

# 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^
<b>ARN-181211</b>	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN) <b>E</b>		ONLY FOR DIRECT INVESTMENT

\*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'.

^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.

SIGNATURE (s)	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

**MAKE YOUR SELECTION BEFORE FILLING FORM (PLEASE ✓)**

☐ INVEST NOW

☐ ZERO BALANCE FOLIO

(Refer Instruction No.XII)

**TRANSACTION CHARGES (PLEASE ✓)** (Default option Existing Investor)

(Refer Instruction No.XIII)

☐ 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.

### EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio with KYC validated, please mention here and skip to section 5)

### INVESTMENT TYPE (Please tick any one)

☐ LUMP SUM

☐ SIP WITHOUT CHEQUE

☐ LUMP SUM WITH SIP/STP/SWP

### MODE OF HOLDING

(In case of Demat Purchase Mode of Holding should be same as in Demat Account)

☐ Single

☐ Joint

☐ Anyone or Survivor (Default)

### UNIT HOLDING OPTION

☐ Physical Mode

☐ Demat Mode

### CDSL/ NSDL

DP ID NO.:

Depository Participant Name:

Beneficiary

A/C No.

(Please Note: Please attach copy of Client Master List.)

**Please Note:** Demat Account Details of First / Sole Applicant (Name should be as per demat account)

## 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 Mr. Ms. M/s.

PAN KYC No. Date of Birth D D M M Y Y Y Y

Mobile No. Email ID

I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick (✓) any one from the below options) -

☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian

**Please note:** In the event that the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

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

Mr. Ms. M/s.

Relationship with Minor/Designation

PAN Date of Birth D D M M Y Y Y Y KYC No.

Address

CITY

STATE COUNTRY PIN

RESI. OFF. FAX

SECOND APPLICANT Mr. Ms. M/s.

Date of Birth D D M M Y Y Y Y

PAN KYC No. Mobile No.

THIRD APPLICANT Mr. Ms. M/s.

Date of Birth D D M M Y Y Y Y

PAN KYC No. Mobile No.

**EDELWEISS  
MUTUAL FUND**

### 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

☐ Resident Individual  
 ☐ FIIs  
 ☐ NRI - NRO  
 ☐ HUF  
 ☐ Club / Society  
 ☐ PIO  
 ☐ Body Corporate  
 ☐ Minor  
 ☐ Government Body  
 ☐ Trust  
 ☐ NRI - NRE  
☐ Bank & FI  
 ☐ Sole Proprietor  
 ☐ Partnership Firm  
 ☐ QFI  
 ☐ Provident Fund  
 ☐ Others

☐ BIRTH CERTIFICATE      ☐ MARKSHEET (HSC/ICSE/CBSE)      ☐ SCHOOL LEAVING CERTIFICATE      ☐ PASSPORT      ☐ OTHERS

Country           Zip Code     For NRI applicants ☐ Indian ☐ Overseas

Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below:

☐ Annual Report    ☐ Abridged Annual Report    ☐ Other Statutory Information

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

[illegible]

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"/>

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign Exchange / Money Changer Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Lending / Pawning	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 Payer Ref ID No	Identification Type (TIN or other, please specify)	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.			1.			
2.			2.			2.			
3.			3.			3.			

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
Bank Name																								
Branch Add.																								
Pin						IFSC CODE											MICR CODE							

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.

[illegible]

6

POWER OF ATTORNEY (POA)

If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

POA NAME

Mr. Ms. M/s.

PAN

7

FOR LUMP SUM/NEW SIP-INVESTMENT DETAILS\*

Choice of Scheme/Plan/Option

For SIP Investment Auto-Debit Form is mandatory

(Refer Instruction No.VI)

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 -	Source Scheme:	Scheme:
Plan	Target Scheme:	
Option	Amount (in figures):	Amount (in figures):
Sub-Option	Amount (in words):	Amount (in words):
Installment amount (in figures):	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly	Frequency: <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
Installment amount (in words):	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	<input type="checkbox"/> Quarterly
Debit Date:	Preferred STP date: Please write the debit date as per SID	Preferred SWP date: Please write the debit date as per SID
SIP Period: From Date To Date	(For Monthly & Quarterly only)	(For Monthly & Quarterly only)
Or Perpetual: <input type="checkbox"/> 31/12/2099	STP Period: From Date To Date	SWP Period: From Date To Date

9

NOMINATION DETAILS\*

(Mandatory) [Refer instruction no. IX]

☐ I/We wish to nominate as under:

Sr. No.	Name of Nominee	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian Signature
1.					DD/MM/YY		
2.					DD/MM/YY		
3.					DD/MM/YY		

☐ 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 count 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:

- 1) 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 ☐
- 2) I wish to receive marketing information from Edelweiss Group (\*) ☐ YES ☐ NO
- 3) 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
------------------------	------------------	-----------------

DATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE : \_\_\_\_\_