

Know Your Client

Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)
Fields marked with '*' are mandatory fields

Application New

Type* Update KYC Number*

KYC Type* Normal (PAN is mandatory) PAN Exempt Investors (Refer instruction K)

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth* - -

Gender* M- Male F- Female T-Transgender

Marital Status* Married Unmarried Others

Citizenship* IN- Indian Others - Country Country Code

Residential Status* Resident Individual Non Resident Indian

Foreign National Person of Indian Origin

Occupation Type* S-Service Private Sector Public Sector Government Sector

O-Others Professional Self Employed Retired Housewife Student

B-Business X-Not Categorized

Photo

Signature/
Thumb Impression

2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)

(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

A- Passport Number Passport Expiry Date - -

B- Voter ID Card

D- Driving Licence Driving Licence Expiry Date - -

E- Aadhaar Card

F- NREGA Job Card

Z- Others (any document notified by the central government) Identification Number

3. Proof of Address (PoA)*

3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

Address Type* Residential / Business Residential Business Registered Office Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address* Passport Number Passport Expiry Date - -

Voter ID Card

Driving Licence Driving Licence Expiry Date - -

Aadhaar Card

NREGA Job Card

Others (any document notified by the central government) Identification Number

3.2 Correspondence / Local Address Details* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*

Line 2

Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

4. Contact Details (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID
Mobile - Tel. (Off) - Tel. (Res) -

5. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required* (Mandatory only if above option (5) is ticked)
Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166
Tax Identification Number or equivalent (If issued by jurisdiction)*
Place / City of Birth* Country of Birth* Country Code as per ISO 3166
Address
Line 1*
Line 2
Line 3 City / Town / Village*
District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT* Country* Country Code as per ISO 3166

6. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person Deletion of Related Person KYC Number of Related Person (if available*)
Related Person Type* Guardian of Minor Assignee Authorized Representative
Name* Prefix First Name Middle Name Last Name
(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [Pol] of Related Person* (Please see instruction **(H)** at the end)

(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

A- Passport Number Passport Expiry Date
 B- Voter ID Card
 C- PAN Card
 D- Driving Licence Driving Licence Expiry Date
 E- Aadhaar Card
 F- NREGA Job Card
 Z- Others (any document notified by the central government) Identification Number

7. Remarks (If any)

8. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]
Signature / Thumb Impression of Applicant

Date: Place:

9. Attestation / For Office Use Only

Documents Received Certified Copies

KYC Verification Carried Out by (Refer Instruction I)

Date
Emp. Name
Emp. Code
Emp. Designation
[Employee Signature]

Institution Details

Name
Code
Emp. Branch
[Institution Stamp]

In-Person Verification (IPV) Carried Out by (Refer Instruction J)

Date
Emp. Name
Emp. Code
Emp. Designation
[Employee Signature]

Institution Details

Name
Code
Emp. Branch
[Institution Stamp]

Supplementary CKYC Form

(To be additionally filled by customers using old KYC form)



Know Your Client (KYC) Application Form For Individuals Only

(Please fill the form in English and in BLOCK Letters)
Fields marked with * are mandatory fields

KYC Type: Normal (PAN is mandatory)
 PAN Exempt Investors

1. Identity Details (Please refer instruction A at the end)

PAN Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)	Prefix	First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)				
Mother Name*				

Residential Status* Resident Individual Non Resident Indian
 Foreign National Person of Indian Origin

Occupation Type* S-Service Private Sector Public Sector Government Sector
 O-Others Professional Self Employed Retired Housewife Student
 B-Business X-Not Categorized

2. FATCA/CRS Information (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)

Additional Details Required* (Mandatory only if above option is ticked)

Country of Jurisdiction of Residence* Country Code of Jurisdiction of Residence as per ISO 3166

Tax Identification Number or equivalent (If issued by jurisdiction)*

Place / City of Birth* Country of Birth* Country Code as per ISO 3166

Address Line 1*
 Line 2
 Line 3 City / Town / Village*

District* Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988

State/UT* Country* Country Code as per ISO 3166

3. Details of Related Person (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')

Related Person Deletion of Related Person KYC Number of Related Person (if available*)

Related Person Type* Guardian of Minor Assignee Authorized Representative

Name*

(If KYC number and name are provided, below details of section 6 are optional)

Proof of Identity [PoI] of Related Person* (Please see instruction (H) at the end)

(Certified copy of any one of the following Proof of Identity[PoI] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>		
<input type="checkbox"/> C- PAN Card	<input type="text"/>		
<input type="checkbox"/> D- Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

4. Remarks (If any)

5. Applicant Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.

I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

Date: Place:

SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM

The Application Form should be completed in English and in BLOCK LETTERS only.
All information required below is 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, Kirod Road, Kurla (W), Mumbai - 400070

1 APPLICANT INFORMATION

Folio No.	Name of First Applicant
In case of Minor - Parent/ Legal Guardian Name of 1st Applicant	
Relationship with Minor	

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 <input type="text" value="DD / MM / YYYY"/> (Not older than 1 year)	Occupation [please ✓] <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"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <i>Please Specify</i>	Legal Status [please ✓] <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 <i>Please Specify</i>
	For Individual Investor 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 <input type="checkbox"/> Yes <input type="checkbox"/> No
	♦ For Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No
	♦ Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No
	♦ Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

2 Name of 2nd Applicant Mr. Ms.

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 <input type="text" value="DD / MM / YYYY"/> (Not older than 1 year)	Occupation [please ✓] <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"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <i>Please Specify</i>	Legal Status [please ✓] <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 <i>Please Specify</i>
	For Individual Investor Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

3 Name of 3rd Applicant Mr. Ms.

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 <input type="text" value="DD / MM / YYYY"/> (Not older than 1 year)	Occupation [please ✓] <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"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <i>Please Specify</i>	Legal Status [please ✓] <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 <i>Please Specify</i>
	For Individual Investor Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

4 DECLARATION AND SIGNATURE(S)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting I am aware that I may be held liable for it.

Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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TOLL FREE
1800 425 0090



NON TOLL FREE
+91-40-23001181



SMS
IQ to 5757590



WEBSITE
www.edelweissmf.com



EMAIL : INVESTORS
EMFHelp@edelweissfin.com

FATCA, CRS AND ADDITIONAL KYC

DETAILS AND DECLARATION FORM

Systematix ARN: 64917 EUIN: E-029678



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, Kirod Road, Kurla (W), Mumbai - 400070. **Website:** www.edelweissmf.com

For Investors using OLD Application Forms / Transaction Forms / Slips which do not contain new requirement on FATCA, CRS and KYC details.
Non Individual Investors have to additionally submit separate FATCA Details and UBO forms.
Please refer to instructions, terms and conditions in updated KIM/Scheme related documents available on www.edelweissmf.com

SOLE / FIRST INVESTOR DETAILS

Name Application No.
 PAN Folios Nos.

1. ADDITIONAL KYC DETAILS (MANDATORY)

Sole / First Investor Details

- a. Occupation Details** [Please tick ✓] Private Sector Service Public Sector Service Government Service Business
 Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ [Please specify]
- b. Gross Annual Income** [Please tick ✓] Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore
Net-worth in [Mandatory for Non-Individuals] ₹ _____ as on / / / [Not older than 1 year]
- c. For Individuals/HUF** I am Politically Exposed Person
 I am Related to Politically Exposed Person
 Not Applicable
- For Non-Individual Investors (Companies, Trust, Partnership etc)**
 I. Foreign Exchange / Money Changer Services YES NO
 II. Gaming / Gambling / Lottery / Casino Services YES NO
 III. Money Lending / Pawning YES NO

2nd Investor Name PAN

- a. Occupation Details** [Please tick ✓] Private Sector Service Public Sector Service Government Service Business
 Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ [Please specify]
- b. Gross Annual Income** Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore **OR** Net worth ₹ _____
- c. Others** [Please tick ✓] Politically Exposed Person [PEP] Related to a Politically Exposed Person [PEP] Not Applicable

3rd Investor Name PAN

- a. Occupation Details** [Please tick ✓] Private Sector Service Public Sector Service Government Service Business
 Professional Agriculturist Retired Housewife Student Forex Dealer Others _____ [Please specify]
- b. Gross Annual Income** Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs - 1 Crore >1 Crore **OR** Net worth ₹ _____
- c. Others** [Please tick ✓] Politically Exposed Person [PEP] Related to a Politically Exposed Person [PEP] Not Applicable

2. FATCA AND CRS DETAILS For Individuals/HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA/CRS details form

Are you tax resident of any country other than India [Please tick ✓] YES NO

Sole/First Investor/Guardian			2nd Investor			3rd Investor / POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and its Identification type eg. TIN etc.

Country ¹	Tax Identification Number ²	Identification Type	Country ¹	Tax Identification Number ²	Identification Type	Country ¹	Tax Identification Number ²	Identification Type
1			1			1		
2			2			2		
3			3			3		

¹ To also include USA, where the individual is a citizen / green card holder of The USA

² In case Tax Identification Number is not available, kindly provide its functional equivalent S

3. DECLARATION & SIGNATURES

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I / We have understood the information requirements pertaining to FATCA, CRS and Additional KYC requirements, terms and conditions [read along with instructions and scheme related documents] and hereby confirm that the information provided by me / us on this form and true, correct, and complete.

Sole / First Investor / Guardian	Second Investor	Third Investor	POA holder, if any
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For Further Information:



TOLL FREE
1800 425 0090



NON TOLL FREE
+91 040 23001181



SMS
IQ to 5757590



WEBSITE
www.edelweissmf.com



EMAIL: INVESTORS
emfhelp@edelweissfin.com

INSTRUCTIONS

General

1. This form can be used by those investors who have earlier not provided the requirements on Additional KYC details, FATCA and CRS details.
2. This form can also be used and attached by those investors who are using OLD Application Forms / Transaction Forms / Slips which do not contain new requirements on FATCA, CRS and KYC details.
3. Non individual investors can mention additional KYC details in this form and should additionally submit the following forms:
 - a. FATCA and CRS details and declaration form.
 - b. Ultimate Beneficial Ownership (UBO) details forms, if applicable.
4. All the information is mandatory. Applications are liable to be rejected without any limitation to the applicants, if all details are not provided by all the investors/unit holders.

Additional KYC Requirements and Details

1. Additional KYC details like Occupation details, Gross Annual Income / Net worth and other details as mentioned in the relevant sections of the form are mandatory for all investors / unit holders as applicable, including joint holders.
2. Details of net worth are mandatory for Non Individual applicants and optional for Individual applicants in lieu of gross annual income. While providing details of net worth, the same should be of a date which is within one year of the application.
3. However, if the investor has provided these details already in response to any request from the Fund, then they may choose to ignore this section.
4. Non Individual applicants, not being a company that is listed on any recognized stock exchange or is a subsidiary of such listed company or is controlled by such listed Company, are also required to submit a declaration of ultimate beneficial ownership in the mandated format as available on the website of the fund.

FATCA and CRS related details

1. Applicants/Unit holders are required to mandatorily provide the relevant information for FATCA and CRS, including Ultimate Beneficial Ownership (UBO) details. In case of any change in any information provided, Unit holders should ensure to advise the Fund/RTA promptly i.e within a period of 30 days.
2. All Applicants/Unit holders, individuals and non individuals, must be aware that the failure to provide all relevant details in relevant section and/or relevant forms will result in rejection of their investment application form, refund of application money, reversal of units allotted and the Fund will not be liable for any consequent loss to the Applicants/Unit holders.
3. Applicants like Individuals (including in the name of sole proprietorship firm), joint applicants, HUF, are required to provide details, as mentioned in this section, like Place and Country of birth, Country of Citizenship/Nationality mandatorily. If the applicant/s have any countries of tax residency other than India, details of all such

countries and relevant tax identification number needs to be provided. If the space in the form is not adequate, applicants are required to attach additional sheets with information duly signed.

4. All Non Individuals should fill and submit a separate form for FATCA and CRS declaration. Non-Individual entities, including partnerships, (other than those listed on a recognized stock exchange in India or is a subsidiary or related or controlled by such listed company) should also fill and submit a form for Ultimate Beneficial Ownership (UBO) details.
5. If you have any questions about your tax residency or other definitions or terms used, please contact your tax advisor. If you are a US citizen or resident or greencard holder, please include United States in the foreign country information field along with your US Tax Identification Number.
6. It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach to the form.
7. Applicant/unit holder should note that they also specifically authorize to disclose, share, remit in any form, mode or manner, all or any of the information provided by, including all changes, updates to such information as and when provided, to the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / associated parties / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India and other investigation agencies without any obligation of advising me/us of the same. Further, applicant/unit holder also authorizes to share the given information to other SEBI Registered Intermediaries to facilitate single submission / updation and for other relevant purposes.
8. Applicant/unit holder also undertakes to keep the Mutual Fund informed in writing about any changes / modification to the above information in future and also undertake to provide any other additional information / documentary proof as may be required.
9. Please note that applicants/unit holders may receive more than one request for information if you have multiple relationships/accounts/folios with us. Therefore, it is important that you respond to each of our request, even if you believe you have already supplied any previously requested information.
10. In case any of the specified information provided by the applicant/unit holder is found to be false or untrue or misleading or misrepresenting, applicant/unit holder will be solely liable and will indemnify the Mutual Fund, its Sponsor, Asset Management Company, Trustees, their employees / associated parties and the RTAs.
11. In case applicant/unit holder has any of the Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, investor to provide relevant details as may be asked for.
12. However, if the investor has provided these details already in response to any request from the Fund, then they may choose to ignore this section.

For Further Information:



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IQ to 5757590



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EMAIL: INVESTORS
emfhelp@edelweissfin.com

Aadhar Update Form (Individual/Sole Proprietors)

Systematix ARN: 64917 EUIN: E-029678

Date / /

(Please fill in BLOCK CAPITAL LETTERS)

To,
Edelweiss Mutual Fund

Folio No.

APPLICANT DETAILS

Name of First Applicant/Guardian/POA Holder

Aadhar Number

Date of Birth / /

PAN/PEKRN

Name of Second Applicant

Aadhar Number

Date of Birth / /

PAN/PEKRN

Name of Third Applicant

Aadhar Number

Date of Birth / /

PAN/PEKRN

DISCLAIMER:

I/We hereby provide my/our consent in accordance with Aadhar Act, 2016 and regulations made there under, for(i) collecting, storing and usage (ii) validating/authenticating and Updating my/our Aadhar numbers(s) in accordance with the Aadhar Act, 2016 (and regulations made there under) and PMLA. I/We hereby provide my/our consent for sharing/disclosure of the Aadhar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my/our PAN.

SIGNATURE	First/Sole Applicant/Guardian	Second Applicant	Third Applicant

ACKNOWLEDGEMENT SLIP (To be filled in by the investor)

Date / /

(For any queries please contact our nearest Investor Service Centre or call us at or Customer Service Number 1800 425 0090)

Edelweiss Mutual Fund

Edelweiss House, Off C.S.T. Road, Kalina, Mumbai - 400 098, Maharashtra
Website: www.edelweissmf.com

ISC Stamp & Signature

Edelweiss Asset Management Limited

(Corporate Identity Number: U65991MH2007PLC173409)

Registered Office: Edelweiss House, Off. C.S.T Road, Kalina, Mumbai 400098

Corporate Office: Tower 3, Wing B, Ground Floor, Kohinoor City Mall, Kohinoor City, Kiroli Road, Kurla (W), Mumbai - 400 070. Maharashtra

Tel.: +91 22 4097 9900 Fax: +91 22 40979878 Website: www.edelweissmf.com

TERMS & CONDITIONS

In accordance with the amendment to Prevention of Money Laundering Act (PMLA) Rules, 2017 dated June 1, 2017, Mutual Funds are mandated to obtain Aadhaar Number ("Aadhaar") from their investors and link the same to his/her/their respective folios. As per the new rules linking of Aadhaar with Mutual Fund investments is mandatory, for all the Unit holders. Failing which, the folios may be made inoperative.

1. The purpose of collection/usage of Aadhaar including demographic information is to comply with applicable laws / rules / regulations and provision of the said data is mandatory as per applicable laws / rules / regulations. Post obtaining Aadhaar, Edelweiss AMC/Fund/RTA shall authenticate the same in accordance with the Aadhaar Act, 2016.
2. Edelweiss AMC/Fund/RTA shall receive investor's demographic information which shall be used only to comply with applicable laws / rules / regulations. Submission of Aadhaar details does not warranty linking of Aadhaar in the investor Folios.
3. Ensure all the details are as per PAN card /KYC / Aadhar Card.
4. If the name does not match with the name appearing on the Pan/Aadhar card authentication may be liable to get rejected.
5. Aadhar No. is optional for minors and mandatory for Guardian.
6. In case of any assistance please contact the nearest Investor eSrvce Centre of Edelweiss Mutual Fund.

Edelweiss Asset Management Limited

(Corporate Identity Number: U65991MH2007PLC173409)

Registered Office: Edelweiss House, Off. C.S.T Road, Kalina, Mumbai 400098

Corporate Office: Tower 3, Wing B, Ground Floor, Kohinoor City Mall, Kohinoor City, Kirool Road, Kurla (W), Mumbai - 400 070. Maharashtra
Tel.: +91 22 4097 9900 Fax: +91 22 40979878 Website: www.edelweissmf.com