





Please read Product Labeling available on the Front Inside Cover Page and instructions before filling this form
(all points marked * are mandatory)

 **TOLL FREE**
1800 425 0090
 **NON TOLL FREE**
+91 40 23001181
 **SMS**
10 to 5757590
 **WEBSITE**
www.edelweissmf.com
 **EMAIL : INVESTORS**
emfhelp@edelweissfin.com

Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.

Legal Status* [Please ✓]

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

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

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			<input type="checkbox"/> 3rd Applicant		<input type="checkbox"/> 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 LUMP SUM/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 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

CAF

Application No:

Scheme_____ Plan _____ Option_____

vide Cheque No _____ Dated ____/____/____ Amount (₹) _____ Drawn on

Bank and Branch _____

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Collection Center's Stamp &
Receipt Date and Time

Please read Product Labeling available on the Front Inside Cover Page and instructions before filling this form
(all points marked * are mandatory)

MUTUAL
FUND

Investment Manager: Edelweiss Asset Management Limited. Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098

* 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'

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.

3	INVESTMENT DETAILS	Scheme / Plan / Option / Facility	Edelweiss -	Scheme	Plan	Option/Facility
---	--------------------	-----------------------------------	-------------	--------	------	-----------------

(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) Dividend Reinvestment Facility is not available under Edelweiss ELSS Fund

Dividend Sweep to Scheme

Installment Period : From Date										To Date										or Perpetual (99 years) (Default)									
--------------------------------	--	--	--	--	--	--	--	--	--	---------	--	--	--	--	--	--	--	--	--	-----------------------------------	--	--	--	--	--	--	--	--	--

Amount Per Installment : Amount in words :

1st Installment Cheque Details : Cheque / DD No.	Amount (`)
--------------------------------------------------	------------

Drawn on Bank & Branch :

Photo ID Proof number in case of Micro SIP of 1st Applicant	2nd Applicant	3rd Applicant
-------------------------------------------------------------	---------------	---------------

I/We hereby authorize Edelweiss Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing / Auto Debit for collection of SIP Payments.
Note: Please allow 1 month Auto Debit to register and start

Frequency Details [Please ✓]

<input type="checkbox"/> Daily SIP	<input type="checkbox"/> Weekly SIP	<input type="checkbox"/> Fortnightly SIP	<input type="checkbox"/> Monthly SIP	<input type="checkbox"/> Quarterly SIP
All Business Day	<input type="checkbox"/> 7th, 14th, 21st, 28th of any month	<input type="checkbox"/> 10th and 25th	DATE : <input type="text"/> / <input type="text"/> / <input type="text"/> Preferred Debit Date (Any date except last three dates of month)	DATE : <input type="text"/> / <input type="text"/> / <input type="text"/> Preferred Debit Date (Any date except last three dates of month)

SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount	(The amount should be in multiples of Rs.500 only)
-----------------------------------------------------------------------	----------------------------------------------------

Top-up Cap Maximum SIP Amount : **SIP Top-up Frequency** : ☐ Half Yearly ☐ Yearly **Top-up Cap** (Refer Instruction No.35)

4 **DECLARATION AND SIGNATURE** (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')* DATE : ___/___/___ PLACE : _____

I/We declare that the particulars furnished here are correct. I/We authorise Edelweiss Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP instalments through an Electronic Debit arrangement. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We will also inform Edelweiss Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in EDELWEISS MUTUAL FUND by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Edelweiss Mutual Fund using this facility.

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
------------------------	------------------	-----------------



Tick (✓)																					Date	<div style="display: flex; justify-content: space-between;"> <div>D D M M Y Y Y Y</div> </div>																	
Create (✓)	<div style="display: flex; justify-content: space-between;"> <div>UMRN</div> <div>For Office Use only</div> </div>																																						
Modify (✗)	Sponsor Bank Code										Utility Code																												
Cancel (✗)	I/We hereby authorize										EDELWEISS MUTUAL FUND										To Debit (✓)										SB / CA / CC SB NRE / SB NRO / Other								
Bank A/c. Number																																							
With Bank										IFSC										or MICR																			
An Amount of Rupees																				₹																			
FREQUENCY <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented										DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount																													
Reference /Folio No.																				Phone No.																			
Scheme Name																				ALL SCHEMES OF EDELWEISS MUTUAL FUND										Email ID									
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.																																							
PERIOD <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 20%;"> From To Or </div> <div style="width: 20%;"> <div style="display: flex; justify-content: space-between;"> <div>D D M M Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>D D M M Y Y Y Y</div> </div> <div>Until Cancelled</div> </div> <div style="width: 60%; text-align: center;"> <div style="display: flex; justify-content: space-between;"> <div>Signature Primary Account holder</div> <div>Signature Account holder</div> <div>Signature Account holder</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>1. Name as in Bank Records</div> <div>2. Name as in Bank Records</div> <div>3. Name as in Bank Records</div> </div> </div> </div>																																							

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized debit.

My SIP GOAL☐

Buying Home

☐

Child's Education

☐

Retirement Planning

☐

Wealth Creation

(Select Any One Goal)

My Goal Amount : ₹. _____

Instructions

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (Maximum length – 20 Alpha Numeric Characters).
2. Date in DD/MM/YYYY format.
3. Sponsor Bank IFSC / MICR code, le padded with zeroes where necessary (Maximum length – 11 Alpha Numeric Characters).
4. Utility Code of the Service Provider (Maximum length – 18 Alpha Numeric Characters).
5. Name of the entity to whom the mandate is being given
6. Tick on box to select type of actions to be initiated.
7. Tick on box to select type of actions to be affected.
8. Customer's legal account number, le pad
9. IFSC / MICR code of customer bank. (Maximum length – 11 Alpha Numeric Characters).
10. Amount payable for service or maximum amount per transaction that could be processed, in words.
11. Amount in figures, similar to the amount mentioned in words (Maximum length 13 digit Numeric, in paise).
12. Tick on box to select frequency of transaction.
13. Validity of mandate with dated in DD/MM/YYYY format.
14. Names of customer/s and signatures as well as seal of Company (where required).
15. Telephone no. with STD code of customer.
16. Email ID of customer.

TOLL FREE
1800 425 0090NON TOLL FREE
+91 40 23001181SMS
IQ to 5757590WEBSITE
www.edelweissmf.comEMAIL : INVESTORS
emfhelp@edelweissfin.com

Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.

