Know Your Client (KYC) Application Form (For Non-Individuals Only)

☐ (Attested) True copies of documents received



Place for Intermediary Logo

Application No. :

Signature Date

Please fill in ENGLISH and in BLOCK LETTERS	CVL	interme	diary L		Systen	natix /	ARN: 6	4917	EUIN:	E-029
A. Identity Details (please see guidelines overleaf)				_	-					
1. Name of Applicant (Please write complete name as per Certificate of Incorporat	tion / Registr	ration; leaving	one box	blank bet	ween 2 w	ords. Ple	ease do n	ot abbrevi	iate the N	lame).
2. Date of Incorporation ddd/mmm//yyyyy	e of Incorp	oration								
3. Registration No. (e.g. CIN)		Date of con	nmencer	nent of	business	d d		1 M /	_ y _ y	у
4. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐ Body Co☐ FPI Category I ☐ FPI Category II ☐ AOP ☐ ☐ Defence Establishment ☐ Body of Individuals ☐ Society ☐ LLI	Bank	☐ Partnership☐ Governme☐ Others (Please	ent Body		rities / NG Ion-Gove			☐ FI ion	☐ FII	
5. Permanent Account Number (PAN) (MANDATORY)		P	ease end	lose a di	lly atteste	d copy	of your P	AN Card		
B. Address Details (please see guidelines overleaf)										
1. Address for Correspondence										
City / Town / Village			4			Po	ostal Code			
State				Country						
Rel. (Off.) (ISD) (STD)		Tel. (Res.) Fax	(ISD)	(STD)						
3. Proof of address to be provided by Applicant. Please submit ANY *Latest Telephone Bill (only Land Line)	*Latest Banl fy)		atement							
City / Town / Village						D _e	ostal Code			
State				Country		r	Stal Code			
 5. Proof of address to be provided by Applicant. Please submit ANY	*Latest Bank fy) itted d	k Account Sta	atement	Reg	istered L	ease / S	Sale Agre	eement o	of Office	Premise
•										
DECLARATION We hereby declare that the details furnished above are true are correct to the best of my/our knowledge and belief and I/we undertal to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading misrepresenting, I am/we are aware that I/we may be held liable for it.	ke he NA	.ME & SI OF AUT PERS	HORI	SED	5)					
Place:										
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MC/Intermediary name OR code					Seal	/Stamp		itermedia aff Name		d contai
] (Originals Verified) Self Certified Document copies received							De:	signation	ı	
7 (444-4-4) 7						N	ame of t	he Orgar	nization	

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, Systematix ARN: 64917 EUIN: E-029678

Kirol Road, Kurla (W), Mumbai - 400070

APPLICANT INFORMA	ATION		
Folio No.	Name of Firs	t Applicant	
In case of Minor - Paren	t/ Legal Guardian Name of 1st Applic	cant	
		Relationship with Minor	
Gross Annual Income [plea	ase √]	Occupation [please ✓]	Legal Status [please ✓]
Below 1 Lac 5-10 Lacs >25 Lacs-1 crore Net-worth in (Mandator	1-5 Lacs 10-25 Lacs >1 crore y for Non-Individuals) ₹	Business Service Professional Agriculturist House Wife Student Defence Bureaucrat Forex Dealer Unlisted Company Body Corporate Public Sector Private Sector Listed Company Others	Resident Individual FII's Society/Club AOP/BOI NRI/PIO FI HUF Minor Partnership Firm Bank Trust
as on DD/MM/	(Not older than 1 year)	For Individual Investor Politically Exposed Person (PEP) Yes No Related to PEP Yes No	Company/Body Corporate Others
Mandatory for	· · · · · · · · · · · · · · · · · · ·	ng any of the following services Yes No	
Non-Individual Investor		ey Changer Services □ Yes □ No ⁄ Services (e.g. casinos, betting syndicates) □ Yes ☑ Yes □ No	; ☐ No
Name of 2nd Applicant	Mr. Ms.		
Gross Annual Income [plea	ase √]	Occupation [please ✓]	Legal Status [please ✓]
Below 1 Lac	1-5 Lacs	Business Service Professional	Resident Individual FII's
5-10 Lacs	10-25 Lacs	Agriculturist House Wife Student	Society/Club AOP/BOI
>25 Lacs-1 crore	>1 crore	Defence Bureaucrat Forex Dealer	NRI/PIO FI HUF
	ry for Non-Individuals) ₹	Unlisted Company Body Corporate Public Sector Private Sector Listed Company Others	Minor Partnership Firm Bank Trust
as on DD/MM/	Y Y Y Y (Not older than 1 year)	For Individual Investor Politically Exposed Person (PEP) Yes No No No No No N	Company/Body Corporate Others
Name of 3rd Applicant	Mr. Ms.		
Gross Annual Income [plea	ase ✓]	Occupation [please ✓]	Legal Status [please ✓]
Below 1 Lac 5-10 Lacs >25 Lacs-1 crore Net-worth in (Mandator	☐ 1-5 Lacs ☐ 10-25 Lacs ☐ >1 crore ry for Non-Individuals) ₹	Business Service Professional Agriculturist House Wife Student Defence Bureaucrat Forex Dealer Unlisted Company Body Corporate Public Sector Private Sector Listed Company Others	Resident Individual FII's Society/Club AOP/BOI NRI/PIO FI HUF Minor Partnership Firm Bank Trust
as on DD/MM/	Y Y Y Y (Not older than 1 year)	For Individual Investor Politically Exposed Person (PEP) Yes No No Related to PEP Yes No	Company/Body Corporate Others
Below 1 Lac 5-10 Lacs >25 Lacs-1 crore Net-worth in (Mandator as on DD/MM/ DECLARATION AND S I hereby declare that the immediately. In case any	1-5 Lacs 10-25 Lacs >1 crore Ty for Non-Individuals) ₹	Business Service Professional Agriculturist House Wife Student Defence Bureaucrat Forex Dealer Unlisted Company Body Corporate Public Sector Private Sector Listed Company Others Please Sectify For Individual Investor Yes No	Resident Individual FII' Society/Club AO NRI/PIO FI HU Minor Partnership Bank Trust Company/Body Corporate Others
	e/1st Applicant/Guardian /	2nd Applicant / Authorised Signatory	











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

APPLI	APPLICANT DETAILS																										
Applican	t Name:														Т							T	T	T	Т		
PAN			T		Ť	$\overline{\Box}$	Ť	$\overline{}$								Арі	plicati	on No.			寸	$\overline{}$	寸	寸	士	T	
Folio Nos																											
					INC	∩RP	OR	ΔΤΙ	ON s	nd 1	ΓΔ	/ RF	SID	ENC.	ν г	DETA	II S/	Manc	lator	~\)							
Place o	of Incorpora	ition:			IIVO	OIXI			try of					LING			ILS(ncorp	ora	ation:					
	ty a tax r		of	anv										ıntrv/ie	s ir	which	the e							es a	nd the	<u> </u>	
	other than	India?			□ Y	es [□N	(If yes, please provide country/ies in which the entity is a resident for tax pure associated Tax ID number below) TIN or equivalent number* Identification Type																			
1.	Country of	iax re	side	ПСУ					- 111	N OI E	equi	ivalei	nt nui	nbei		luen	uncau	ion ry	pe								
2.																											
3.																-											
4.	the Entity's	e Count	try of	Incor	orati	on / -	Tavi	rocid	anco i	۰ ۱۱ ۹	: hı	ıt En	tity ic	not a				1									
Specifie	ed U.S. Pers	son (as p	per d	efinitio	n E5),	, plea	se m	entic	n the	exem	ptio	n coc	•					(refe	r defi	inition	D4	ł)					
	* 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)																											
				G	111	1																					
☐ Financial Institution (Refer definition A) or													are sp name		sored b	y ano	ther en	tity, pi	lease	pro	vide j	our.	spor	isor's			
Direct reporting NFE (Refer definition B) Name of sponsoring entity:																											
GIIN	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				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 Y publicly traded company?				Yes [(If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)																							
<u> </u>					Name of listed company																						
traded on an established securities market)					Na	Nature of relation: Subsidiary of the Listed Company OR Controlled by a Listed Company																					
(Refer definition D2) Name					Name of stock exchange																						
Is the Entity an Active NFE?					Yes Also provide UBO Form																						
(Refer definition D3) Na					Nature of Business																						
Please s						e spe	ecify tl	he su	b-c	atead	orv of	Active	e N	FE		(Ment	ion co	de - r	efer	D3)							
riease spe							Please specify the sub-category of Active NFE (Mention code - refer D3)																				
Is the Entity a Passive NFE?						res Also provide UBO Form																					
(Refer de	efinition E2)					N	ature	e of B	usine	ss																	
and corre necessary I / We ha including I instruction	nowledge and cot to the be consultation ave understood FATCA and Cos and schein provided by	est of m with tax od the ir CRS requ me rela	y/our profe nforma uirema ited o	knowle ssionals ation re ents, te docume	edge a s. equirer rms a nts) a	and be ments nd cor and h	elief of th nditio ereby	and ne ap ns (re y cor	provide plicatio ead alc efirm t	ed afte n forn ng wit hat th	er n, th																
Place :				Date): [Aut	horized	l Si	gnatori	es[with	n Comp	any/Tr	rust/Fi	rm/E	Body (Corp	orate	seal]		

For Further Information:











Declaration for Ultimate Beneficial Ownership [UBO] Systematix ARN: 64917 EUIN: E-029678

(Mandatory for Non-individual Applicant/Investor) To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Edelweiss Mutual Fund

н	Part I: Ap	Part I: Applicant/Investor details:	details:											
	Investor Name:	lame:												
	Investor PAN:	AN:		Folio No.:			Applic	Application No.:						
7	Part II: Li	Part II: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]	s subsidiary cor	npany [Part III L	etails NOT APPI	ICABLE]								
	(I) I/ We h	(I) I/ We hereby declare that Our company is	ur company is	a Listed Com	a Listed Company listed on recognized stock exchange in India	ognized stock	exchange in Indi		a subsidiary of the Listed Company		rolled by a L	controlled by a Listed Company		
	(ii) Details ^The detail	(ii) Details of Listed Company^. Stock Exchange on which listed	. Stock Exchange spany to be provided	Stock Exchange on which listedany to be provided in case the applican	t/investor is a subsid	iary company.		Sec	Security ISIN					
ო	Part III: C	Part III: Category [Please ✓]:]:											
	Unlist	Unlisted Company Par	Partnership Firm	LLP Uninco	Unincorporated association / body		of individuals	Public Charitable Trust		Religious Trust Private Tru	st/Trust crea	Private Trust/ Trust created by a Will Others	ers	please specify
4	Part IV: N	Part IV: Non-individuals other than Listed Company / its subsidiary company	her than Listed	Company / its s	ubsidiary compa	ıny								
	Please list the given f	Please list below each controlling person, confirming ALL countries of tax residency / permane the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.	ing person, confired as additional s	ming ALL countrie heet(s) duly signe	s of tax residency / d by Authorized Sig	permanent a	address / citizens	ship and ALL Tax	Identification N	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.	ng person. If	the given rows are not	sufficient, required	information in
	S.No.	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type (Refer Instruction 4)	ra- ge	Controlling person type Code (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	ATORY					/W	NDATORY. I	MANDATORY, IF PAN NOT PROVIDED		
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	П													Service
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	m													Business
														Service
	4													Business
	25													Business
														Others
	5 Part \	Part V: Declaration												
	I /We correc	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	confirm that the your knowledge	information provided and belief and	ded above is/are provided after n	true and ecessary						Date:		
	consu I / We	consultation with tax professionals.	essionals.	uirements of the	anolication form, i	ncluding								
	FATCA	FATCA and CRS requirements, terms and conditions (read along with instructions and	ents, terms and c	conditions (read a	long with instruct	ions and								
	inform	scheme related documents) and nereby accept the same and further confirm that the information provided by me/us on this form are true, correct, and complete.	נs) מחם חפו פטא ne/us on this form	are true, correct,	d Turtner commining and complete.	that the	Author	ized Signatories	[with Company	Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]	ate seal]			

Aadhar Updation Form

(Non-Individuals)

Systematix ARN: 64917 EUIN: E-029678



				Date	2 / /				
	fill in BLOCK CAPITAL LETTERS)								
To, Edelwei	ss Mutual Fund								
	f the Non Individual								
Folio No	o.	lo.							
storing a 2016(an number	reby provide my/our consent in accordance and usage (ii) validating/authenticating and ad regulations made there under) and PMLA (s) including demographic information wit gistrar and Transfer Agent(RTA) for the pur	I Updating my/our Aadha A. I /We hereby provide n h the asset managemen	ar numbe ny/our co it compa	ers(s) in acco onsent for sha nies of SEBI	rdance with the Aadhar Act, aring/disclose of the Aadhar registered mutual fund and				
S. No	Name of the Authorised Signatory (as per Aadhar Card)	Aadhar Number of Authorised Signatory (Aadhar Copy for proof required)		of Birth (as dhar Card)	Signature of Authorised Signatory				
2. In ca	etails should be as per the Aadhar Card det se of AS list more than rows provided, An e format.		າ the	Comp	any Seal & Signature				
ACKNO	WLEDGEMENT SLIP			Date	2 / /				
(For any	queries please contact our nearest Investo	or Service Centre or call u	ıs at or Cı	ustomer Serv	rice Number 1800 425 0090)				
801, 802 Santacri	ss Mutual Fund 2 & 803, 8th Floor, Windsor, Off C.S.T. Road uz (E), Mumbai 400098, Maharashtra e: www.edelweissmf.com	, Kalina,		ISC	Stamp & Signature				

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 eSrvice Centre of Edelweiss Mutual Fund