COMMON APPLICATION FORM



Sponsor: Edelweiss Capital Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited.

Corporate Office: 5th Floor, One Indiabulls Centre, Tower 1, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013. Registered Office: 14th Floor Express Towers, Nariman Point, Mumbai - 400021

Application No:

L	DISTRIBUTOR INFORMATION							FOR OFFICE USE ONLY						
	Name & Distr	ributor Cod	e Sub-B	roker Code		E- Coo	de	Registrar/Bank	Serial No.	Date of Receipt	Time of Receipt			
	ARN- 3	34120)											
Ĭ	Upfront commission sha Direct investments, plea	all be paid dir	ectly by the investor to Direct' in the column 'N	the AMFI registered	d Distrib	utors base	d on the inves	tors' assessment of v	arious factors	including the service ren	dered by the distributor. For			
F		ons carefully, b	efore filling up the app								ent use the separate SIP Form			
ľ	Mandatory *			struction No. V	D)									
1	Please attach certified PAN copy						Know Your Customer (KYC) (Refer Instruction No. XI)							
	1st Applicant /Gu		Yes (Please submit proof				No	(Please submit KYC Application Form						
	2nd Applicant					Yes	(Please	se submit proof) No		(Please submit KYC Application Form				
	3rd Applicant					Yes	(Please	submit proof)	No	(Please submit KYC Application Fo				
	POA Holder					Yes	(Please	submit proof)	No	(Please submit K	YC Application Form)			
	EXISTING UNIT HOLDER INFORMATION (Please note that Applicant details & mode of holding will be as per existing Folio Number)													
Ī	Folio No.		,	Name of Fi					•	<u> </u>				
ľ	APPLICANT INFO	RMATION	(Refer Instructio	n No. II (TO BE	FILLE	O IN BLO	CK LETTE	RS)*						
1	APPLICANT INFORMATION (Refer Instruction No. II (TO BE FILLED IN BLOCK LETTERS)* Name of Sole /1st Applicant Mr. Ms. M/s. Others Please Specify									Date of Birth/Date of Incorporation				
	S. 25.5 , 260 rippindont									D D M M Y Y				
F	Parent/ Guardian Name of 1st Applicant - (in case of Minor)/Contact person (in case of non individual applicant)									Relationship with Minor/ Designation				
	News of Ord Applicant No.									B-4- of Birth				
ſ	Name of 2nd Applicant Mr. Ms.									Date of Birth				
1	Name of 3rd Applicant Mr. Ms.										e of Birth			
										D D M M Y Y				
	Mode of Holding	Singl	e [Joint	Any	one or si	urvivor(s)(l	Default option in	case of mo	re than one applica	nt)			
	Occupation	Busir					riculturist	House Wif		udent Defenc				
	Forex Dealer Unlisted Company Body Corporate Listed Company Dealers in High Value Commodities (Traders in Precious Metals, Jewellery & Antique Dealers) Others										Politically Exposed Person Please Specify			
ŀ	Legal Status		dent Individual	FII's	_	ety/Club		/BOI NRI/	$\overline{}$	FI Others Please Specify				
	Please (✓)	Partr	nership Firm	HUF	Mino		Ban			Company/Bod	Company/Body Corporate			
1	Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address													
	City State Country								try N	N D I A Pin code				
_	Contact Details of Sole/ First Applicant Tel No - STD Code Res.													
H	Mobile No.	oue		Email ID	1			Off.		Fax				
Ī	Mandatory to provi			number										
(Overseas Address	(mandato	ry for NRI/FII app	licant).			Address	for corresponde	nce (for NF	RI applicants)	ndian Overseas			
	City					Cc	untry			Zip code				
	POWER OF ATTO	RNEY (POA	4)											
Ī	POA Name Mr./Ms	S.												
Ì	Address													
ļ	City Pin f investment is being made by a Constitutional Attorney, please submit notarised copy of POA													
-				***		t notarise								
Į	E-MAIL COMMUN			7 81		nument/e		<u>, </u>			struction IV (please 🗸)			
ĺ			Letter Annual R					mode and would l			nic/ telecommunication			
€-							T- 1- C	Land San Jan 1997						
6	* Edelw	eiss	ACK	NOWLEDGE	VIENT	SLIP (to be fil	led in by the in	,					
(Mutual	Fund						Application	No:					
R	eceived from: Mr. /	′ Ms. / M/s					8	n application for a	allotment		enter's Stamp & ate and Time			
	cheme		, P							1.cocipt D	2.5 4.14 11110			
vi	ide Cheque No			Dated/_										
D	rawn on Bank and l	Branch												
ΡI	lease note: All purcha	ases are sub	ject to realization o	f cheques and as	per app	olicable lo	ad structure	(please refer Sche	me Informat	ion Document)				
	OLL FREE 0 425 0090	NOT +91	N TOLL FREE 40 23310090	IQ to	57575	ws 90 赛	₩ w	WEBS ww.edelweissmf.c	OM (*	investor.amo	L:INVESTORS c@edelcap.com			

A/c Type [pl	ease ✓]	SB Current	NRO NRE	FCNR			AJC PAYE						
Account No							PAY _	EDELWEISS MUTUAL FU	ID : PAN XXXXXX	XX	OR BE	ARER	
Bank Name Branch							RUPE	ES		Rs.			
Branch Add	ress							IFSC Code		\			
City Pin FSC Code MICR Code								(IFSC HIJK 1234567)	Digit MICR Code)			
						#3598745 (987650421)							
Preferred mo	de of paymer	nt: Electronic Credit/RTGS/	NEFT/ECS (ECS only fo	or dividend pay	out).								
Mandatory – iolder name o of investment	Please attach n the face of th b. Subsequen	cancelled original cheque / s e cheque/ Bank Pass Book/ t change in the investor's Bar	self certified copy of blar Bank Statement) is req nk Mandate	nk cheque / se quired as an inc	elf certifie crementa	ed Bank S al additior	tatement / fir nal document	st page of the Bank Pass bo in case of: a. Registration o	ock (bearing acco of the investor's E	unt numbe Bank Mand	er and fi date at th	rst unit ne time	
INVESTME		S* (Please ✓) Choic	ce of Scheme/ Pl	an/ Option			iction No. V						
		delweiss Liquid Fund			Ede		nort Term Bon		Edelweiss	Edel	weiss Ir	ncome	
Reta	il lr	nstitutional Su	per Institutional			Retail	Instituti		Gilt Fund	Adva	Advantage Fur		
Growth	Dividen	d Reinvestment	Dividend	Growth	Doiny	vestment	Divid	Payout Sweep	Growth		idend		
	□ Daily	☐ Weekly ☐ P	ayout Sweep		Daily		Weekly	T ayout oweep		☐ Hei	investme	ent	
	☐ Fortnightly	/ Monthly	Monthly		Fortni		Monthly	☐ Monthly			еер		
Edelwe	iss ELSS Fur	nd Edelweiss Al	osolute Return Equity	Fund			E.D.G.E. Top	o 100 Fund Ed	elweiss NIFTY I	Enhancer	Fund		
				Plan A	Plan	В		Plan C					
Growth	1	Divide				Grov	vth		Dividend				
	□ He	investment Pa	yout Swe	eep				Reinvestment	□ Payout		Sw	еер	
ividend Sv	veep to Sch	eme					_Plan		Option				
		efer Instruction No. VIII	,										
Mode of P	ayment	RTGS/NEFT Tra	ansfer Letter	Cheque									
Cheque No								Date:	D M M Y	Υ			
Gross Amt													
DD Charge													
Net Amt (F	·												
	nch & City												
Account T	<u>'</u>	SB Current N (If you wish to nomina		NR									
lame of Gu	City ne of Guardian/Parent							Polationship with	Pin Code				
If Nominee	, , , , , , , , , , , , , , , , , , , ,	ent						Relationship with nominee					
Address of (
	City								Pin Code				
	SOURCE OF INFORMATION: How did you come to know about Edelweiss Mutual Fund? Advertisement Friend/Relative Sales Team Distributor (Name & ARN Code Please Specify) Others Please Specify									_			
signatures	Memora	ED (Please 🗸) Total nundum & Articles of Associa	ation Trust Deed	Bye-la			orisation to i		norised signator			en	
Proof of Add	ress Cor	by of PAN Card KYC	Compliance PIC	Card F	Foreign	Inward R	emittance C	ertificate Trigger F	orm	au impe	male:	th	
ncluding the se	ection on who ca	rus): Having read and underst innot invest, "Prevention of Mon I conditions rules and requisitions	tood the contents of the S ley Laundering" and "Kno ons of the Scheme 1/4/6	cheme Information Your Custome further declare	er", I/We	nment of the hereby app	e scneme and ply to the Truste orised to invect	statement of Additional Information of Edelweiss Mutual fund for the amount & that the account the acc	rration and subset or units of the sche ont invested by me	quent amei eme as indi /us in the a	cated ab	ove and	
scheme is deriv	ed through legi d by the governi	RE(S): Having read and understand innet invest. Prevention of Moniconditions, rules and regulations and resultations are successed in the design of the design of the design of the compus of the control of the design of the corpus of the copy of t	or designed for the purp om time to time, It is expre	ose of contrave	ention of a od that I/V	any acts, ri Ne have the	ules, regulation e express auth	is or any statute or legislation ority from our constitutional d	or any other appl ocuments to inves	licable laws t in the unit	s or notifi	cations	
and the AMC/T the Scheme is	rustee/Fund wo equal to or more	uld not be responsible if the in- than 25% of the corpus of the	vestment is ultra vires the scheme, then Edelweiss	eretó and the in Asset Manage	vestmént ment Ltd	t is contrar I., Investme	y to the relevan	nt constitutional documents. the Edelweiss Mutual Fund,	/We agree that in has full right to ref	case my/o und the exc	our invest cess to m	ment in ne/us to	
oring my/our in Vlanager and it	vestment below s agents to disc	25%. I/We have not received r lose details of my investment to	nor been induced by any r o my bank(s) / Edelweiss	rebate or gifts, d Mutual Fund's	directly or bank(s) a	indirectly i	n making this i stributor / Brok	nvestments. I /We hereby aut ker / Investment Advisor. I/We	horise Edelweiss I e authorise this Fu	Mutual Fund nd to reject	d, its Inve	lication	
ake any appropacknowledge th	oriate action aga nat AMC reserve	ainst me/us in case the cheque s the right to call for such other	e(s)/payment instrument additional information/d	is/are returned	d by my/c	our banker ocomply wi	for any reason	whatsoever. I/We undertake	that these investi at the Fund can di	ments are r	my/our o	wn and lividend	
ayouts and rec	demption amour has disclosed t	nt to my bank details given above me/us all the commissions (i	ve. I/We hereby declare the in the form of trail commis	nat the particula ission or any oth	ars above ner mode	are correct	t. to him for the d	lifferent competing Schemes	of various Mutual	Funds from	n amongs	st which	
he Scheme is t	eing recommer	nded to me/us. nfirm that I am / we are Non Re Non-Resident External/Ordinar									_		
hannels from f Repatriation	unds in my/our Non Repat	riation External/Ordinar	y Account/FCNR Account	t. Please (✓) (Ind Signat	ciuding ar ture(s)	mount of A	aaitionai Purch	ase Transaction made in futu Date		ce:			
Sole/1st Appli	cant/Guardian /	Authorised Signatory / POA Sig	natory	2nd Applicant /	/ Authorise	ed Signator	ry	3rd App	licant / Authorised	Signatory			
			For Detailed Instructions	s on Filling the /	Application	on Form pl	ease refer to p	age no. 21.					
CHECKLIST (Ple Notary Public.)		following documents with your	application (where application)	able). All docum	nents sho	uld be orig	inal/true copie	s certified by a Director/Trust	ee/CompanySecr	etary/Auth	orised si	gnatory	
Documents			Individual	Compa	anies 5	Societies	Partnership	Firms Investment through		s NRI	_	PIO	
List of authori		with specimen signatures		<i>J</i>	·	√ √	<i>J</i>	√	<i>J</i>		1		
	& Articles of As			1					1			\vdash	
Bye-laws Partnership D	eed				\rightarrow	✓	,				1		
Overseas Aud	itor Certificate						,	,			1		
Notarised POA Proof of Addre	SS							/				1	
Copy of PAN C KYC Complian			Rs. 50,000/- & at	oove 🗸	,	√ √	1	<i>J</i>	1	1	1	1	
PIO Card	d Remittance Ce	ertificate.			-					1		1	
Foreign Inwarr		remarkery			_			1	- /		+ ,	1	