

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. Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098

1 DISTRIBUTOR INFORMATION						
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE	APPLICATION NO.

*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)		
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

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.

MAKE YOUR SELECTION BEFORE FILLING FORM (PLEASE ✓) INVEST NOW ZERO BALANCE FOLIO (Refer Instruction No.XII)

2 TRANSACTION CHARGES (PLEASE ✓) (Default option Existing Investor) (Refer Instruction No.XIII)	
<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.

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.)	
FOLIO NO.	NAME OF FIRST APPLICANT

4 MANDATORY* PAN Please attach certified PAN copy Know Your Customer (KYC)	
1ST APPLICANT/GUARDIAN	P A N N U M B E R YES (Please submit proof) YES (Please submit KYC Application form)
CKYC Key Identification Number	
Aadhar No. (UID No.)	

5 APPLICANT INFORMATION 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.
DATE OF BIRTH (DOB)	DATE OF INCORPORATION (DOI)
GUARDIAN (s) NAME (In case if minor / Parent / Legal Guardian)	
RELATIONSHIP WITH MINOR / DESIGNATION	CONTACT
MAILING ADDRESS OF SOLE / 1ST APPLICANT (P.O.BOX alone may not be sufficient) Overseas Investor must provide Indian Address	
CITY	STATE
COUNTRY	PIN
EMAIL	MOBILE
RESI.	OFF. FAX

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 <input type="checkbox"/> Indian <input type="checkbox"/> Overseas

E-MAIL COMMUNICATION [Please ✓]
 I/We wish to receive the following document via email in lieu of physical document(s) Account Statement / Newsletter / Annual Report / Other Statutory Information : YES NO

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

GROSS ANNUAL INCOME [Please ✓]	
<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
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on ___/___/___ (Not older than 1 year)	

Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.

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BANK ACCOUNT DETAILS

(Refer Instruction No.IV)

A/c Type [Please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
Account No					Bank Name
Branch Add.					
Pin	IFSC CODE			MICR CODE	

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PAYMENT DETAILS

Mode of Payment [Please ✓]	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	Cheque No.	Date				
Gross Amount (₹)	DD Charges (₹)		Net Amount (₹)						
Bank/Branch & City									
Account No.	Account Type [Please ✓]				<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR

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FOR LUMP SUM/NEW SIP-INVESTMENT DETAILS* Choice of Scheme/Plan/Option

For SIP Investment Auto-Debit Form is mandatory

(Refer Instruction No.VI)

Scheme/Plan/Option/Facility	Edelweiss -	Scheme	Plan	Option/Facility
(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)				
Dividend Sweep to Scheme		Plan		Option

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DEMAT ACCOUNT DETAILS*

Do you want units in demat Form? [Please ✓] Yes No [Please ensure that the sequence of names as mentioned in the application form matches with that of the demat A/c. held with the depository participant]. In case unit holders do not provide their demat account details, an account statement shall be sent to them.

 NATIONAL SECURITIES DEPOSITORY LTD. (NSDL) CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)

Depository Participant (DP) Name :					
DP ID NO.:			Beneficiary A/C No.		

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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

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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).

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 (ü) (Including amount of Additional Purchase Transaction made in future)

Repatriation Non Repatriation

SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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DATE : ___/___/___ PLACE : _____



ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Received from: Mr. / Ms. / M/s _____ an application for allotment
 Scheme _____ Plan _____ Option _____
 vide Cheque No _____ Dated ___/___/___ Amount (₹) _____ Drawn on
 Bank and Branch _____

CAF

Application No:

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)

My SIP GOAL Buying Home Child's Education Retirement Planning Wealth Creation

(Select Any One Goal)

My Goal Amount : ₹. _____

Instructions

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (Maximum length – 20 Alpha Numeric Characters).
2. Date in DD/MM/YYYY format.
3. Sponsor Bank IFSC / MICR code, le padded with zeroes where necessary (Maximum length – 11 Alpha Numeric Characters).
4. Utility Code of the Service Provider (Maximum length – 18 Alpha Numeric Characters).
5. Name of the entity to whom the mandate is being given
6. Tick on box to select type of actions to be initiated.
7. Tick on box to select type of actions to be affected.
8. Customer's legal account number, le pad
9. IFSC / MICR code of customer bank. (Maximum length – 11 Alpha Numeric Characters).
10. Amount payable for service or maximum amount per transaction that could be processed, in words.
11. Amount in figures, similar to the amount mentioned in words (Maximum length 13 digit Numeric, in paise).
12. Tick on box to select frequency of transaction.
13. Validity of mandate with dated in DD/MM/YYYY format.
14. Names of customer/s and signatures as well as seal of Company (where required).
15. Telephone no. with STD code of customer.
16. Email ID of customer.

