

COMMON APPLICATION FORM

Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited. Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400098

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code ARN	Employee Unique Identification Number (EUN)*	Sub-Broker Code Internal Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt	CAF

*Investors should mention the EUN 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 EUN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

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'

Please read the instructions carefully, before filling up the application (all columns marked* are mandatory). 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

Signature(s)

Sole/1st Applicant/Guardian /
Authorised Signatory / POA Signatory

2nd Applicant / Authorised Signatory

3rd Applicant / Authorised Signatory

Make your selection before filling the form [please ✓] INVEST NOW ZERO BALANCE FOLIO (Refer Instruction No. XIII)

2 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. XV)

Folio No. _____ Name of First Applicant _____

3 TRANSACTION CHARGES (Please ✓) (Default option Existing Investor) (Refer Instruction No. XIV)

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.

4 Mandatory * PAN Please attach certified PAN copy (Refer Instruction No. VI) Know Your Customer (KYC) (Refer Instruction No. XI)

1st Applicant /Guardian	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
2nd Applicant	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
3rd Applicant	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
POA Holder	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)

5 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 (DOB)^ / Date of Incorporation D D M M Y Y

In case of Minor - Parent/ Legal Guardian Name of 1st Applicant /Contact person (in case of non individual applicant) _____ Relationship with Minor/ Designation _____

^Mandatory proof of Date of Birth for Minors (Any One) Birth Certificate School Leaving Certificate Passport Mark sheet issued by Higher Secondary Board / ICSE / CBSE Others _____ Please Specify

Name of 2nd Applicant Mr. Ms. _____ DOB D D M M Y Y

Name of 3rd Applicant Mr. Ms. _____ DOB D D M M Y Y

Mode of Holding* [please ✓] <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or survivor(s) (Default option is "Any one or survivor(s)" in case of more than one applicant)	Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <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"/> Politically Exposed Person <input type="checkbox"/> Dealers in High Value Commodities <input type="checkbox"/> Others _____ Please Specify (Traders in Precious Metals, Jewellery & Antique Dealers)	Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others _____ Please Specify
--	---	--

Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address _____

City _____ State _____ Country I N D I A Pin Code _____

Contact Details of Sole / First Applicant
Email ID (In BLOCK Letters) _____ Mobile No. _____
Tel. No. STD Code Res. Office Fax

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

Overseas Address (mandatory for NRI/FII applicant*)
Country _____ Zip Code _____ Address for correspondence (for NRI applicants) Indian Overseas

6 POWER OF ATTORNEY (POA)

POA Name Mr. Ms. _____
Address _____
City _____ Pin Code _____

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

7 THIRD PARTY PAYMENT DECLARATION

Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FII.

Name _____ Relationship with Applicant: _____
PAN: _____ KYC Compliance Status: Yes No

Declaration: I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or incentive to employee or for & on behalf of FII or as gift from my bank account only. Declaration (Guardian of minor, as registered in the folio): I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor. (Note: Signature should match with the investment cheque signature)

Person issuing the cheque

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

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)

