

Know Your Customer (KYC) Application Form | Individual



Important Instructions:

- A. Fields marked with '**' are mandatory fields.
- B. Tick " wherever applicable.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. CKYC number of applicant is mandatory for update application.
- J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

ARN-64917 E434563

For office use only

(To be filled by financial institution)

Application Type* New Update

CKYC Number (KIN) Number (Mandatory for KYC update request)

Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

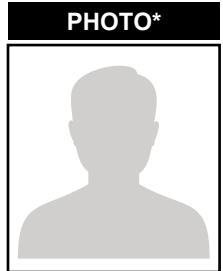
1. Personal Details (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name	<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*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T- Transgender	
PAN*	<input type="text"/>			
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country	Country Code	<input type="text"/>
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin

2. PROOF OF IDENTITY AND PERMANENT ADDRESS* (Please refer instruction B at the end)

I Certified copy of Officially valid document (OVD) or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number Passport Expiry Date
- B-Voter ID Card
- C-Driving Licence Driving Licence Expiry Date
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*



Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3. CURRENT/CORRESPONDENCE ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- A-Passport Number
- B-Voter ID Card
- C-Driving Licence
- D-NREGA Job Card
- E-National Population Register Letter
- F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- II E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- III Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- IV Deemed Proof of Address – Document Type code

Address

Line 1*

Line 2

Line 3 City/Town/Village*

District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction C at the end)

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

5. Remarks (If any)

6. 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 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 and to download the information from CKYCR.
- I am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data/ applicable Aadhaar XML data with KRA and share the data to other Participating intermediaries as mandated by PMLA Act/ Rules/ SEBI guidelines.

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

Date: - -
 Place:

7. Attestation / For Office Use only

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

KYC documents verification carried out by (Refer instruction E)

Date: - -
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch
 [Employee Signature]

Institution details

Name
 Code
 [Institution Stamp]

In-Person Verification (IPV) carried out by (Refer instruction F)

Date: - -
 Emp. Name
 Emp. Code
 Emp. Designation
 Emp. Branch
 [Employee Signature]

Institution details

[Institution Stamp]

CKYC & KRA KYC Form

ARN-64917 E434563



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

	Prefix	First Name	Middle Name	Last Name
Name* (same as ID proof)	<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*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others - Country <input type="text"/>	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector	
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student	
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorised		



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)

<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"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<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"/>

3. Proof of Address (PoA)*

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

Address

Line 1*	<input type="text"/>	City / Town / Village*	<input type="text"/>
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	<input type="text"/>	Zip / Post Code*	<input type="text"/>
		State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	<input type="text"/>	Country*	<input type="text"/> Country Code <input type="text"/> 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 Expiry Date	<input type="text"/>
<input type="checkbox"/> Passport Number	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>		
<input type="checkbox"/> Driving Licence	<input type="text"/>		
<input type="checkbox"/> Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

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*	<input type="text"/>	City / Town / Village*	<input type="text"/>
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	<input type="text"/>	Zip / Post Code*	<input type="text"/>
		State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	<input type="text"/>	Country*	<input type="text"/> Country Code <input type="text"/> 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 [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)

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.

Date: -- Place:

[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

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]

FATCA, CRS AND ADDITIONAL KYC

Details and Declaration Form



Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

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

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SOLE / FIRST INVESTOR DETAILS	
Name <input style="width: 95%;" type="text"/>	Application No. <input style="width: 95%;" type="text"/>
PAN <input style="width: 100%;" type="text"/>	Folios Nos. <input style="width: 100%;" type="text"/>

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 DDMMYY [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 [Please tick ✓] 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 [Please tick ✓] 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 it's Identification type eg. TIN etc.

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

* To also include USA, where the individual is a citizen / green card holder of The USA
 % In case Tax Identification Number is not available, kindly provide its functional equivalent \$

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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