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. Tower 3, Wing B, Ground Floor, Kohinoor City Mall,

1				Kohinoor City, Kirol Roa	d, Kurla (West), Mumbai - 40007	J
	DIST	RIBUTOR INFORMATION		FOR OF	FICE USE ONLY	Application No:
Name & Distributor Code 5	Sub-Broker Code Sub-Bro	oker Code Employee Unique E -	Code RIA Code	Registrar/Bank Serial No.	Date & Time of Receipt	
ARN-167174	ARN Interr	nal Code Indentification No. (EUIN)*	Only for Direct Investments			
		E038800				
by me/us as this transacti	on is executed without	t any interaction or advice by the emp	blank, the fund will assume following de loyee/relationship manager/sales perso	on of the above distributor	/sub broker or notwithstanding th	ne advice of in-appropriateness, if an
		r/sales person of the distributor/sub b			-ldt	h - distributes For Birest in contract
please mention 'Direct' in		Distributor Code'	tributors based on the investors' assess	ment of various factors in	cluding the service rendered by the	ne distributor. For Direct investment
All sections to be filled in E			=			
the separate SIP Form	aking a one time inve	stment. For SIP investment use	Sole/1st Applicant/Guardian	1/		
All columns marked * are	mandatory	Ü	Authorised Signatory / POA Sign		/ Authorised Signatory 3rd	Applicant / Authorised Signatory
Make your select	ion hefore fillin	g the form (Please ✓)	INVEST NOW ZERO	BALANCE FOLIO	(Refer Instruction No. X	11)
_		• • • -			(Neier Instruction No. A	.1)
	•	, ,	g Investor) (Refer Instruction			
	me Investor in N			an Existing Investo		
In case the subscriptio	n amount is ₹10,000 stor) will be deducte	 i/- or more and your Distributor he different the subscription amount are 	nas opted to receive Transaction Cha nd paid to the distributor. Units will b	arges, ₹150 (for first tin	ne mutual fund investor) or ₹1 Jance amount invested.	.00/- (for investor other than fir
_	•		BALANCE FOLIO NO. If you hav			ection 8 (Refer Instruction No. XII
	IOEDER IN OR			e existing folio, please fi	ii iii section 2 and proceed to se	ction o. (Neier instruction No. XII
Folio No.		Name of First	Applicant			
Mandatory *	P/	N Please attach certified P	AN copy (Refer Instruction No	o. V) Kr	now Your Customer (KYC	(Refer Instruction No. X)
1st Applicant /Gu	ardian P	A N N N U M B E	R Yes (Please submit	: proof)	Yes (Please submit	KYC Application Form)
APPLICANT INFO	DRMATION (Ref	er Instruction No. II) to be	filled in BLOCK LETTERS* A	pplications from re	sidents of USA and Can	ada will not be accepted
Name of Sole /1st	Applicant Mr.	Ms. M/s. Others (Please	Specify)	D (D:) (D	0000	
				•	OB)^ / Date of Incorpora	ation DDMMYY
In case of Minor -	Parent/ Legal Gu	uardian Name of 1st Applica	ant /Contact person (in case of	non individual applic	ant)	
			Relationshi	ip with Minor/ Desi	gnation	
^Mandatory proo	f of Date of	Birth Certificate	School	Leaving Certificate		Passport
Birth for Minors (A	o \	Mark sheet issued by Highe	er Secondary Board / ICSE / C	CBSE Othe	rs Please :	
			· · · · · · · · · · · · · · · · · · ·			
Mailing Address o	f Sole/First Appl	icant (P.O. Box alone may no	ot be sufficient) Overseas Inv	estor must provide	Indian Address	
City		State		Country	' N D A Pin	Code
Carret Dataila	Email ID (In BLOC	`K Letters				
Contact Details of Sole / First	Ziliali 15 (ili 526)	ACCEPTAGE OF THE PROPERTY OF T		0.4-1-:1-	NI =	
Applicant	T.I. 11			Mobile		
	Tel. No. STD (1101		Office	Fax	
		enable us to communicate with NRI/FII applicant*)	n you better			
	(manuatory for	INNI/FII applicant				
Country		Zip Code	Addr	ess for correspond	ence (for NRI applicants)	
E-MAIL COMMU	INICATION (Ref	er Instruction No. III) [pleas	.e ✓]			
I/we wish to receive	the following docur	ment via email in lieu of physical	document(s) Account Statement / I	News Letter / Annual R	Report / Other Statutory Inforr	mation Yes No
Gross Annual Incom	ie [please √]*		Occupation* [please ✓]		Legal Status* [pl	ease √]
	1-5 Lacs 5-10 La		Business Service Profes	ssional Agriculturi	st Resident Indiv	idual FII's Society/Club
>25 Lacs-1 crore		10 25 Lacs	House Wife Student De			NRI/PIO FI HUF
			Forex Dealer Unlisted Com		rate Minor Par	tnership Firm Bank Trus
,	•	riduals) ₹	Listed Company Others			ly Corporate NPO
as on DD/M	M / Y Y Y Y	(Not older than 1 year)	For Individual Politically Expose Related to PEP		Others	Please Specify
0.0	In all a sustant to a		owing services Yes No [(A		lanafisianu Ouunaushin fauna	\ /Defer Instruction No. VI\/\l
Mandatory for Non-Individual			es Yes No Gaming / Ga			
		g / Pawning Yes No	,	g ,,	,	,
Investor	[please √] Sin	ngle Joint Any one or s	survivor(s)			
Mode of Holding*				1 1 1 1 1	DANI	
Mode of Holding*	icont NA 1	Ms.			PAN	
Mode of Holding* Name of 2nd Appl				Leg	al Status* [please √]	
Mode of Holding*		Occupation* [please ✓]				Society/Club AOP/BOI
Mode of Holding* Name of 2nd Appl Gross Annual Incom	ne [please √]*	Business Service Pr				
Mode of Holding* Name of 2nd Appl Gross Annual Incom Below 1 Lac	ne [please √]*	Business Service Pr	ureaucrat Forex Dealer U	nlisted	IRI/PIO FI HUF	Body Corporate NPO
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SMS IQ to 5757590



Place & Country of Birth PLACE COUNTRY Place & Country of Birth PLACE COUNTRY Place & Country of Birth PLACE #Please indicates all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type		Mr. Ms.					PAN		
Place & Country of Birth PLACE COUNTRY Place & Country of Birth PLACE Plac	FATCA/CRS/KY	C Additional Details	s Non Individual In	vestors should man	datory fill separate F	ATCA/CRS details fo	rm		
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Number Type Country # Number Type Number Type Number Type Number Type Country # Number Type Typ	#Please indicates	all Countries, other tha	an India, in which yo	ou are a resident fo	r tax purpose, assoc	iated Taxpayer Ider	tification Number	and it's Identification	type e.g.: TIN 6
BANK ACCOUNT DETAILS* (Refer Instruction No. IV for multiple bank registration) A/C Type [please */ SB Current NRO NRE FCNR Account No Bank Name Sank Name San	,		Туре	Country #			,		Identification Type
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BANK ACCOUNT DETAILS* (Refer Instruction No. IV for multiple bank registration) A/c Type [please *] SB									
Account No Bank Name Bank	3			3			3		
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Branch Address Pin	A/c Type [please	√] SB	Current	NRO N	RE FCN	R			
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Clefault Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy)				•		.,		Ontion/Facility	,
Dividend Sweep to Scheme Dividend Reinvestment Facility is not available under Edelweiss ELSS PAYMENT DETAILS (Refer Instruction No. VII)	• •							Option/ Facility	/
PAYMENT DETAILS (Refer Instruction No. VII) Mode of Payment (please Y) RTGS/NEFT Transfer Letter Cheque Cheque No. Date Date Date Mode Gross Amount (₹) Bank /Branch & City Account No. Account Type [please Y] SB Current NRO NRE DEMAT ACCOUNT DETAILS* Do you want units in demat Form? [please Y] Yes No [Please ensure that the sequence of names as mentioned in the application form matches with that of the dewith 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) Depository Participant (DP) Name: DP ID No.: Beneficiary A/c No. NOMINATION DETAILS* (Refer Instruction No. IX) 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 settler such Nominees hall be availed discharge by the AMC-Nutural Fund / Trustee Company. Name of Nominee Date of Birth (If Naminee is minor) 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 we Prevention of Novel Year Customer. I'We hereby apoly to the Trustee Company. 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 we Prevention of Novel Year Customer. I'We hereby apoly to the Trustee Company of the Scheme is indicated above and agree to abide by the terms and and resultations of the Scheme information to constitution documents. We take amounts to the mount of the Scheme and Statement of Additional Information and subsequent amendments thereto including the section on we Prevention of Novel Year Customer. I'We hereby apoly to the Trustee Company in the investment in the Scheme and Statement of Additional Information			applied in case of	no information, a		. ,,			
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Mode of Payment [please <] RTGS/NEFT Transfer Letter Cheque Cheque No. Date D M M Gross Amount (₹) DD Charges (₹) Net Amount (₹) Bank /Branch & City Account No. Account Type [please <] SB Current NRO NRE 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 dewith 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. (CDSL) Depository Participant (DP) Name: Beneficiary A/c No. NOMINATION DETAILS* (Refer Instruction No. IX) 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 settlem such Nominee shall be a valid discharge by the AMC/Mutual Fund/ Trustee Company. Name of Nominee Date of Birth Allocation Name of Legal Guardian/Parent Relationship with Address of Nom Legal Guardian Payment Relationship with Address of Nom Legal Guardian Payment Relationship with Nominee Legal Guardian Payment Relationship with Nominee Relationship wit									
Gross Amount (₹) Bank /Branch & City Account No. Account Type [please ✓] SB Current NRO NRE 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 dewith 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) Depository Participant (DP) Name: DP ID No.: Beneficiary A/c No. NOMINATION DETAILS* (Refer Instruction No. IX) 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 settlem such Nominee shall be a valid discharge by the AMC/Mutual Fund/ Trustsec Company. Name of Nominee Date of Birth (If Nominee is minor) DECLARATION AND SIGNATURE(S) Haiving 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 we Prevention of Money Laundering and 'Know Your Customer', Wide hereby apply to the Trustsee of Edelwess Mutual fund or units of the Scheme as indicated above and agree to abold by the terms and or regulations of the Scheme and variety or units of the Scheme as indicated above and agree to abold by the terms and or regulations of the Scheme in Information of Winey Laundering and 'Know Your Customer', Wide hereby apply to the Trustsee of Edelwess Mutual fund or units of the Scheme as indicated above and agree to abold by the terms and or regulations of the Scheme in Information or onthe properties of the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable lays or notifications, directors as all only the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable lays or notifications, directors and on the scheme i	PAYMENT DETA	AILS (Refer Instruction	on No. VII)						
Account No. Account Type [please ✓] SB Current NRO NRE	Mode of Paymen	t [please ✓] R	TGS/NEFT	Transfer Letter	Cheque	Cheque No.		Date D D M	M Y Y Y
Account No. Account Type [please \circ] SB Current \ NRO \ NRE DEMAT ACCOUNT DETAILS* Do you want units in demat Form? [please \circ] Yes \ No [Please ensure that the sequence of names as mentioned in the application form matches with that of the dewith 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) Depository Participant (DP) Name: DP ID No.: Beneficiary A/c No. NOMINATION DETAILS* (Refer Instruction No. IX) 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 settlem such Nominee shall be a valid discharge by the AMC/Mutual Fund/Trustee Company. Name of Nominee Date of Birth (If Nominee is minor) (%) I/We hereby apply to the fundament of the Scheme and Statement of Additional Information and subsequent amendments thereto including the section on where the such and understood the contents of the Scheme (Now Your Customer', I/We hereby apply to the Trustee of Edelwess Mutual fund for units of the Scheme is indicated above and agree to abide by the terms deared. If we shall not agree to a bide by the terms deared, I am New are authorised to invest the amount of the scheme is not onlineated agree to abide by the terms deared. I am New are suthorised to invest the amount of the propose of contravention of any acts, such sceptiations or any statute the amount investment in the Scheme(s) is developed through legitimate set led or designed for the purpose of contravention of any acts, such sceptiations or any statute or acts and the investment is only the content of the Scheme in the scheme in the Scheme of Scheme is indicated above and agree to abide by the terms and the investment is only the purpose of contravention of any acts, such sceptiations or any statute or designed to the purpose of contravention of any acts, such sceptiations or any statute or acts and the in	Gross Amount (₹			DD Charg	es (₹)	Net A	mount (₹)		
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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 United States under the laws of United States or resident(s) of Canada. In case of change to this status, I / We shall notify the AMC, in which	Having read and under "Prevention of Money Land regulations of the 3 held or designed for the to time. It is expressly uvires thereto and the in-Asset Management Ltc gifts, directly or indirect	rstood the contents of the S aundering" and "Know You Scheme. I'We further declar purpose of contravention conderstood that I/We have the vestment is contrary to the r i, Investment Manager to the investmen tor / Broker / Investment Ad an provided by me / us to Ed adencies without obligation	cheme Information Doct r Customer", I/We hereb e, I am / we are authoris of any acts, rules, regulati e express authority from elevant constitutional do ne Edelweiss Mutual Fur ts. I/We hereby authoris visor, I/We hereby authoris elweiss Mutual Fund/ Ec on advising me/ us of the	ument of the Scheme ail y apply to the Trustee of the do invest the amount tions or any statute or led our constitutional docui cuments. I/We agree the disast full right to refun see Edelweiss Mutual Funze you to disclose, sha telweiss Asset Managet e same. I/We authorise	nd Statement of Addition If Edelweiss Mutual fund & that the amount inves pislation or any other app ments to invest in the uni at in case my/our investr d nd, its Investment Mana re, remit in any form, mo ment Limited to any India Edelweiss Mutual Fund "Folior (A) "ith the ment!"	al Information and substor units of the Scheme ted by me/us in the abo licable laws or notificatit is of the Scheme(s) are nent in the Scheme(s) in bring my/our investme ger and its agents to did eor manner, all/any on on or foreign government o reject the application news the scheme to reject the application news the scheme to reject the application news that take any, and the scheme to reject the application news that take any, and the scheme that the sche	sequent amendments the as indicated above and we mentioned Scheme(s) ns, directions issued by the AMC/Trustee/Fund sequal to or more than 2 nt below 25%. If We have sclose details of my invertible information provide that all or statutory or judicia; revert the units credition provisions are inconsidered in a constant of the constan	ereto including the sectior agree to abide by the term is is derived through legiting the governmental or statu would not be responsible; 55% of the corpus of the Si en to received nor been in stament to my bank(s) / Ed d by me/ us, including all of a justionities, agencies, the livedeem units greated at a maybus in case the obeque.	on who cannot ir is and conditions, nate sources and tory authority from the investment is cheme, then Edel duced by any rebilelweiss Mutual F nanges, update to tax/ revenue authopplicable NAV, re
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 ap channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (✓) (Including amount of Additional Purchase Transaction made in future)	Bank(s) and / or Distribution as and whe and other investigation me/us from making any is/are returned by my/or required to comply with particulars stated above the ARN holder has dis being recommended.	of further investment in any cur banker for any reason when PMLA/KYC/FATCA norms, eare correct, solosed to me/us all the come to me/us.	of the Schemes of the furnatsoever. I/We undertak. I/We hereby, further agr missions (in the form of the that the Fund/AMC can	nd, recover/debit my/our te that these investment ree that the Fund can di rail commission or any o send us all types of SM!	s are my/our own and ac rectly credit all the divide ther mode), payable to his relating to the products	knowledge that AMC re nd payouts and redemp m for the different comp offered by them	serves the right to call fortion amount to my bank beting Schemes of variou	r such other additional info details given above. I/We is Mutual Funds from amo	ormation/document hereby declare the ngst which the Sch

For Detailed Instructions on Filling the Application Form please refer to Page no. 30.

Signature(s)

Date Place

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	FIIs	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	√	✓	√	✓	✓	✓	✓	✓	
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓