

# COMMON APPLICATION FORM

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



# EDELWEISS MUTUAL FUND

APPLICATION NO.

**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.

**PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS. Use this form if you are making a one time investment. For SIP investment use the separate SIP Form.**

DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE <sup>^</sup>
ARN - <b>ARN - 1678</b>	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN) <b>E 087722</b>		ONLY FOR DIRECT INVESTMENT
<p><small>*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 &amp; Distributor Code'. <sup>^</sup>I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.</small></p>					
SIGNATURE (s)		SECOND APPLICANT		THIRD APPLICANT	
SOLE / FIRST APPLICANT					
<input type="checkbox"/> Lumpsum <input type="checkbox"/> Lumpsum with SIP/STP/SWP <input type="checkbox"/> SIP without cheque <input type="checkbox"/> Zero Balance Folio					
Existing Investor's Folio Number <small>(please mention folio here and skip to section 5)</small>			Mode of Holding		
			<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default) <small>(In case of Demat Purchase Mode of Holding should be same as in Demat Account)</small>		
UNIT HOLDING OPTION <input type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode                    These details are compulsory if the investor wishes to hold the units in DEMAT mode.					
Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.					
NSDL DP ID No. Beneficiary Account No.			CDSL Target ID No.		
I N					
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)					

**1 APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS\* APPLICANTS FROM CANADA WILL NOT BE ACCEPTED (Refer Instruction No. II)**

Name of Sole /1st Applicant* <small>(Name as per PAN Card Only)</small>		Mr. Ms. M/s.			CKYC	
PAN*		Date of Birth/Date of Incorporation*		D D M M Y Y Y Y	Mobile	
Mobile No. pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> PMS <input type="checkbox"/> Custodian						
Email ID						
Email ID pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> PMS <input type="checkbox"/> Custodian						
Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. <input type="checkbox"/> I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)						

**TAX STATUS (Applicable for First / Sole Applicant)**

Resident Individual   
  FII's   
  NRI - NRO   
  HUF   
  Club / Society   
  PIO   
  Body Corporate   
  Minor   
  Government Body  
 Trust   
 NRI - NRE   
 Bank & FI   
 Sole Proprietor   
 Partnership Firm   
 QFI   
 Provident Fund   
 Others \_\_\_\_\_

**GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)**

Name as per PAN Card Only*		Mr. Ms. M/s.			Relationship with Minor/Designation	
PAN*		CKYC No.	Date of Birth*		D D M M Y Y Y Y	

**ADDRESS**

City		Country		Pin
State	Resi.	Office	Fax	

**MANDATORY PROOF OF DATE OF BIRTH FOR MINORS (ANY ONE) & RELATIONSHIP PROOF**

Birth Certificate   
  Marksheet (HSC/ICSE/CBSE)   
  School Leaving Certificate   
  Passport   
  Others \_\_\_\_\_

**OVERSEAS APPLICANT DETAILS**

Address (Mandatory for NRI/FII applicant*)			
Country	Zip Code	For NRI applicants <input type="checkbox"/> Indian <input type="checkbox"/> Overseas	
Second Applicant* <small>(Name as per PAN Card Only)</small>		Mr. Ms. M/s.	
Date of Birth*	PAN*	CKYC No.	Mobile
D D M M Y Y Y Y			
Third Applicant* <small>(Name as per PAN Card Only)</small>		Mr. Ms. M/s.	
Date of Birth*	PAN*	CKYC No.	Mobile
D D M M Y Y Y Y			



**ACKNOWLEDGEMENT SLIP**  
To be filled in by the investor

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)

Application No:

Collection Center's Stamp & Receipt Date and Time

**2 POWER OF ATTORNEY (POA)** *If investment is being made by a Constitutional Attorney, please submit notarised copy of POA*

1st Applicant POA Name\* (Name as per PAN Card Only) \_\_\_\_\_ DOB\* 

D	D	M	M	Y	Y	Y	Y
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 PAN\* \_\_\_\_\_

2nd Applicant POA Name\* (Name as per PAN Card Only) \_\_\_\_\_ DOB\* 

D	D	M	M	Y	Y	Y	Y
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 PAN\* \_\_\_\_\_

3rd Applicant POA Name\* (Name as per PAN Card Only) \_\_\_\_\_ DOB\* 

D	D	M	M	Y	Y	Y	Y
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 PAN\* \_\_\_\_\_

**3 KYC DETAILS (Mandatory - Refer Instruction No X for details)**

**OCCUPATION (Please tick ✓)**

First Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence
	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others _____	
Second Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence
	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others _____	
Third Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence
	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others _____	

**GROSS ANNUAL INCOME (Please tick ✓)**

First Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lac  > 25 Lacs - 1 Crore  > 1 Crore  
 Net worth (Mandatory for Non - Individuals) ₹ \_\_\_\_\_ as on 

D	D	M	M	Y	Y	Y	Y
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 [Not older than 1 year]

Second Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lac  > 25 Lacs - 1 Crore  > 1 Crore **OR** Net Worth \_\_\_\_\_

Third Applicant  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lac  > 25 Lacs - 1 Crore  > 1 Crore **OR** Net Worth \_\_\_\_\_

**For Individuals**

	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For Non-Individual Investors (Companies, Trust, Partnership etc.)**

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration)  Yes  No

Foreign Exchange/Money Charger Services  Yes  No Gaming/Gambling/Lottery/Casino Services  Yes  No Money Lending/Pawning  Yes  No

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).  Yes  No

If yes, please quote Registration No. of Darpan portal of Niti Aayog \_\_\_\_\_

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

**4 FATCA/CRS DETAILS** *Non Individual Investors should mandatory fill separate FATCA/CRS details form* (Refer Instruction No.XV)

Sole / First Applicant / Guardian		2nd Applicant		3rd Applicant	
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 Payer Ref ID No	Identification Type [TIN or other, please specify]	Country #	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]
1.			1.		
2.			2.		
3.			3.		

**5 BANK ACCOUNT DETAILS** (Refer Instruction No. IV)

Account No. \_\_\_\_\_ Account Type [Please ✓]  SB  Current  NRO  NRE  FCNR

Bank Name \_\_\_\_\_

Branch Add. \_\_\_\_\_

Pin \_\_\_\_\_ IFSC CODE \_\_\_\_\_ MICR CODE \_\_\_\_\_

**6 PAYMENT DETAILS**

Mode of Payment [Please ✓]  RTGS/NEFT/Fund Transfer  DD  Cheque  AOTM  KOTM Cheque No. \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Gross Amount (₹) \_\_\_\_\_ Net Amount (₹) \_\_\_\_\_ DD Charges (₹) \_\_\_\_\_

**Bank Details:**  Same as above (Please tick (✓) if yes)  Different from above (Please tick (✓) if it is different from above and fill in the details below)

Bank/Branch & City \_\_\_\_\_ LEI No. \_\_\_\_\_

Account No. \_\_\_\_\_ Account Type [Please ✓]  SB  Current  NRO  NRE  FCNR

UMRN No. \_\_\_\_\_

*Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.*

**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

Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FIs	PIO
Resolution/ Authorisation to invest		✓	✓	✓	✓	✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓	
Memorandum & Articles of Association		✓	✓	✓	✓	✓		✓	
Trust Deed						✓			
Bye-laws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate									
Notarised POA					✓				
Proof of Address					✓				✓
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓
Aadhaar	✓	✓	✓	✓	✓	✓			✓

Edelweiss -  (Scheme)

(Plan)  (Option)  (Sub-Option)

(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)

IDCW (Transfer) to Scheme  Plan  Option

**8 SYSTEMATIC TRANSACTION REGISTRATION DETAILS**

SIP		STP		SWP	
Scheme: Edelweiss - <input type="text"/>		Source Scheme: <input type="text"/>		Scheme: <input type="text"/>	
<input type="text"/> Plan <input type="text"/>		Target Scheme: <input type="text"/>			
Option <input type="text"/> Sub-Option <input type="text"/>		Amount (in figures): <input type="text"/>		Amount (in figures): <input type="text"/>	
Installment amount (in figures): <input type="text"/>		Amount (in words): <input type="text"/>		Amount (in words): <input type="text"/>	
Installment amount (in words): <input type="text"/>		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly		Frequency: <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			
Preferred SIP date: <input type="text"/>		Preferred STP date: <input type="text"/>		Preferred SWP date: <input type="text"/>	
(For Monthly & Quarterly only)		(For Monthly & Quarterly only)		(For Monthly & Quarterly only)	
Debit Date: <input type="text"/>		STP Period: <input type="text"/>		SWP Period: <input type="text"/>	
SIP Period: <input type="text"/>		From Date <input type="text"/>		From Date <input type="text"/>	
To Date <input type="text"/>		To Date <input type="text"/>		To Date <input type="text"/>	
<b>(SIP period should not exceed 40 years)</b>		<b>(For monthly and quarterly SIP/STP/SWP select any date except 29th, 30th and 31st)</b>			

**9 NOMINATION DETAILS\* (Mandatory)** (Refer instruction no. IX)

I/We wish to nominate as under:

Sr. No.	Name of Nominee (Name as per PAN Card Only)	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian/Nominee Signature
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD/MM/YYYY	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD/MM/YYYY	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	DD/MM/YYYY	<input type="text"/>	<input type="text"/>

I/We DO NOT wish to nominate

**Declaration for Nomination** (to be signed by all unitholders including joint holders, irrespective of more of holding): I / We do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holders, my / our legal heirs would need to submit all the requisite documents issued by court or such other competent authority, based on the value of the assets held in the mutual fund folio.

**Declaration for Investment:** 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/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 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 IDCW payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/ authenticating and updating my/ our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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.

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 (✓) (Including amount of Additional Purchase Transaction made in future)

Repatriation  Non Repatriation

**Applicable if resident / citizen of a member state of European Union protected under GDPR**

I / We, resident/citizen of a member state of European Union protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on [www.edelweissfin.com](http://www.edelweissfin.com). Please see the tick marks in the relevant boxes below that will apply to me:

- I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement.  YES  NO
- I wish to receive marketing information from Edelweiss Group (\*)  YES  NO
- I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (\*)  Newsletter  Email  Text message  Telephone call  Not interested

**SIGNATURE (s)**

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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DATE : \_\_\_ / \_\_\_ / \_\_\_ PLACE : \_\_\_\_\_