

SPECIAL PRODUCT FORM



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 - 400098

STP SWP

DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY	
Name & Distributor Code	Sub-Broker Code	Employee Unique Identification Number (EUIN)*	Sub-Broker Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt
ARN		120166		Internal Code		
185708						

*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 is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

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'

Please read the instructions carefully, before filling up the application (all columns marked* are mandatory). All sections to be filled in English and in BLOCK LETTERS.

Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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2 NEW / EXISTING UNIT HOLDER INFORMATION

Folio / Application No. _____ Name of the Sole/1st Applicant _____

3 TRANSACTION CHARGES (Please ✓) (Default option Existing Investor) (Refer Instruction No. XIV)

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.

4 SCHEME DETAILS

Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan	Option/Facility
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(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy)

Schemes offered by Edelweiss Mutual Fund:

Equity Schemes		Debt Schemes	
Edelweiss Absolute Return Fund		Edelweiss Liquid Fund	
Edelweiss Diversified Growth Equity Top 100 (E.D.G.E. Top 100) Fund		Edelweiss Ultra Short Term Bond Fund	
Edelweiss ELSS Fund		Edelweiss Monthly Income Plan	
Edelweiss Select Midcap Fund		Edelweiss Short Term Income Fund	
Edelweiss Equity Enhancer Fund		Edelweiss Gilt Fund	

5 FREQUENCY DETAILS (Please ✓)

<input type="checkbox"/> Daily (STP)	<input type="checkbox"/> Weekly (STP)	<input type="checkbox"/> Monthly (STP/ SWP)	<input type="checkbox"/> Quarterly (SWP)
All Business Days	<input type="radio"/> 7th, 14th, 21st, 28th of any month	<input type="radio"/> 7th <input type="radio"/> 21st	<input type="radio"/> OR <input type="radio"/> 14th <input type="radio"/> 28th

6 SYSTEMATIC TRANSFER PLAN (STP) DETAILS (Not applicable for ELSS Scheme)

To Scheme _____ Option _____
 STP Period: From Date To Date Daily Weekly Monthly
 Amount Per Installment: _____ Amount (in words) _____

7 SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (Not applicable for ELSS Scheme) (Only Monthly and Quarterly options are available)

Amount per Withdrawal: _____ Amount (in words) _____
 SWP Period: From Date To Date Quarterly

DECLARATION AND SIGNATURES

Having read and understood the contents of Statement of Additional Information (SAI), Scheme Information Document (SID) of the Scheme(s), I/We hereby apply to the Trustees of Edelweiss Mutual Fund for units of Scheme(s) of Edelweiss Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme(s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the Scheme(s). I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.

For Micro SIP investors- I/we hereby declare that the I/we do not have any existing Micro SIP's which together with current application will result in aggregate investments exceeding ₹50,000/- in a financial year.

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.

For NRIs/FII's only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRSR Account. (Please) (Including amount of transactions made in future)

Repatriation Non Repatriation

1st / Sole Applicant

2nd Applicant

3rd Applicant
