

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.

DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE^
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT
<p>*Investors should mention the EUIN 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 EUIN 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'.</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	
<input type="checkbox"/> Lumpsum		<input type="checkbox"/> Lumpsum with SIP/STP/SWP		<input type="checkbox"/> SIP without cheque	
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)	
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)					

1 APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS* APPLICANTS FROM CANADA WILL NOT BE ACCEPTED (Refer Instruction No. II)

Name of Sole /1st Applicant* (Name as per PAN Card Only) Mr. Ms. M/s.				CKYC	
PAN*		Date of Birth/Date of Incorporation*		Mobile	
		D D M M Y Y Y Y			
Mobile No. pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> PMS <input type="checkbox"/> Custodian					
Email ID					
Email ID pertains to <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Parents <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Siblings <input type="checkbox"/> Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> PMS <input type="checkbox"/> Custodian					
Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. <input type="checkbox"/> I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)					

TAX STATUS (Applicable for First / Sole Applicant)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FII	<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	

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.				Relationship with Minor/Designation	
PAN*		CKYC No.		Date of Birth*	
				D D M M Y Y Y Y	

ADDRESS					
City					
State		Country		Pin	
Resi.		Office		Fax	

MANDATORY PROOF OF DATE OF BIRTH FOR MINORS (ANY ONE) & RELATIONSHIP PROOF

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Marksheet (HSC/ICSE/CBSE)	<input type="checkbox"/> School Leaving Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Others
--	--	---	-----------------------------------	---------------------------------

OVERSEAS APPLICANT DETAILS

Address (Mandatory for NRI/FII applicant*)					
Country		Zip Code		For NRI applicants <input type="checkbox"/> Indian <input type="checkbox"/> Overseas	

Second Applicant* (Name as per PAN Card Only) Mr. Ms. M/s.				Date of Birth*		PAN*		CKYC No.		Mobile	
				D D M M Y Y Y Y							
Third Applicant* (Name as per PAN Card Only) Mr. Ms. M/s.				Date of Birth*		PAN*		CKYC No.		Mobile	
				D D M M Y Y Y Y							



ACKNOWLEDGEMENT SLIP
To be filled in by the investor

Received from: Mr. / Ms. / M/s _____ an application for allotment
Scheme _____ 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)

Application No: _____

Collection Center's Stamp & Receipt Date and Time

2 POWER OF ATTORNEY (POA) *If investment is being made by a Constitutional Attorney, please submit notarised copy of POA*

1st Applicant POA Name* (Name as per PAN Card Only)	DOB* <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	PAN*
D	D	M	M	Y	Y	Y	Y			
2nd Applicant POA Name* (Name as per PAN Card Only)	DOB* <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	PAN*
D	D	M	M	Y	Y	Y	Y			
3rd Applicant POA Name* (Name as per PAN Card Only)	DOB* <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	PAN*
D	D	M	M	Y	Y	Y	Y			

3 KYC DETAILS (Mandatory - Refer Instruction No X for details)

OCCUPATION (Please tick ✓)

First Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<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"/> Others _____	
Second Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<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"/> Others _____	
Third Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<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"/> Others _____	

GROSS ANNUAL INCOME (Please tick ✓)

First Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore																		
Net worth (Mandatory for Non - Individuals) ₹ <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> as on <table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> [Not older than 1 year]																	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y																	
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore OR Net Worth <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore OR Net Worth <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		

For Individuals

	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Non-Individual Investors (Companies, Trust, Partnership etc.)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration) Yes No

Foreign Exchange/Money Charger Services Yes No Gaming/Gambling/Lottery/Casino Services Yes No Money Lending/Pawning Yes No

We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). Yes No

If yes, please quote Registration No. of Darpan portal of Niti Aayog

--	--	--	--	--	--	--	--	--	--

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

4 FATCA/CRS DETAILS *Non Individual Investors should mandatory fill separate FATCA/CRS details form* (Refer Instruction No.XV)

Sole / First Applicant / Guardian			2nd Applicant			3rd Applicant		
Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____		
#Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc.								
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.		

5 BANK ACCOUNT DETAILS (Refer Instruction No. IV)

Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Account Type [Please ✓] SB Current NRO NRE FCNR

Bank Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Add.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Pin

--	--	--	--

 IFSC CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 MICR CODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6 PAYMENT DETAILS

Mode of Payment [Please ✓] RTGS/NEFT/Fund Transfer DD Cheque AOTM KOTM Cheque No.

--	--	--	--	--	--	--	--	--	--

 Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Gross Amount (₹)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Net Amount (₹)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 DD Charges (₹)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Bank Details: Same as above (Please tick (✓) if yes) Different from above (Please tick (✓) if it is different from above and fill in the details below)

Bank/Branch & City

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 LEI No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Account Type [Please ✓] SB Current NRO NRE FCNR

UMRN No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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.

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	FII	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 / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓
Aadhaar	✓	✓	✓	✓	✓	✓			✓

7 FOR LUMP SUM/NEW SIP-INVESTMENT DETAILS* Choice of Scheme/Plan/Option For SIP Investment Auto-Debit Form is mandatory (Refer Instruction No.VI)

Edelweiss - _____ (Scheme)
 _____ (Plan) _____ (Option) _____ (Sub-Option)
 (Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)
 IDCW (Transfer) to Scheme _____ Plan _____ Option _____

8 SYSTEMATIC TRANSACTION REGISTRATION DETAILS

SIP		STP		SWP	
Scheme: Edelweiss - _____ _____ Plan _____ Option _____ Sub-Option _____		Source Scheme: _____		Scheme: _____	
Installment amount (in figures): _____		Target Scheme: _____		Amount (in figures): _____	
Installment amount (in words): _____		Amount (in figures): _____		Amount (in words): _____	
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Frequency: <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
Preferred SIP date: _____ (For Monthly & Quarterly only)		Preferred STP date: _____ (For Monthly & Quarterly only)		Preferred SWP date: _____ (For Monthly & Quarterly only)	
Debit Date: _____		STP Period: _____ From Date _____ To Date _____		SWP Period: _____ From Date _____ To Date _____	
SIP Period: _____ From Date _____ To Date _____					
(SIP period should not exceed 40 years)		(For monthly and quarterly SIP/STP/SWP select any date except 29th, 30th and 31st)			

9 NOMINATION DETAILS* (Mandatory) (Refer instruction no. IX)

I/We wish to nominate as under:

Sr. No.	Name of Nominee (Name as per PAN Card Only)	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian/Nominee Signature
1.					DD/MM/YYYY		
2.					DD/MM/YYYY		
3.					DD/MM/YYYY		

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 do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund 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 holders, my / our legal heirs would need to submit all the requisite documents issued by court or such other competent authority, based on the value of the assets held in the mutual fund folio.

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:

- 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
- I wish to receive marketing information from Edelweiss Group (*) YES NO
- 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 (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

DATE : ____ / ____ / ____ PLACE : _____

SIP ENROLLMENT CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application 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.

1 DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIIN)		ONLY FOR DIRECT INVESTMENT

*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".
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'

SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
------------------------	------------------	-----------------

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.

2 UNITHOLDER INFORMATION		Folio No. (For Existing Unit Holders)
Sole / 1st Unit Holder* (Name as per PAN Card only)		
PAN*		Date of Birth/Date of Incorporation* D D M M Y Y Y Y
CKYC No.		

3 INVESTMENT DETAILS		Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) IDCW (Reinvestment) Facility is not available under Edelweiss ELSS Tax saver Fund			
IDCW (Transfer) to Scheme _____			
Installment Period : From Date		To Date	(SIP period should not exceed 40 years)
Amount Per Installment :		Amount in words :	
1st Installment Cheque Details : Cheque / DD No.		Amount (₹)	
Drawn on Bank & Branch : _____			
Photo ID 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 NACH clearing / Auto Debit for collection of SIP Payments. **Note:** Please allow 1 month Auto Debit to register and start

Frequency Details [Please ✓]			
<input type="checkbox"/> Daily SIP	<input type="checkbox"/> Weekly SIP	<input type="checkbox"/> Fortnightly SIP	<input type="checkbox"/> Monthly SIP
All Business Day	<input type="checkbox"/> 7th, 14th, 21st, 28th of any month	<input type="checkbox"/> 10th and 25th	DATE : ___/___/___ Preferred Debit Date (Any date except last three dates of month)
<input type="checkbox"/> Quarterly SIP DATE : ___/___/___ Preferred Debit Date (Any date except last three dates of month)			
SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount _____			
Top-up Cap Maximum SIP Amount ₹ _____		SIP Top-up Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Top-up Cap (Refer Instruction No.26)	

4 UMRN DETAILS		(Refer Instruction No.9)
<input type="checkbox"/> Use Existing AOTM	<input type="checkbox"/> Use Existing KOTM	UMRN No. _____
Bank Name _____		Bank Account No. _____

5 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')*		DATE : ___/___/___	PLACE : _____
I / We declare that the particulars furnished here are correct. I / We authorise Edelweiss Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Edelweiss Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in EDELWEISS MUTUAL FUND by debit to my / our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Edelweiss Mutual Fund using this facility.			
SIGNATURE (s)			
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT	

One Time Mandate Registration Form/ Debit Mandate Form NACH/Direct Debit

	UMRN _____ OFFICE USE ONLY _____	Date D D M M Y Y Y Y
Utility Code	CITI00002000000037	<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel
Sponsor Bank Code	CITI000PIGW	I/We authorize Edelweiss Mutual Fund
To debit (✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others _____	Bank A/c No. _____	
With Bank _____	IFSC/MICR _____	
an amount of Rupees _____	₹ _____	
Debit Type <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	
Reference Folio No./App No. _____	Email ID _____	

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity / corporate or the bank where I have authorized the debit.

From D D M M Y Y Y Y	Maximum period of validity of this mandate is 40 years only.
To D D M M Y Y Y Y	
Maximum period of validity of this mandate is 40 years only.	Signature of Primary Bank Account Holder _____
	Signature of Account Holder _____
	Signature of Account Holder _____
Phone No. _____	1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

Instructions

1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again unless there is change in either of bank account details, maximum amount or maximum period. New OTM will replace existing OTM.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed form with their name mentioned.
3. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter sent to the updated mobile number and email id.
4. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
5. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Edelweiss Mutual Fund.
6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format. Mandate period should not exceed 40 years from start date.
7. Tick on the respective option to select your choice of action and instruction.
8. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
9. Please mention the Name of Bank and Branch, IFSC/ MICR Code and also provide an original cancelled copy of the cheque of the same bank account registered in One Time Mandate.
10. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
11. Maximum duration for enrollment is 40 years. An investor has option to choose the "End Date" of the SIP for maximum of 40 years from the start date.
12. Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.
13. Name should be as per PAN Card only.

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our afore mentioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for NACH (Debit Clearing)/Direct Debit/SI facility and that the payment towards my/our investments in the Schemes of Edelweiss Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of Edelweiss Asset Management Company Limited, Investment Manager to Edelweiss Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/Direct Debit/SI.



Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.