

# 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 House, Off. C.S.T Road, Kalina, Mumbai - 400098

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code	Employee Unique Identification Number (EUN)*	Sub-Broker Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt	CAF
ARN-0906	ARN-	E-031087	Internal Code				

\*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 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'

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

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 P A N I N U M B E R Yes  (Please submit proof) Yes  (Please submit KYC Application Form)

## 5 APPLICANT INFORMATION (Refer Instruction No. II) to be filled in BLOCK LETTERS\* Applications from residents of USA and Canada will not be accepted

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 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

Gross Annual Income [please ✓]\*  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore

Occupation\* [please ✓]  Business  Service  Professional  Agriculturist  House Wife  Student  Defence  Bureaucrat  Forex Dealer  Unlisted Company  Body Corporate  Listed Company  Others \_\_\_\_\_ Please Specify

Legal Status\* [please ✓]  Resident Individual  FII's  Society/Club  AOP/BOI  NRI/PIO  FI  HUF  Minor  Partnership Firm  Bank  Trust  Company/Body Corporate  Others \_\_\_\_\_ Please Specify

Net-worth in (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on D D / M M / Y Y Y Y (Not older than 1 year)

For Individual Investor\* Politically Exposed Person (PEP)  Yes  No Related to PEP  Yes  No

Mandatory for Non-Individual Investor Is the entity involved/providing any of the following services \* For Foreign Exchange / Money Changer Services  Yes  No \* Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)  Yes  No \* Money Lending / Pawning  Yes  No

Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form (Refer Instruction No. XVII)

Name of 2nd Applicant Mr. Ms. \_\_\_\_\_ PAN \_\_\_\_\_

Gross Annual Income [please ✓]\*  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore

Occupation\* [please ✓]  Business  Service  Professional  Agriculturist  House Wife  Student  Defence  Bureaucrat  Forex Dealer  Unlisted Company  Body Corporate  Listed Company  Others \_\_\_\_\_ Please Specify

Legal Status\* [please ✓]  Resident Individual  FII's  Society/Club  AOP/BOI  NRI/PIO  FI  HUF  Minor  Partnership Firm  Bank  Trust  Company/Body Corporate  Others \_\_\_\_\_ Please Specify

Net-worth in (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on D D / M M / Y Y Y Y (Not older than 1 year)

For Individual Investor\* Politically Exposed Person (PEP)  Yes  No Related to PEP  Yes  No

Name of 3rd Applicant Mr. Ms. \_\_\_\_\_ PAN \_\_\_\_\_

Gross Annual Income [please ✓]\*  Below 1 Lac  1-5 Lacs  5-10 Lacs  10-25 Lacs  >25 Lacs-1 crore  >1 crore

Occupation\* [please ✓]  Business  Service  Professional  Agriculturist  House Wife  Student  Defence  Bureaucrat  Forex Dealer  Unlisted Company  Body Corporate  Listed Company  Others \_\_\_\_\_ Please Specify

Legal Status\* [please ✓]  Resident Individual  FII's  Society/Club  AOP/BOI  NRI/PIO  FI  HUF  Minor  Partnership Firm  Bank  Trust  Company/Body Corporate  Others \_\_\_\_\_ Please Specify

Net-worth in (Mandatory for Non-Individuals) ₹ \_\_\_\_\_ as on D D / M M / Y Y Y Y (Not older than 1 year)

For Individual Investor\* Politically Exposed Person (PEP)  Yes  No Related to PEP  Yes  No

Mode of Holding\* [please ✓]  Single  Joint  Any one or survivor(s)

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

## ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Application No:

CAF

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment Scheme **EDELWEISS** 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)

Collection Center's Stamp & Receipt Date and Time
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# SPECIAL PRODUCT 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 House, Off. C.S.T Road, Kalina, Mumbai - 400098

STP  SWP  SIP-PDC

1 DISTRIBUTOR INFORMATION				
Name & Distributor Code	Sub-Broker Code	Employee Unique Identification Number (EUIIN)*	Sub-Broker Code	E - Code
ARN-0906	ARN ARN-	E-031087	Internal Code	

FOR OFFICE USE ONLY	
Registrar/Bank Serial No.	Date & Time of Receipt

\*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 not withstanding 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'

All sections to be filled in English and in BLOCK LETTERS.

Signature(s)			
	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

2 NEW / EXISTING UNIT HOLDER INFORMATION	
Folio / Application No.	Name of the Sole/1st Applicant

3 TRANSACTION CHARGES (Please ✓) (Default option Existing Investor) (Refer Instruction No. XIV)	
<input type="checkbox"/> I am a First Time Investor in Mutual Funds	<input type="checkbox"/> 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 SCHEME DETAILS				
Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy)				

Schemes offered by Edelweiss Mutual Fund:

Equity Schemes	Debt Schemes
Edelweiss Absolute Return Fund	Edelweiss Liquid Fund
Edelweiss Diversified Growth Equity Top 100 (E.D.G.E. Top 100) Fund	Edelweiss Ultra Short Term Bond Fund
Edelweiss ELSS Fund	Edelweiss Debt and Corporate Opportunities Fund
Edelweiss Select Midcap Fund	Edelweiss Short Term Income Fund
Edelweiss Equity Enhancer Fund	Edelweiss Gilt Fund

5 FREQUENCY DETAILS (Please ✓)				
<input type="checkbox"/> Daily (STP)	<input type="checkbox"/> Weekly (STP)	<input type="checkbox"/> Monthly (STP/ SWP/SIP-PDC)	<input type="checkbox"/> Quarterly (SWP)	
All Business Days	<input type="radio"/> 7th, 14th, 21st, 28th of any month	<input type="radio"/> 7th <input type="radio"/> 21st	OR	<input type="radio"/> 14th <input type="radio"/> 28th

6 <input type="checkbox"/> SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS	
SIP Period: From Date <input type="text" value="MM YYYY"/> To Date <input type="text" value="MM YYYY"/>	Amount Per Installment: <input type="text"/> Amount (in words) _____

SIP POST DATED CHEQUE DETAILS

Cheque No.	Cheque Date	Amount (Rs.)	Cheque No.	Cheque Date	Amount (Rs.)
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		
Cheque drawn on Bank _____ Branch _____ City _____			Total No. of Cheques: _____ Total Amount Rs. _____		

7 <input type="checkbox"/> SYSTEMATIC TRANSFER PLAN (STP) DETAILS (Not applicable for ELSS Scheme)	
To Scheme _____	Option <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
STP Period: From Date <input type="text" value="M M Y Y Y Y"/> To Date <input type="text" value="M M Y Y Y Y"/>	
Amount Per Installment: <input type="text"/>	Amount (in words) _____

8 <input type="checkbox"/> SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (Not applicable for ELSS Scheme) (Only Monthly and Quarterly options are available)	
Amount per Withdrawal: <input type="text"/>	Amount (in words) _____
SWP Period: From Date <input type="text" value="M M Y Y Y Y"/> To Date <input type="text" value="M M Y Y Y Y"/>	<input type="checkbox"/> Quarterly

## DECLARATION AND SIGNATURES

Having read and understood the contents of Statement of Additional Information (SAI), Scheme Information Document (SID) of the Scheme(s), I/We hereby apply to the Trustees of Edelweiss Mutual Fund for units of Scheme(s) of Edelweiss Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the Scheme(s). I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.

For Micro SIP investors- I/we hereby declare that the I/we do not have any existing Micro SIP's which together with current application will result in aggregate investments exceeding ₹50,000/- in a financial year.

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.

For NRIs/FIIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRSR Account. (Please ✓) (Including amount of transactions made in future)

Repatriation  Non Repatriation

1 / Sole Applicant	2nd Applicant	3rd Applicant
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# SIP Enrollment and ECS/Auto Debit Mandate 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 House, Off. C.S.T Road, Kalina, Mumbai - 400098

Regular SIP  Micro SIP (MSIP)  New ECS Registration  Change in Bank Account (for SIP earlier registered)

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY	
Name & Distributor Code	Sub-Broker Code	Employee Unique Identification Number (EUIIN)*	Sub-Broker Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt
ARN-0906	ARN ARN-	E-031087	Internal Code			
<small>*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".</small>						
<small>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 &amp; Distributor Code'</small>						
<small>All sections to be filled in English and in BLOCK LETTERS.</small>						
Signature(s)		Sole/1st Applicant/Guardian / Authorized Signatory / POA Signatory		2nd Applicant / Authorized Signatory		3rd Applicant / Authorized Signatory

**2 UNITHOLDER INFORMATION**

Folio/Application No. \_\_\_\_\_

Sole/First Investor Name: \_\_\_\_\_

**3 INVESTMENT DETAILS** Choice of Plan [please ✓]

Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy)				
Dividend Sweep to Scheme _____				
<small>*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund</small>				

Installment Period: From Date  To Date

Amount Per Installment:  Amount (in words) \_\_\_\_\_

**1st Installment Cheque Details:** Cheque/DD No.  Amount (₹)

Drawn on Bank & Branch \_\_\_\_\_

Photo Identification 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 ECS (Debit clearing/Auto Debit) for collection of SIP payments

**Note:** Please allow 1 month for Auto Debit to register and start.

**Frequency Details (Please ✓)**

<input type="checkbox"/> Daily (SIP)	<input type="checkbox"/> Weekly (SIP)	<input type="checkbox"/> Monthly (SIP)
All Business Days	<input type="radio"/> 7th, 14th, 21st, 28th of any month	<input type="radio"/> 7th <b>OR</b> <input type="radio"/> 14th <b>OR</b> <input type="radio"/> 21st <b>OR</b> <input type="radio"/> 28th

**SIP Top-up (Optional)** (Please ✓ to avail this facility) Top-up Amount (Rs.)  (The amount should be in multiples of Rs. 500 only)

(Refer instruction no. 34) SIP Top-up Frequency:  Half-yearly  Yearly

**4 BANK MANDATE DETAILS**

1st Account Holder Name as per Bank Records \_\_\_\_\_

2nd Account Holder Name as per Bank Records \_\_\_\_\_

3rd Account Holder Name as per Bank Records \_\_\_\_\_

Bank Name \_\_\_\_\_

Branch Address \_\_\_\_\_

City  Pin Code  Bank Account Type  Savings  Current  NRO  NRE  FCNR

Bank Account No.  MICR Code  (This is a 9 digit number next to the cheque no.)

**Mandatory enclosure:** Blank Cancelled Cheque / Copy of the cheque of above account  
Please provide the MICR Code of the bank branch from where the ECS is to be effected.

**MICR Codes starting or ending with "000" are not valid for ECS.**

I/We wish to inform you that I/We have registered with Edelweiss Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Edelweiss Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Edelweiss Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Edelweiss Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Edelweiss Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/we hereby authorize bank to debit my account for mandate verification charges, if any.

**Signature/s as per Edelweiss Mutual Fund records (Mandatory)**

First Account Holders Signature	Second Account Holders signature	Third Account Holders signature
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**Signature/s as per Bank records (Mandatory)**

First Account Holders Signature	Second Account Holders signature	Third Account Holders signature
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**FOR BANK USE ONLY (Not to be filled in by Investor)**

Certified that particulars furnished above are correct as per our records-

Recorded on  Recorded by

Mandate Ref. No.

(Bank's Stamp)

(Signature of Authorized Official from the Bank)