

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, Kirol Road, Kurla (West), Mumbai - 400070

Application No.

I am a First Time 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. 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 Mandatory * PAN Please attach certified PAN copy (Refer Instruction No. V) Ist Applicant /Guardian PAN NUMBER Yes (Please submit proof) Yes (Please submit KYC Application Form)	DISTRIBUTOR INFORMATION						FOR OFFICE USE ONLY					Application No:
Advanced to the control of the contr	Name & Distributor Code	ARN Interr	nal Code Indentification No. (EUIN)*			ts	Registr	ar/Bank Serial No.	Date	& Time of Rec	eipt	CAF
Advanced to the section of the control of the contr	*Investors should mention by me/us as this transact provided by the employe	n the EUIN of the perso ion is executed without e/relationship manage	on who has advised the investor. If le t any interaction or advice by the en r/sales person of the distributor/sub	ft blank, the fu ployee/relation broker".	ınd will assume follo onship manager/sale	wing dec es person	laration of the	by the investor above distributo	"I/We hereby r/sub broker	confirm that or notwithsta	the EUIN b nding the a	ox has been intentionally left blank dvice of in-appropriateness, if any,
TRANSCION CHARGES (Please Y.) (Default option Existing Investor) (Refer Instruction No. XII)	Upfront commission sha please mention 'Direct' in All sections to be filled in Use this form If you are r the separate SIP Form	l be paid directly by th the column 'Name & D English and in BLOCK LE naking a one time inve	e investor to the AMFI registered D Distributor Code'	istributors bas	ple/1st Applicant/Gu	uardian /	,					
an a Estat fue tower for in Mutual Funds are after the subscription received by the deducted receive the subscription amount and paid or the distribution that in the mutual fund disease) or 150/. [for inclusion surrain of measural in Chapter, 50/.] Folio No.	Make your selec	tion before filling	g the form (Please √)	INVEST	NOW ZE	ERO BA	ALANG	CE FOLIO (I	Refer Insti	ruction No	. XII)	
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Mandatory * PAN Please attach certified PAN copy (Refer Instruction No. V) Xnow Your Customer (NCT) (Refer Instruction No. X) List Applicant / Gundling No. X) List Applicant / Mr. Ms. M/s. Gundling No. X Date of Birth (DOB)* / Date of Incroporation Date of Birth Certificate Passport Mark sheets to seed by Higher Secondary Board / Stock / CSE / CSE Others	EXISTING UNIT H	OLDER INFORMA	TION / EXISTING ZERO BA	LANCE FOL	IO NO. If you hav	ve existir	ng folio,	please fill in se	ection 2 and	proceed to se	ection 8. (Refer Instruction No. XII)
APPLICANT INFORMATION (Refer instruction No. III) to be filled in BLOCK LETTERS* Applicant form provided in the provided provided in the provided provided in the provided provided provided in the provided p	Folio No.		Name of Firs	t Applican	it							
APPLICANT INFORMATION (Refer instruction No. II) to be filled in BLOCK LETTERS* Applicant Mr. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms	Mandatory *	P/	AN Please attach certified	PAN copy ((Refer Instruction	ion No.	. V)	K				
Name of Sole / 1st Applicant Mr. Ms. M/s. Increase presented in the control of the composition of the compos		1 . 1 .								`		
In case of Minor - Parent/ Legal Guardian Name of 1st Applicant / Contact person (in case of no individual applicant) In case of Minor - Parent/ Legal Guardian Name of 1st Applicant / Contact person (in case of no individual applicant) Relationship with Minor/ Designation Relationship with Minor/ Designation Relationship with Minor/ Designation Resport Birth Certificate Resport Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address Country In Applicant Contact Datalis Indian ID (In BLOCK Letters) of Sole / First Applicant In A. No. STD Code Res. Country In Applicant Address for correspondence (for NRI applicants) Indian Overseas Resident Country In Indian Overseas Resident Indianal Overseas Resident Indianal In Indian Overseas Resident Indianal In Indianal Interview		<u> </u>			OCK LETTERS*	Ар	plicat	ions from r	esidents d	of USA and	l Canad	a will not be accepted
In case of Minor - Parent/ Legal Guardian Name of 1st Applicant / Contact person (in case of non individual applicant) **Mandatory proof of Date of Birth Certificate	Name of Sole /1s	Applicant Mr.	MIS. MI/S. Others (Pleas	e Specify)			Dot	o of Divelo /	20D)4 / D	ata af Inca		- D D M M V V
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City State Country N D A Pin Code Contact Details Conta		\\	Mark sheet issued by High	ner Second				_			Please Spe	
Contact Details of Sole / First Applicant Tel. No. STD Code Res. Office Fax Contact Details	Mailing Address	of Sole/First Appl	icant (P.O. Box alone may	not be suff	ficient) Oversed	as Inve	stor n	nust provide	Indian A	ddress		
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Email ID & Mobile No. are essential to enable us to communicate with you better Overseas Address (mandatory for NR/Fil applicant*) View with to receive the following document via email in lieu of physical document(s) Account Statement / News Letter / Annual Report / Other Statutory Information Yes No Gross Annual Income [please v']* Below 1 Lac 1.5 Lacs 5.10 Lacs 10.25 Lacs Business Service Professional Agriculturist Agriculturist House Wife States + 10 Universitor* No Horse Company Body Corporate NR/PIO Huse No Others									No.			
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Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs Business	I/we wish to receive	the following docur	ment via email in lieu of physica	l document((s) Account Statem	nent / N	lews Le	tter / Annual	Report / Otl	her Statutory	/ Informat	tion Yes No
Below 1 Lac			. ,					<u> </u>				
Net-worth in (Mandatory for Non-Individuals) \(\bar{\chick}\) Trust Company Body Corporate Minor Partnership Firm Bank Trust	Below 1 Lac	1-5 Lacs 5-10 La	acs 10-25 Lacs	Busine	ess Service	Profess	sional	Agricultur	ist	Residen	t Individu	al FII's Society/Club
Net-worth in (Mandatory for Non-Individuals) \$\begin{align*} \text{Usted Company} & Others \text{Occupation P(PP)} & No \text{Others} & Others \text{Please Specify} \text{Investor*} & Related to PEP \text{Ves No} & Others \text{Occupation No. INV]} \text{No (Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV]} \text{No (Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV]} \text{No (Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV]} \text{No (Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV]} \text{No (Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV]} \text{No (Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV]} \text{No (Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV]} \text{No (Instruction No. XIV]} \text{No (Instruction No. XIV]} No (Instruction No. Instruction No. Ins	>25 Lacs-1 crore	>1 crore										
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Mandatory for Non-Individual Investor	as on DD/M	M / Y Y Y Y	(Not older than 1 year)						es No	Others	y/body c	Please Specify
Mode of Holding* [please ✓] Single Joint Any one or survivor(s)				lowing serv	vices Yes N	No [(Als	so atta	ch Ultimate		Ownership	form) (F	Refer Instruction No. XIV)]
Name of 2nd Applicant Mr. Ms. Gross Annual Income [please *]* Below 1 Lac												
Gross Annual Income [please ✓]* Below 1 Lac	_			survivor(s)								
Below 1 Lac 1-5 Lacs Student Defence Bureaucrat Forex Dealer Unlisted NRI/PIO FI HUF Minor Partnership Firm Bank Trust Company/Body Corporate NPO Others Please Specify Name of 3rd Applicant Mr. Ms. Ms. PAN Related to PEP Yes No Others Please Specify Name of 3rd Applicant Nr. Ms. PAN Description Name of 3rd Applicant Nr. Ms. PAN Description Name of 3rd Applicant Nr. Ns. Ns. PAN Description Name of 3rd Applicant Nr. Ns. Ns. PAN Description Name of 3rd Applicant Nr. Ns. Ns. PAN Description Name of 3rd Applicant Nr. Ns. Ns												
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Below 1 Lac	Name of 3rd App	icant Mr. N	As.							PAN		
Below 1 Lac								Leg	gal Status*	[please ✓]		
S-10 Lacs 10-25 Lacs Southern Southe	Below 1 Lac	1-5 Lacs										
>25 Lacs-1 crore >1 crore For Individual Investor* Politically Exposed Person (PEP) Yes No Others Please Specify						_						
ACKNOWLEDGEMENT SLIP To be filled in by the investor CAF Collection Center's Stamp & Receipt Date and Time Plan Option Drawn on nk and Branch ase note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document) Application No: CAF Collection Center's Stamp & Receipt Date and Time			For Individual Politically	Exposed Per	rson (PEP) Yes							
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www.edelweissmf.com



FATCA/CRS/KYC Additional Detai	IS Non Individual Inv	estors should man	ndatory fill separate FATCA/CRS details j	form		
Sole / First Applicant / G	Guardian		2nd Applicant	3rd A	Applicant	POA
Place & Country of Birth PLAC	E COUNTRY P	lace & Country	of Birth PLACE COUNTRY	Place & Country	of Birth PLACE	COUNTRY
#Please indicates all Countries, other	than India, in which you	are a resident fo	r tax purpose, associated Taxpayer Id	entification Number a	and it's Identification	type e.g.: TIN etc.
Country # Tax Identification Number	Туре	Country #	Tax Identification Number Type	Country #	Tax Identification Number	Identification Type
1	1			1		
3	3			3		
3]			3		
BANK ACCOUNT DETAILS* (Refer	Instruction No. IV for	multiple bank r	registration)			
A/c Type [please ✓] SB	Current	NRO N	IRE FCNR			
Account No			Bank Name			
Branch Address						
Pin	IFSC Code		M	ICR Code		
INVESTMENT DETAILS Choice of	Scheme /Plan / Opt	ion (Refer Instr	ruction No. VI) For SIP Investment Aut	o-Debit Form is mandat	tory	
		·	·			
Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan		Option/Facilit	у
(Default Plan/Option/Facility will	be applied in case of	no information	, ambiguity or discrepancy)			
Dividend Sweep to Scheme			Plan	C	Option	
PAYMENT DETAILS (Refer Instructi	on No. VII)					_
Mode of Payment [please ✓]	RTGS/NEFT	Transfer Letter			Date DDM	$M \;Y\; \;Y\; \;Y\; \;Y$
Gross Amount (₹)		DD Charg	es (₹) Net a	Amount (₹)		
Bank /Branch & City						
Account No.			Account Type [please ✓]	SB Current	NRO	NRE FCNR
with the depository participant]. In case NATIONAL SECURITIES DE Depository Participant (DP) Na	unit holders do not prov POSITORY LTD. (NS	vide their demat a	CENTRAL DEPOS			·
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