

# APPLICATION FORM

Please read Product Labeling available on the Front Inside Cover Page and instructions before filling this form  
(all points marked \* are 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, Kiroi Road, Kurla (West), Mumbai - 400070

<b>1 DISTRIBUTOR INFORMATION</b>						<b>FOR OFFICE USE ONLY</b>		<b>Application No:</b>
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E - Code	RIA Code	Registrar/Bank Serial No.	Date & Time of Receipt	CAF
	ARN	Internal Code	Identification No. (EUN)*		Only for Direct Investments			
		120166	185708					

\*Investors should mention the EUN 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 EUN 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".

Upright 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'

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

Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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Make your selection before filling the form (Please ✓) ☐ INVEST NOW ☐ ZERO BALANCE FOLIO (Refer Instruction No. XII)

<b>2 TRANSACTION CHARGES (Please ✓) (Default option Existing Investor) (Refer Instruction No. XIII)</b>	
<input type="checkbox"/> I am a First Time Investor in Mutual Funds	<input type="checkbox"/> 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. (Refer Instruction No. XII)

Folio No.	Name of First Applicant
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<b>4 Mandatory *</b>	<b>PAN</b> Please attach certified PAN copy (Refer Instruction No. V)	<b>Know Your Customer (KYC)</b> (Refer Instruction No. X)
1st Applicant / Guardian	P A N N U M B E R Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)

**5 APPLICANT INFORMATION (Refer Instruction No. II) to be filled in BLOCK LETTERS\*** Applications from residents of USA and Canada will not be accepted

Name of Sole /1st Applicant	Mr. Ms. M/s. Others (Please Specify)	Date of Birth (DOB)^ / Date of Incorporation	D D M M Y Y
In case of Minor - Parent/ Legal Guardian Name of 1st Applicant /Contact person (in case of non individual applicant)			
Relationship with Minor/ Designation			
^Mandatory proof of Date of Birth for Minors (Any One) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Mark sheet issued by Higher Secondary Board / ICSE / CBSE <input type="checkbox"/> Others Please Specify			
Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address			
City	State	Country	I N D I A Pin Code
Contact Details of Sole / First Applicant	Email ID (In BLOCK Letters)	Mobile No.	
Tel. No.	STD Code	Res.	Office Fax
Email ID & Mobile No. are essential to enable us to communicate with you better			
Overseas Address (mandatory for NRI/FII applicant*)			
Country	Zip Code	Address for correspondence (for NRI applicants) <input type="checkbox"/> Indian <input type="checkbox"/> Overseas	

**E-MAIL COMMUNICATION (Refer Instruction No. III) [please ✓]**

I/we wish to receive the following document via email in lieu of physical document(s) Account Statement / News Letter / Annual Report / Other Statutory Information ☐ Yes ☐ No

<b>Gross Annual Income [please ✓]*</b>	<b>Occupation* [please ✓]</b>	<b>Legal Status* [please ✓]</b>
<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	<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"/> Foreman <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify	<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"/> NPO <input type="checkbox"/> Others Please Specify
Net-worth in (Mandatory for Non-Individuals) ₹ ..... as on D D / M M / Y Y Y Y (Not older than 1 year)	<b>For Individual Investor*</b> Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Mandatory for Non-Individual Investor</b>	Is the entity involved/providing any of the following services <input type="checkbox"/> Yes <input type="checkbox"/> No [(Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV)] • 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
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**Mode of Holding\* [please ✓]** ☐ Single ☐ Joint ☐ Any one or survivor(s)

Name of 2nd Applicant	Mr. Ms.	PAN
<b>Gross Annual Income [please ✓]*</b>	<b>Occupation* [please ✓]</b>	<b>Legal Status* [please ✓]</b>
<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	<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"/> Foreman <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify	<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"/> NPO <input type="checkbox"/> Others Please Specify
	<b>For Individual Investor*</b> Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of 3rd Applicant	Mr. Ms.	PAN
<b>Gross Annual Income [please ✓]*</b>	<b>Occupation* [please ✓]</b>	<b>Legal Status* [please ✓]</b>
<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	<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"/> Foreman <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify	<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"/> NPO <input type="checkbox"/> Others Please Specify
	<b>For Individual Investor*</b> Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	



## ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Application No:

CAF

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment  
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



TOLL FREE  
1800 425 0090



NON TOLL FREE  
+91 40 23001181



SMS  
IQ to 5757590



WEBSITE  
www.edelweissmf.com



EMAIL : INVESTORS  
emfhelp@edelweissfin.com

[illegible]

Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant		<input type="checkbox"/> POA	
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	

#Please indicates all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type e.g.: 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		

A/c Type [please ✓]		<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR										
Account No					Bank Name											
Branch Address																
Pin		IFSC Code					MICR Code									

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 Sweep to Scheme _____ Plan _____ Option _____				

Mode of Payment [please ✓]		<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	Cheque No.					Date	D	D	M	M	Y	Y	Y	Y
Gross Amount (₹)				DD Charges (₹)				Net Amount (₹)										
Bank /Branch & City																		
Account No.						Account Type [please ✓]												
						<input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR												

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. (CDSL)

Depository Participant (DP) Name: 

**DP ID No.:**  **Beneficiary A/c No.**

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 a valid discharge by the AMC/Mutual Fund/Trustee Company.

Name of Nominee	Date of Birth <i>(If Nominee is minor)</i>	Allocation (%)	Name of Legal Guardian/Parent <i>(If Nominee is minor)</i>	Relationship with nominee	Address of Nominee/ Legal Guardian

I/we have read and understood the contents of the Scheme/Investment 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 bring my/our investment below 25%. I/We have not received nor been induced by any rebate or discount, directly or indirectly, from this Trustee of Edelweiss Mutual Fund, its Investment Manager and its agents to disclose the form of my investment to my bank(s) Edelweiss Mutual Funds and/or my distributor / Broker / Investment Advisor. I/We hereby authorize you to disclose shareholding information of me/us in the form of information, including all such updates, such as the 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 authorities 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 folio(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.

I/we confirm that I am/ we are 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.

I/We confirm that I am/ we are 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.

I/We confirm that I am/ we are not resident(s) of United States under the laws of United States or resident(s) 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 ✓ (Including amount of Additional Purchase Transaction made in future)

☐ Repatriation ☐ Non Repatriation

Date	D	D	M	M	Y	Y	Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Place										

For Detailed Instructions on Filling the Application Form please refer to next page.

CHECKLIST ( Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public.)

[illegible]