

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, Kiroli 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



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IQ to 5757590



WEBSITE
www.edelweissmf.com



EMAIL : INVESTORS
EMFHelp@edelweissfin.com

FATCA AND CRS: DETAILS AND DECLARATION FORM

MANDATORY FOR NON-INDIVIDUAL INVESTORS

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

APPLICANT DETAILS

Applicant Name:

PAN **Application No.**

Folio Nos

INCORPORATION and TAX RESIDENCY DETAILS (Mandatory)

Place of Incorporation:	Country of Incorporation:	Date of Incorporation:	
Is Entity a tax resident of any country other than India? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below)</i>			
	Country of Tax Residency	TIN or equivalent number*	Identification Type
1.			
2.			
3.			
4.			
In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person (as per definition E5), please mention the exemption code in the box:		<input type="text"/>	(refer definition D4)

* In case Tax Identification Number is not available, kindly provide its functional equivalent.

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

FATCA and CRS DETAILS (Mandatory)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, *(please tick as appropriate)*

Financial Institution *(Refer definition A)*
or
 Direct reporting NFE *(Refer definition B)*

GIIN

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below

Name of sponsoring entity:

GIIN - Not Available **Applied for**
If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category (refer definition C)
 Not obtained – Non-participating FI

PART B (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

Is the Entity a publicly traded company? Yes *(If yes, please specify any one stock exchange on which the stock is regularly traded)*
(that is, a company whose shares are regularly traded on an established securities market)
(Refer definition D1)
Name of stock exchange _____

Is the Entity a related entity of a publicly traded company? Yes *(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)*
(a company whose shares are regularly traded on an established securities market)
(Refer definition D2)
Name of listed company _____
Nature of relation: Subsidiary of the Listed Company OR Controlled by a Listed Company
Name of stock exchange _____

Is the Entity an Active NFE? Yes *Also provide UBO Form*
(Refer definition D3)
Nature of Business _____
Please specify the sub-category of Active NFE *(Mention code - refer D3)*

Is the Entity a Passive NFE? Yes *Also provide UBO Form*
(Refer definition E2)
Nature of Business _____

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 of the application form, including FATCA and CRS 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 are true, correct, and complete.

Place : Date :

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

For Further Information:



TOLL FREE
1800 425 0090



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EMAIL: INVESTORS
emfhelp@edelweissfin.com

Declaration for Ultimate Beneficial Ownership [UBO] (Mandatory for Non-individual Applicant/Investor) To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)



Systematix ARN: 64917 EUJIN: E-029678

1 Part I: Applicant/investor details:

Investor Name: _____

Investor PAN: _____ Folio No.: _____ Application No.: _____

2 Part II: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]

(i) I/ We hereby declare that Our company is a Listed Company listed on recognized stock exchange in India a subsidiary of the Listed Company controlled by a Listed Company (ii) Details of Listed Company[^]. Stock Exchange on which listed _____ Security ISIN _____

[^]The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

3 Part III: Category [Please ✓]:

Unlisted Company Partnership Firm LLP Unincorporated association / body of individuals Public Charitable Trust Religious Trust Private Trust/ Trust created by a Will Others _____ [please specify]

4 Part IV: Non-individuals other than Listed Company / its subsidiary company

Please list below each controlling person, confirming ALL countries of tax residency / permanent address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.

S.No.	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type (Refer Instruction 4)	Percentage of beneficial interest	Controlling person type (Refer Instruction 5)	Place & Country of Birth	Date of Birth [dd-mm-yyyy]	Address & Contact details [include City, Pincode, State, Country]	Gender [Male, Female, Others]	Father's Name	Nationality	Occupation
[MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY	MANDATORY
1													Service Business Others
2													Service Business Others
3													Service Business Others
4													Service Business Others
5													Service Business Others

5 Part V: Declaration

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 of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and scheme related documents) and hereby accept the same and further confirm that the information provided by me/us on this form are true, correct, and complete.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Date:

Place:

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Aadhar Updation Form (Non-Individuals)

Systematix ARN: 64917 EUIN: E-029678

Date / /

(Please fill in BLOCK CAPITAL LETTERS)

To,
Edelweiss Mutual Fund

Name of the Non Individual

Folio No. PAN No.

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/disclose 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.

S. No	Name of the Authorised Signatory (as per Aadhar Card)	Aadhar Number of Authorised Signatory (Aadhar Copy for proof required)	Date of Birth (as per Aadhar Card)	Signature of Authorised Signatory

Notes:

1. All details should be as per the Aadhar Card details.
2. In case of AS list more than rows provided, Annexure to be attached in the same format.

Company Seal & Signature

ACKNOWLEDGEMENT SLIP

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
801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina,
Santacruz (E), Mumbai 400098, 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: 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, 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.

In case of any assistance please contact the nearest Investor eSrvce Centre of Edelweiss Mutual Fund

Edelweiss Asset Management Limited

(Corporate Identity Number: U65991MH2007PLC173409)

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