

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 ARN-0155	Sub-Broker Code	Employee Unique Identification Number (EUI)*	Sub-Broker Code Internal Code 16336	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt CAF

* Investors should mention the EUI 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 EUI 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. XII)

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 **ARN-49710**

In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

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

1st Applicant /Guardian **PAN 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

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 ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify _____	Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others Please Specify _____
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on DD / MM / YYYY (Not older than 1 year)	For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> 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 ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify _____	Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others Please Specify _____
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on DD / MM / YYYY (Not older than 1 year)	For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of 3rd Applicant Mr. Ms. PAN _____

Gross Annual Income [please ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify _____	Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others Please Specify _____
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on DD / MM / YYYY (Not older than 1 year)	For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> 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

TOLL FREE 1800 425 0090



NON TOLL FREE +91 40 23433150



SMS IQ to 5757590



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