

# COMMON 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  
Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra.

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## DISTRIBUTOR INFORMATION

Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE	APPLICATION NO.
<b>ARN - 0155</b>	ARN	INTERNAL CODE	IDENTIFICATION NO. (EJIN)		ONLY FOR DIRECT INVESTMENT	<b>253169</b>

\*Investors should mention the EJIN 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 EJIN 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'

## SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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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.

**MAKE YOUR SELECTION BEFORE FILLING FORM (PLEASE ✓)**  INVEST NOW  ZERO BALANCE FOLIO (Refer Instruction No.XII)

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## 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.

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## EXISTING UNIT HOLDER INFORMATION / EXISTING ZERO BALANCE FOLIO NO. (If you have existing folio, please fill in section 2 and proceed to section 8.)

FOLIO NO.	NAME OF FIRST APPLICANT

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## MANDATORY\* PAN# / PEKRN# Know Your Customer (KYC)

1ST APPLICANT/GUARDIAN	P A N	N U M B E R	YES	(Please submit proof)	YES	(Please submit KYC Application form)
CKYC Key Identification Number (Refer Instruction no. XVIII)						
Aadhaar No. (UID No.) (Refer Instruction no. XIX)						

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## APPLICANT INFORMATION 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.
DATE OF BIRTH (DOB)	DATE OF INCORPORATION (DOI)
GUARDIAN (s) NAME (In case if minor / Parent / Legal Guardian)	
RELATIONSHIP WITH MINOR / DESIGNATION	CONTACT
MAILING ADDRESS OF SOLE / 1ST APPLICANT (P.O.BOX alone may not be sufficient) Overseas Investor must provide Indian Address	
CITY	STATE
COUNTRY	PIN
EMAIL	MOBILE
RESI.	OFF.
	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

## E-MAIL COMMUNICATION [Please ✓]

I/We wish to receive the following document via email in lieu of physical document(s) Account Statement / Newsletter / Annual Report / Other Statutory Information :  YES  NO

Email ID & Mobile No. are essential to enable us to communicate with you better

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment  
Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
vide Cheque No \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount (₹) \_\_\_\_\_ Drawn on  
Bank and Branch \_\_\_\_\_

Application No: **253169**

Collection Center's Stamp & Receipt Date and Time

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)



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

<b>POA NAME</b>	Mr. Ms. M/s.	<b>PAN</b>	
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**7 FATCA/CRS/KYC ADDITIONAL DETAILS** *Non Individual Investors should mandatory fill separate FATCA/CRS details form* (Refer Instruction No.XVII)

<b>Sole / First Applicant / Guardian</b>			<b>2nd Applicant</b>			<input type="checkbox"/> <b>3rd Applicant</b>			<input type="checkbox"/> <b>POA</b>		
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 Identification Number	Identification Types	Country #	Tax Identification Number	Identification Types	Country #	Tax Identification Number	Identification Types			
1.			1.			1.					
2.			2.			2.					
3.			3.			3.					

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

Account No.		<b>Account Type [Please ✓]</b>	<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					

**9 PAYMENT DETAILS**

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

**10 FOR LUMP SUM/NEW SIP-INVESTMENT DETAILS\*** *Choice of Scheme/Plan/Option* *For SIP Investment Auto-Debit Form is mandatory* (Refer Instruction No.VI)

<b>Scheme/Plan/Option/Facility</b>	Edelweiss -	Scheme	Plan	Option/Facility
(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)				
Dividend Sweep to Scheme	Plan	Option		

**11 DEMAT ACCOUNT DETAILS\***

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. (CSDL)**

Depository Participant (DP) Name :			
DP ID NO.:	Beneficiary A/C No.		

**12 NOMINATION DETAILS\***

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 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

**13 DECLARATION AND SIGNATURE(S)**

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 these 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 dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

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.

Applicable to investors who have not opted for nomination facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Edelweiss Mutual Fund. 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).

I/We hereby provide my/our consent in accordance with Aadhar Act, 2016 and regulations made there under, for(i) collecting, storing and usage (ii) validating/authenticating and Updating my/our Aadhar numbers(s) in accordance with the Aadhar Act, 2016 (and regulations made there under) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my/our PAN.

**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

**SIGNATURE (s)**

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

# SIP ENROLLMENT 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  
Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra.

New SIP Registration    Micro SIP    Change in Bank Account (For SIP earlier registered)    Top-up    GPrS

1 DISTRIBUTOR INFORMATION						
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE	APPLICATION NO.
<b>ARN - 0155</b>	ARN	INTERNAL CODE	IDENTIFICATION NO. (EUIIN)		ONLY FOR DIRECT INVESTMENT	<b>573433</b>

\*Investors should mention the EUIIN 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 EUIIN 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'

### SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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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.

2 UNITHOLDER INFORMATION		Folio No. (For Existing Unit Holders)
Sole / 1st Unit Holder		
CKYC Key Identification Number		
Aadhar No. (UID No.)		

3 INVESTMENT DETAILS			
Edelweiss -	Scheme	Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) Dividend Reinvestment Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings)			
Dividend Sweep to Scheme _____			
Installment Period : From Date		To Date	or Perpetual (99 years) (Default) <input type="checkbox"/>
Amount Per Installment :		Amount in words :	
1st Installment Cheque Details : Cheque / DD No.		Amount (₹)	
Drawn on Bank & Branch : _____			
Photo ID Proof number in case of Micro SIP of 1st Applicant		2nd Applicant	3rd Applicant
I/We hereby authorize Edelweiss Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing / Auto Debit for collection of SIP Payments. Note: Please allow 1 month Auto Debit to register and start			

### Frequency Details [Please ✓]

<input type="checkbox"/> Daily SIP	<input type="checkbox"/> Weekly SIP	<input type="checkbox"/> Fortnightly SIP	<input type="checkbox"/> Monthly SIP	<input type="checkbox"/> Quarterly SIP
All Business Day	<input type="checkbox"/> 7th, 14th, 21st, 28th of any month	<input type="checkbox"/> 10th and 25th	DATE : ___/___/___ <small>Preferred Debit Date (Any date except last three dates of month)</small>	DATE : ___/___/___ <small>Preferred Debit Date (Any date except last three dates of month)</small>

SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount \_\_\_\_\_ (The amount should be in multiples of ₹500 only)

Top-up Cap Maximum SIP Amount ₹ \_\_\_\_\_ SIP Top-up Frequency :  Half Yearly  Yearly  Top-up Cap (Refer Instruction No.35)

4 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')*		DATE : ___/___/___	PLACE : _____
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I/We declare that the particulars furnished here are correct. I/We authorize Edelweiss Mutual Fund acting through its service providers to debit my/our bank account towards payment of SIP instalments through an Electronic Debit arrangement. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Edelweiss Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in EDELWEISS MUTUAL FUND by debit to my/our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Edelweiss Mutual Fund using this facility.

### SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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## DEBIT MANDATE FOR NACH

Tick (✓)	UMRN	For Office Use Only	Date
Create (✓)	Sponsor Bank Code	Utility Code	
Modify (x)	I/We hereby authorize EDELWEISS MUTUAL FUND To Debit (✓)		SB / CA / CC SB NRE / SB NRO / Other
Cancel (x)	Bank A/c. Number	With Bank	IFSC
	An Amount of Rupees		or MICR
	FREQUENCY <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
	Reference /Folio No.	Phone No.	
	Scheme Name ALL SCHEMES OF EDELWEISS MUTUAL FUND	Email ID	

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

PERIOD	Signature Primary Account holder	Signature Account holder	Signature Account holder
From			
To			
Or	1. Name as in Bank Records	2. Name as in Bank Records	3. Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized debit