, rules, regulations or any	ind agree to abide by ted by me/us in the ak	the terms and condition ove mentioned Schemo	ns , rules and re e is derived thro	egulations of the Scheme ough legitimate sources a	. I/ We further declare nd is not held or desigi	, I am / we are autr ned for the purpose	orised to invest the of contravention			
any acts, rules, regulations or any is expressly understood that I/W	statute or legislation	or any other applicable	laws or notifica	tions, directions issued by	the governmental or s	statutory authority	from time to time.			
responsible if the investment is u	ltra vires thereto and t	he investment is contra	ry to the releva	nt constitutional docume	nts. I/We agree that in	case my/our invest	ment in the Schem			
is equal to or more than 25% of t excess to me/us to bring my/our	he corpus of the Sche investment below 25	me, then Edelweiss Ass 5%. I/We have not rece	set Managemei ived nor been i	ગt Ltd., Investment Manaશ nduced bv anv rebate or	ger to the Edelweiss N gifts. directly or indire	flutual Fund, has ful ectly in making this	I right to refund the investments. I /W			
hereby authorise Edelweiss Mut	ual Fund, its Investme	ent Manager and its ag	ents to disclos	e details of my investmer	nt to my bank(s) / Ede	elweiss Mutual Fun	id's bank(s) and / c			
Distributor / Broker / Investment making any further investment in	any of the Schemes	of the fund, recover/de	bit my/our folio	os(s) with the penal intere	est and take any appro	priate action again	st me/us in case th			
making any further investment in cheque(s)/payment instrument i reserves the right to call for such	s/are returned by my/	our banker for any reas	son whatsoeve	r. I/We undertake that the	se investments are m	y/our own and ack	nowledge that AM			
dividend payouts and redemption	n amount to my bank o	letails given above. I/W	e hereby declai	e that the particulars abo	ve are correct.		,			
The ARN holder has disclosed to Mutual Funds from amongst whi	me/us all the commi ch the Scheme is being	ssions (in the form of to recommended to me/	raii commissior us. I/We furthe	n or any other mode), pay r agree that the Fund/AM	rable to him for the di C can send us all types	iπerent competing of SMS relating to t	Schemes of various the products offere			
by them. Applicable to investors who have							•			
Mutual Fund.	opted for Horrillia	we nelet	., commin triat	.c.s m _{y/} our informed dec	.s.s.r not to avail the l	adon racinty (crea by Luciwels			
Applicable to NRI only: I/We confirm to banking channels from funds in my/ou	r Non-Resident External/0						oad through approve			
Repatriation Non Repatriation	_									
Date DDMMYY	Signature(s)									
Place	Solo Solo									
		ised Signatory / POA Signato		2nd Applicant / Authorised S		3rd Applicant / Author	ised Signatory			
Nurse (n)				tion Form please refer to Page			·			
HECKLIST (Please submit the following lotary Public.)	3 aocuments with your app									
Documents Resolution/ Authorisation to invest		Individual	Companies	Societies Partnership Firm	ns Investment throug	th POA Trusts	NRI FIIS PIO			

Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FIIs	PIO
Resolution/ Authorisation to invest		1	1	1		1		1	
List of authorised signatories with specimen signatures		/	/	/	√	1		1	$\overline{}$
Memorandum & Articles of Association		/							
Trust Deed						1			
Bye-laws			/						
Partnership Deed				1					
Overseas Auditor Certificate								1	
Notarised POA					/				
Proof of Address									1
Copy of PAN Card	/	/	/	1	/	1	/	1	
KYC Compliance	/	/	/	/	/	1	/	/	/
PIO Card									/
Foreign Inward Remittance Certificate							/		/
Trigger Form (if applied)	/	/	/	✓	/	1	/	/	1