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)

Edelweiss | MUTUAL FUND
Ideas create, values protect

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 ARN	Sub-Broker Code INTERNAL CODE	Employee Unique IDENTIFICATION NO. (EUIN)	E-Code	RIA CODE ONLY FOR DIRECT INVESTMENT	APPLICATION NO.
ARN:64917			E-029678			

***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)

☐ 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.

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	☐ Indian ☐ 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 ✓]

☐ 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)

Occupation* [Please ✓]

☐ Business ☐ Service ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Student ☐ Defence ☐ Bureaucrat

☐ Forex Dealer ☐ Unlisted Company ☐ Body Corporate ☐ Listed Company ☐ Others _____

For Individual Investor* Politically Exposed Person (PEP) ☐ YES ☐ NO Related to PEP ☐ YES ☐ NO

Legal Status* [Please ✓]

☐ Resident Individual ☐ FII's ☐ Society/Club ☐ AOP/BOP ☐ NRI/PIO ☐ FI ☐ HUF ☐ Minor ☐ Partnership Firm

☐ Bank ☐ Trust ☐ Company/Body Corporate ☐ NPO ☐ Others _____

Mandatory for Non-Individual Investor

Is the entity involved/providing any of the following services ☐ **YES** ☐ **NO** **[Also attach Ultimate Beneficiary Ownership form]**

- For Foreign Exchange / Money Changer Service ☐ YES ☐ NO
- Gaming/Gambling/Lottery Services (e.g. casinos, betting syndicates) ☐ YES ☐ NO
- Money Lending / Pawning ☐ YES ☐ NO

Mode of Holding* [Please ✓] ☐ Single ☐ Joint ☐ Any one or survivor (s) (Default)

NAME OF 2ND APPLICANT	**Mr.**	**Ms.**	**M/s.**																											
CKYC Key Identification Number																					PAN									
Aadhar No. (UID No.)																					DOB									

GROSS ANNUAL INCOME [Please ✓]

☐ 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)

Occupation* [Please ✓]

☐ Business ☐ Service ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Student ☐ Defence ☐ Bureaucrat

☐ Forex Dealer ☐ Unlisted Company ☐ Body Corporate ☐ Listed Company ☐ Others _____

For Individual Investor* Politically Exposed Person (PEP) ☐ YES ☐ NO Related to PEP ☐ YES ☐ NO

Legal Status* [Please ✓]

☐ Resident Individual ☐ FII's ☐ Society/Club ☐ AOP/BOP ☐ NRI/PIO ☐ FI ☐ HUF ☐ Minor ☐ Partnership Firm

☐ Bank ☐ Trust ☐ Company/Body Corporate ☐ NPO ☐ Others _____

NAME OF 3RD APPLICANT	**Mr.**	**Ms.**	**M/s.**																											
CKYC Key Identification Number																					PAN									
Aadhar No. (UID No.)																					DOB									

GROSS ANNUAL INCOME [Please ✓]

☐ 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)

Occupation* [Please ✓]

☐ Business ☐ Service ☐ Professional ☐ Agriculturist ☐ Housewife ☐ Student ☐ Defence ☐ Bureaucrat

☐ Forex Dealer ☐ Unlisted Company ☐ Body Corporate ☐ Listed Company ☐ Others _____

For Individual Investor* Politically Exposed Person (PEP) ☐ YES ☐ NO Related to PEP ☐ YES ☐ NO

Legal Status* [Please ✓]

☐ Resident Individual ☐ FII's ☐ Society/Club ☐ AOP/BOP ☐ NRI/PIO ☐ FI ☐ HUF ☐ Minor ☐ Partnership Firm

☐ Bank ☐ Trust ☐ Company/Body Corporate ☐ NPO ☐ Others _____

6 POWER OF ATTORNEY (POA)

If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

POA NAME	**Mr.**	**Ms.**	**M/s.**																		PAN									

7 FATCA/CRS/KYC ADDITIONAL DETAILS

Non Individual Investors should mandatory fill separate FATCA/CRS details form (Refer Instruction No.XVII)

Sole / First Applicant / Guardian	2nd Applicant	☐ 3rd Applicant ☐ POA
Place & Country of Birth : _____ / _____	Place & Country of Birth : _____ / _____	Place & Country of Birth : _____ / _____

#Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc.

Country #	Tax Identification Number	Identification Types	Country #	Tax Identification Number	Identification Types	Country #	Tax Identification Number	Identification Types
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		

8 BANK ACCOUNT DETAILS

(Refer Instruction No.IV)

A/c Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Account No | Bank Name

Branch Add.

Pin | IFSC CODE | MICR CODE

9 PAYMENT DETAILS

Mode of Payment [Please ✓] ☐ RTGS/NEFT ☐ Transfer Letter ☐ Cheque Cheque No. | Date

Gross Amount (₹) | DD Charges (₹) | Net Amount (₹)

Bank/Branch & City

Account No. | Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

10 FOR LUMPSUM/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 _____

11 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. (CSDL)**

Depository Participant (DP) Name :

DP ID NO.: | Beneficiary A/C No.

12 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

13 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

DATE : ____ /____ /_____ PLACE : _____

Edelweiss Ideas create, values protect | MUTUAL FUND

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)