

COMMON APPLICATION FORM

Please read Product Labelling available on the Front Inside Cover Page and instructions before filling this form (all points marked * are mandatory)



EDELWEISS MUTUAL FUND

APPLICATION NO.

Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in **ENGLISH** in **BLACK / BLUE COLOURED INK** and in **BLOCK LETTERS**.
Use this form if you are making a one time investment. For SIP investment use the separate SIP Form. KYC is mandatory for all investors.

| DISTRIBUTOR INFORMATION | | | | | |
|---|-----------------|----------------------------------|--|------------------|---|
| Distributor Code | Sub-Broker Code | Sub-Broker Code INTERNAL CODE | Employee Unique* IDENTIFICATION NO. (EUIIN) | E-Code | RIA CODE^ ONLY FOR DIRECT INVESTMENT |
| <p>*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".</p> <p>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'.</p> <p>^I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.</p> | | | | | |
| SIGNATURE (s) | | SOLE / FIRST APPLICANT | | SECOND APPLICANT | |
| | | | | THIRD APPLICANT | |

| | | | | | |
|---|---|--|---|--|--|
| 1 | Application for <input type="checkbox"/> Lumpsum <input type="checkbox"/> Lumpsum with SIP/STP/SWP <input type="checkbox"/> SIP without cheque <input type="checkbox"/> Zero Balance Folio | | | | |
| 2 | Existing Investor's Folio Number (please mention folio here and skip to section 5) | | Mode of Holding <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default) (In case of Demat Purchase Mode of Holding should be same as in Demat Account) | | |
| 3 | Unit Holding Option <input type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode. Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant. | | | | |
| NSDL DP ID No. Beneficiary Account No. I N | | | CDSL Target ID No. | | |
| Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS) | | | | | |

4 First Applicant Details (**Mandatory fields) (Refer Instruction No.II)

| | |
|---|--|
| Name of Sole /1st Applicant** (Name as per PAN Card Only) Mr. Ms. M/s. | |
| PAN** CKYC No. Date of Birth/Incorporation** | |
| Guardian details (In case First / Sole Applicant is Minor) / Contact Person - Designation / POA Holder (In case of Non-Individual Investors) (Name as per PAN Card Only) Mr. Ms. M/s. | |
| Guardian's Relationship With Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian | |
| Proof of Date of Birth and Guardian's Relationship with Minor: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others | |
| PAN** CKYC No. Date of Birth/Incorporation** | |

| | |
|---|--|
| Tax Status^ (Applicable for First / Sole Applicant) | |
| <input type="checkbox"/> Resident Individual <input type="checkbox"/> FIIs <input type="checkbox"/> NRI - NRO <input type="checkbox"/> HUF <input type="checkbox"/> Club / Society <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Minor <input type="checkbox"/> Government Body <input type="checkbox"/> Trust <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Bank & FI <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> QFI <input type="checkbox"/> Provident Fund <input type="checkbox"/> Others | |
| Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals) <input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above | |

5 Second Applicant Details

| | |
|---|--|
| Second Applicant** (Name as per PAN Card Only) Mr. Ms. M/s. | |
| Date of Birth** PAN** CKYC No. | |
| Tax Status^ (Applicable for First / Sole Applicant) | |
| <input type="checkbox"/> Resident Individual <input type="checkbox"/> FIIs <input type="checkbox"/> NRI - NRO <input type="checkbox"/> HUF <input type="checkbox"/> Club / Society <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Minor <input type="checkbox"/> Government Body <input type="checkbox"/> Trust <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Bank & FI <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> QFI <input type="checkbox"/> Provident Fund <input type="checkbox"/> Others | |

6 Third Applicant details

| | |
|---|--|
| Third Applicant** (Name as per PAN Card Only) Mr. Ms. M/s. | |
| Date of Birth** PAN** CKYC No. | |
| Tax Status^ (Applicable for First / Sole Applicant) | |
| <input type="checkbox"/> Resident Individual <input type="checkbox"/> FIIs <input type="checkbox"/> NRI - NRO <input type="checkbox"/> HUF <input type="checkbox"/> Club / Society <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Minor <input type="checkbox"/> Government Body <input type="checkbox"/> Trust <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Bank & FI <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> QFI <input type="checkbox"/> Provident Fund <input type="checkbox"/> Others | |

ACKNOWLEDGEMENT SLIP (Please retain this slip)

To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

Name of the Investor Mr/Ms/M/s : Application No:

| Investment details | | | | | | |
|--------------------|--|--|-----------------|---------------|------|---------------|
| Scheme | Plan | Option | Purchase Amount | Instrument No | Date | Drawn on Bank |
| Edelweiss | <input type="checkbox"/> Regular <input type="checkbox"/> Direct | <input type="checkbox"/> Growth <input type="checkbox"/> IDCW-Reinvestment <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW-Transfer | ₹ (in figures) | | | |

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

Collection Center's Stamp & Receipt Date and Time

| | |
|---|---|
| 8 | Contact Details of Sole / First Applicant - (Correspondence Address) ## |
|---|---|

| | |
|----|--|
| 10 | Systematic Transaction Registration Details <i>(In case OTM is not registered please submit the filled in standalone OTM form for SIP registration.)</i> |
|----|--|

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|----|--|----------------------------|
| 11 | Bank Account Details mandatory for Redemption/IDCW/Refunds, if any | (Refer Instruction No. IV) |
|----|--|----------------------------|

| | | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|-----------|--|--|--|--|--|--|-----------|-------------------------|-----------------------------|----------------------------------|------------------------------|------------------------------|-------------------------------|
| Account No. | | | | | | | | | | | | | | | Account Type [Please ✓] | <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 | | | | | | |

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

| | | |
|----|-----------------|-----------------------------|
| 12 | Payment Details | (Refer Instruction No. VII) |
|----|-----------------|-----------------------------|

| | | | | | | | | | |
|--|--|--|--|-------------------------------------|---------------------------------|---|-------------------------------------|--|--|
| The cheque should be drawn in favor of “ Edelweiss _____ (Scheme name)”, you may refer the SID for additional information. | | | | | | | | | |
| Mode of Payment [Please ✓] <input type="checkbox"/> RTGS/NEFT/Fund Transfer <input type="checkbox"/> DD <input type="checkbox"/> Cheque <input type="checkbox"/> AOTM <input type="checkbox"/> KOTM | | | | | Cheque No. <input type="text"/> | | Date <input type="text"/> | | |
| Gross Amount (₹) <input type="text"/> | | | | Net Amount (₹) <input type="text"/> | | | DD Charges (₹) <input type="text"/> | | |
| Bank Details: <input type="checkbox"/> Same as below (Please tick (✓) if yes) <input type="checkbox"/> Different from below (Please tick (✓) if it is different from below and fill in the details below) | | | | | | | | | |
| Bank/Branch & City <input type="text"/> | | | | | | LEI No. <input type="text"/> | | | |
| Account No. <input type="text"/> | | | | | | Account Type [Please ✓] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR | | | |
| UMRN No. <input type="text"/> | | | | | | Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM. | | | |

Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.

| | |
|----|--|
| 13 | FATCA & CRS Details <i>For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form (Refer Instruction No.XV)</i> |
|----|--|

Please indicate all Countries in which you are a resident for tax purpose, associated Tax payer Identification Number and it's Identification type eg. TIN etc.

| | | | | | | | | |
|--|---------------------------|---|------------------------------|---------------------------|---|------------------------------|---------------------------|---|
| Is the applicant(s)/ guardian's Country of Tax Residency other than India? <input type="checkbox"/> Yes (If Yes, below details are mandatory) <input type="checkbox"/> No | | | | | | | | |
| Sole / First Applicant / Guardian | | | Second Applicant | | | Third Applicant | | |
| Country # | Tax Payer Ref ID No. % | Identification Type [TIN or other, please specify] | Country # | Tax Payer Ref ID No. % | Identification Type [TIN or other, please specify] | Country # | Tax Payer Ref ID No. % | Identification Type [TIN or other, please specify] |
| 1. | | | 1. | | | 1. | | |
| 2. | | | 2. | | | 2. | | |
| 3. | | | 3. | | | 3. | | |
| Place of Birth _____ | | | Place of Birth _____ | | | Place of Birth _____ | | |
| Country of Birth _____ | | | Country of Birth _____ | | | Country of Birth _____ | | |
| Country of Nationality _____ | | | Country of Nationality _____ | | | Country of Nationality _____ | | |
| In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. % In case Tax Identification Number is not available, kindly provide its functional equivalent | | | | | | | | |

| | | |
|----|------------------------|--------------------------|
| 14 | Additional KYC Details | (Refer Instruction No.X) |
|----|------------------------|--------------------------|

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| Gross Annual Income Details | Below 1 Lac | 1-5 Lacs | 5-10 Lacs | 10-25 Lac | > 25 Lacs - 1 Crore | > 1 Crore | NET-WORTH in ₹ | Date |
|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------|------------|
| First Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ₹ _____ (in figures) | DD/MM/YYYY |
| Second Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ₹ _____ (in figures) | DD/MM/YYYY |
| Third Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ₹ _____ (in figures) | DD/MM/YYYY |
| Guardian | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ₹ _____ (in figures) | DD/MM/YYYY |

| PEP DETAILS | First Applicant | Second Applicant | Third Applicant | Guardian |
|---|--|--|--|--|
| Are you a Politically Exposed Person (PEP) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you related to a Politically Exposed Person (PEP) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Kindly complete the investment application by filling below mentioned details on the next page.

- * Nomination
- * Investment Declaration

Nomination Details* (Mandatory)

(Refer instruction no. IX)

☐ I/We hereby nominate the following person(s) who shall receive all the assets held in my/our account/folio in the event of my/our demise, as trustee and on behalf of my/our legal heir(s)

| | | | | | | | | | |
|---|--|--|--|--|--------------------|--|--|--|--|
| Name of First Nominee | | | | | | | | | |
| Nominee's relationship with the Investor* | | | | | | | | | |
| Allocation** | | | | | | | | | |
| Mobile No.* | | | | | Email* | | | | |
| Address* | | | | | | | | | |
| Identity Number*** | | | | | DOB of Nominee**** | | | | |
| Guardian Details**** | | | | | | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--------------------|--|--|--|--|
| Name of Second Nominee | | | | | | | | | |
| Nominee's relationship with the Investor* | | | | | | | | | |
| Allocation** | | | | | | | | | |
| Mobile No.* | | | | | Email* | | | | |
| Address* | | | | | | | | | |
| Identity Number*** | | | | | DOB of Nominee**** | | | | |
| Guardian Details**** | | | | | | | | | |

| | | | | | | | | | |
|---|--|--|--|--|--------------------|--|--|--|--|
| Name of Third Nominee | | | | | | | | | |
| Nominee's relationship with the Investor* | | | | | | | | | |
| Allocation** | | | | | | | | | |
| Mobile No.* | | | | | Email* | | | | |
| Address* | | | | | | | | | |
| Identity Number*** | | | | | DOB of Nominee**** | | | | |
| Guardian Details**** | | | | | | | | | |

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division/fraction of %, shall be transferred to the first nominee mentioned in the nomination form.

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI/OCI/PIO, Passport number is acceptable.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DOB): please provide, only if the nominee is minor.
- Guardian Details: It is optional for you to provide, if the nominee is minor.

| | Name(s) of holder(s) | Name & Address of Witness | Witness Signature# |
|--|-------------------------------|---------------------------|--------------------|
| | Sole / First Holder (Mr./Ms.) | | |
| | Second Holder (Mr./Ms.) | | |
| | Third Holder (Mr./Ms.) | | |

Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

- 1) I/We want the details of my/our nominee/s to be printed in the statement of holding, provided to me/us by the AMC as follows; (please tick any one, as appropriate)
- ☐ Name of nominee(s) ☐ Nomination: Yes / No
- 2) This nomination shall supersede any prior nomination made by me / us, if any.

☐ I/We DO NOT wish to nominate

Declaration for Nomination (to be signed by all unitholders including joint holders, irrespective of more of holding): I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio / and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / Demat account.

Declaration for Investment: 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 this 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 IDCW payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/authenticating and updating my/ our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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.

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).

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

Applicable if resident / citizen of a member state of European Union protected under GDPR

I / We, resident/citizen of a member state of European Union protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on www.edelweissfin.com. Please see the tick marks in the relevant boxes below that will apply to me:

- 1) I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement. ☐ YES ☐ NO
- 2) I wish to receive marketing information from Edelweiss Group (*) ☐ YES ☐ NO
- 3) I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (*) ☐ Newsletter ☐ Email ☐ Text message ☐ Telephone call ☐ Not interested

| | | | | |
|-----------|------------------------|------------------|-----------------|---------------------------|
| SIGNATURE | | | | DATE : ____ / ____ / ____ |
| | SOLE / FIRST APPLICANT | SECOND APPLICANT | THIRD APPLICANT | PLACE |