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

	DISTRIBUTOR INFORMATIO	FOR OFFICE U	SE ONLY	Application No:	
Name & Distributor Co	de Sub-Broker Code Employee Unique Indentification Nu		Registrar/Bank Serial No. D	ate & Time of Receipt	CAF
ARN-0155		Internal Code 16336			
Investors should menti	on the EUIN of the person who has advised the investor. If I tion is executed without any interaction or advice by the el ee/relationship manager/sales person of the distributor/su	eft blank, the fund will assume following de	claration by the investor "I/We here	by confirm that the EUIN	oox has been intentionally left b
Jpfront commission sha please mention 'Direct' i	Ill be paid directly by the investor to the AMFI registered in the column 'Name & Distributor Code'		ment of various factors including th	e service rendered by the	distributor. For Direct investme
	English and in BLOCK LETTERS.	Sole/1st Applicant/Guardian Authorised Signatory / POA Sign			
he separate SIP Form	making a one time investment. For SIP investment use	Sole/1st Applicant/Guardian	/		
All columns marked * are	e mandatory	Authorised Signatory / POA Sign	atory 2nd Applicant / Authori	sed Signatory 3rd Ap	
		■ INVEST NOW	ZERO BALA	NCE FOLIO	
EXISTING UNIT	HOLDER INFORMATION / EXISTING ZERO	BALANCE FOLIO NO. If you have	e existing folio, please fill in secti	on 2 and proceed to sec	ion 8. (Refer Instruction No. )
Folio No.	Name of Fir	rst Applicant			
TRANSACTION	CHARGES (Please ✓) (Default option Exist	ing Investor) (Refer Instruction	No. XIV)		
I am a First 1	ime Investor in Mutual Funds	☐ I am	an Existing Investor in Mu	tual Funds AR	N-49710
n case the subscripti	on amount is ₹10,000/- or more and your Distributo	r has opted to receive Transaction Cha	arges, ₹150 (for first time mutua	al fund investor) or ₹10	)/- (for investor other than
	estor) will be deducted from the subscription amount				Pofor Instruction No.
Mandatory *		PAN copy (Refer Instruction No			(Refer Instruction No. 1
1st Applicant /G					YC Application Form)
	ORMATION (Refer Instruction No. II) to b		pplications from residents	of USA and Cana	la will not be accepte
Name of Sole /1s	t Applicant Mr. Ms. M/s. Others (Plea	se Specify)			
			Date of Birth (DOB)^ /	Date of Incorporat	ion D D M M Y
In case of Minor	- Parent/ Legal Guardian Name of 1st Appli				
			p with Minor/ Designation	1	
^Mandatory pro	A		Leaving Certificate		Passport
Birth for Minors (	Mark sheet issued by Hig	her Secondary Board / ICSE / C	BSE Others	Please Sp	ecify
Gross Annual Inco	me [please ✓]*	Occupation* [please ✓]		Legal Status* [plea	•
Below 1 Lac	1-5 Lacs 5-10 Lacs 10-25 Lacs	Business Service Profes House Wife Student De		Resident Individ	ual FII's Society/C
>25 Lacs-1 cror	e >1 crore	Forex Dealer Unlisted Com		Minor Partn	
Net-worth in (Mand	latory for Non-Individuals) ₹		Please Specify	Company/Body	
as on DD/M	M / Y Y Y Y (Not older than 1 year)	For Individual Politically Expose Related to PEP	ed Person (PEP) Yes No Yes No	Others	Please Specify
Mandatory for	Is the entity involved/providing any of the fo		ange / Money Changer Service	es Yes No	
Non-Individual	Gaming / Gambling / Lottery Services (e.g.				
Investor	Please attach mandatory Ultimate Beneficia	Ownership (UBO) Declaration For	m (Refer Instruction No. XVII)		
Name of 2nd App		One was fallens of		PAN	(1
Gross Annual Inco		Occupation* [please ✓]  Business Service Profes	ssional Agriculturist	Resident Individ	
	1-5 Lacs 5-10 Lacs 10-25 Lacs	House Wife Student De			RI/PIO FI HUF
>25 Lacs-1 cror		Forex Dealer Unlisted Com	npany Body Corporate	Minor Partn	ership Firm Bank Ti
	latory for Non-Individuals) ₹	For Individual Politically Expose	ed Person (PEP) Yes No	Company/Body	
as on DD/M	M / Y Y Y Y (Not older than 1 year)	Investor* Related to PEP	Yes No	Others	Please Specify
Name of 3rd App	licant Mr. Ms.			PAN	
Gross Annual Inco	me [please √]*	Occupation* [please ✓]		Legal Status* [plea	se √]
Below 1 Lac	1-5 Lacs 5-10 Lacs 10-25 Lacs	Business Service Profes		Resident Individ	
>25 Lacs-1 cror	e >1 crore	Forex Dealer Unlisted Com			RI/PIO FI HUF ership Firm Bank T
Net-worth in (Mand	latory for Non-Individuals) ₹			Minor Partn Company/Body	
	S.S. / V. V. V. V. / Net alideration 1 mans	For Individual Politically Expose			
as on DD/M	M / Y Y Y Y (Not older than 1 year)			Others	
		Investor* Related to PEP		Others	
Mode of Holding*	[please ✓] Single Joint Any one of	Investor* Related to PEP or survivor(s)	Yes No	Others	
Mode of Holding*		Investor* Related to PEP or survivor(s)	Yes No	Others	
Mode of Holding*	[please ✓] Single Joint Any one of	Investor* Related to PEP or survivor(s)	Yes No	Others	
Mode of Holding* Mailing Address	[please ✓] Single Joint Any one of Sole/First Applicant (P.O. Box alone may	Investor* Related to PEP or survivor(s)	Yes No estor must provide Indian	Others	
Mode of Holding* Mailing Address City	[please ✓] Single Joint Any one of Sole/First Applicant (P.O. Box alone may	Investor* Related to PEP or survivor(s)	Yes No estor must provide Indian	Others	
Mode of Holding* Mailing Address City Contact Details	[please ✓] Single Joint Any one of Sole/First Applicant (P.O. Box alone may	Investor* Related to PEP or survivor(s)	estor must provide Indian  Country	Others	
Mode of Holding* Mailing Address City	[please /] Single Joint Any one of Sole/First Applicant (P.O. Box alone may    State	Investor* Related to PEP or survivor(s) not be sufficient) Overseas Investors	estor must provide Indian  Country          Mobile No.	Address  N D I A Pin C	
Mode of Holding* Mailing Address  City  Contact Details of Sole / First Applicant	[please /] Single Joint Any one of Sole/First Applicant (P.O. Box alone may State  Email ID (In BLOCK Letters)  Tel. No. STD Code F	Investor* Related to PEP or survivor(s)  not be sufficient) Overseas Investors.	estor must provide Indian  Country	Others	
Mode of Holding* Mailing Address  City  Contact Details of Sole / First Applicant  Email ID & Mobile	[please /] Single Joint Any one of Sole/First Applicant (P.O. Box alone may    State	Investor* Related to PEP or survivor(s)  not be sufficient) Overseas Investors.	estor must provide Indian  Country          Mobile No.	Address  N D I A Pin C	
Mode of Holding* Mailing Address  City  Contact Details of Sole / First Applicant  Email ID & Mobile	[please 1] Single Joint Any one of Sole/First Applicant (P.O. Box alone may State  Email ID (In BLOCK Letters)  Tel. No. STD Code  Wo. are essential to enable us to communicate we se (mandatory for NRI/FII applicant*)	Investor* Related to PEP or survivor(s) not be sufficient) Overseas Investors Res.	estor must provide Indian  Country          Mobile No.	Address  N D I A Pin C	ode
Mode of Holding* Mailing Address  City  Contact Details of Sole / First Applicant  Email ID & Mobile I  Overseas Address  Country	[please /] Single Joint Any one of Sole/First Applicant (P.O. Box alone may State  Email ID (In BLOCK Letters)  Tel. No. STD Code Research of the state of the st	Investor* Related to PEP or survivor(s) not be sufficient) Overseas Investors Res. Addresses Addresses Addresses Addresses Addresses Addresses Res.	estor must provide Indian  Country         Mobile No.     Office	Address  N D I A Pin C  Fax  Dr NRI applicants)	ode
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Mode of Holding* Mailing Address  City  Contact Details of Sole / First Applicant  Email ID & Mobile I Overseas Address Country	[please /] Single Joint Any one of of Sole/First Applicant (P.O. Box alone may State  Email ID (In BLOCK Letters)  Tel. No. STD Code For State (Mandatory for NRI/FII applicant*)  Zip Code State (Mandatory for NRI/FII applicant)	Investor* Related to PEP or survivor(s)  not be sufficient) Overseas Investors  Res. Address  NOWLEDGEMENT SL	estor must provide Indian  Country	Address  N D I A Pin C  Fax  Or NRI applicants)	Indian Overso
Mode of Holding* Mailing Address  City  Contact Details of Sole / First Applicant  Email ID & Mobile IO  Overseas Address  Country  Edelweis  Mutual Fur	[please /] Single Joint Any one of of Sole/First Applicant (P.O. Box alone may State  Email ID (In BLOCK Letters)  Tel. No. STD Code For the state of the state o	Investor* Related to PEP or survivor(s) Inot be sufficient) Overseas Investor  Res. Address  NOWLEDGEMENT SL To be filled in by the investor	estor must provide Indian  Country	Address  N D I A Pin C Fax  Or NRI applicants)  CAF  ment Collect	ode
Mode of Holding* Mailing Address  City  Contact Details of Sole / First Applicant  Email ID & Mobile IO  Overseas Address  Country  Edelweis  Mutual Fur  ived from: Mr. / me EDELWEIS	[please /] Single Joint Any one of of Sole/First Applicant (P.O. Box alone may State  Email ID (In BLOCK Letters)  Tel. No. STD Code For State (Mandatory for NRI/FII applicant*)  Zip Code  ACK  Ms. / M/s_	Investor* Related to PEP or survivor(s) Inot be sufficient) Overseas Investor  Res. Address  NOWLEDGEMENT SL To be filled in by the investor  Opt	estor must provide Indian  Country	Address  N D I A Pin Co Fax  Or NRI applicants)  CAF  ment Collect Rec	Indian Overse pplication No:















_	ARN-49710		EUIN	-					
6 POWER OF ATTORNEY (POA)									
POA Name Mr. Ms.  If investment is being made by a Constitution	anal Attorney please submi	t notarised conv	of POA			PAN			
7 BANK ACCOUNT DETAILS* (Refer		t noturiseu copy	OJFOA						
A/c Type [please ✓] SB	Current NI	RO NF	RE	FCNR					
Account No				Bank Nam	ne				
Branch				Branch Ad	ldress	Di-			
IFSC Code				City MICR Co	de	Pin			
8 E-MAIL COMMUNICATION (Refer	Instruction No. III) [ple	ase √]		William Co.					
I/we wish to receive the following documen	t via email in lieu of physica	document(s) Ac	count State	ment / New	s Letter / Annual R	eport / Other Statutory Info	ormation	Yes	No
9 DEMAT ACCOUNT DETAILS*									
Do you want units in demat Form? [please with the depository participant]. In case u							es with that of	the demat A	A/c. held
NATIONAL SECURITIES DEP						ORY SERVICES (INDIA	) LTD. (CDSI	L)	
Depository Participant (DP) Nam						•			
DP ID No.:			Renef	iciary A/c N	No.				
	of Scheme /Plan / Opt	tion (Refer In	nstruction						
Scheme/Plan/Option/Facility	Edelweiss-	Scheme		, [	Plan		ption/Facili	ity	
(Default Plan/Option/Facility will be	applied in case of no i	nformation, a	mbiguity o	r discrepa	incy)				
Dividend Sweep to Scheme									
*Dividend Sweep facility not applica			Fund						
(Mandatory if opted for SIP) Type of SIP:		lo cro SIP	Mode of S	IP:	PDC Auto	Debit / ECS			
Note: 1. Incase you have opted for SIP thr 2. In case you have opted for SIP th	rough ECS / Auto Debit mod	le it is mandatory	to submit S	IP Enrolmer	nt and ECS/Auto D				
STP ENROLLMENT DETAILS Opted						to submit Special Prod	uct Form)		
11 PAYMENT DETAILS (Refer Instructi	on No. VIII)								
Mode of Payment [please ✓] RTG	GS/NEFT/Transfer Let	ter Chequ	e Thir	d Party Pa	ayment (Please at Declarati	tach Third Party Payment on Form)	Da	ate//	
Gross Amount (₹)		DD Charge	s (₹)			nount (₹)			
Bank /Branch & City			Account	Time Inle			que No.	NDE	ECNID
Account No.			Account	Type [ple	ease ✓] SE	B Current	NRO	NRE	FCNR
12 NOMINATION DETAILS* (Refer Ins	•	,							
I/We hereby nominate the under mention such Nominee shall be a valid discharge by			our credit ir	n event of m	ny/our death. I/ We	also understand that all p	payments and	settlements	made to
Name of Nominee	Date of Birth (If Nominee is minor)	Allocation (%)		f Legal Gua If Nominee i		Relationship with nominee		of Nominee, Guardian	/
	(ij Nominee is minor)	(70)	(4	j Wommee i	3 minor y	Hommee	Legare	Juaruran	
13 DECLARATION AND SIGNATURE(	•								
Having read and understood the contents of section on who cannot invest,"Prevention of a bove and agree to abide by the terms and me/us in the above mentioned Scheme is	of the Scheme Information of Money Laundering" and	Document of the "Know Your Cust	e Scheme ai tomer", I/W	nd Statemer e hereby ap	nt of Additional Int ply to the Trustee	formation and subsequent of Edelweiss Mutual fund	amendments for units of the	thereto inclu Scheme as i	iding the ndicated
me/us in the above mentioned Scheme is	derived through legitimate	ations of the School sources and is i	eme. I/We to not held or	designed for	or the purpose of	contravention of any acts,	rules, regulati	ions or any st	tatute o
authority from our constitutional document is contrary to the relevant constitutional do	ts to invest in the units of th cuments. I/We agree that i	e Scheme and the n case my/our in	e AMC/Trus vestment in	tee/Fund w	ould not be respore is equal to or mo	isible if the investment is u re than 25% of the corpus	tra vires there	to and the inv	estmen ess Asse
Management Ltd., Investment Manager to induced by any rebate or gifts, directly or in	the Edelweiss Mutual Fund directly in making this inve	l, has full right to stments. I /We h	refund the ereby author	excess to norise Edelwe	ne/us to bring my, eiss Mutual Fund, i	our investment below 25 ts Investment Manager an	%. I/We have n d its agents to	not received r disclose deta	nor been
me/us in the above mentioned Scheme is legislation or any other applicable laws or I authority from our constitutional documen is contrary to the relevant constitutional do Management Ltd., Investment Manager to induced by any rebate or gifts, directly or in investment to my bank(s) / Edelweiss Micredited/redeem units created at applicable and take any appropriate action against me are my/our own and acknowledge that AM the Fund can directly credit all the dividend.	utual Fund's bank(s) and , e NAV, restrain me/us from	or Distributor making any furt	/ Broker / her investm	Investment ent in any o	Advisor. I/We au f the Schemes of t	thorise this Fund to reject he fund, recover/debit my	t the applicat /our folios(s) w	tion, revert t	he unit
are my/our own and acknowledge that AM the Fund can directly credit all the dividend	C reserves the right to call f payouts and redemption an	or such other ad nount to my bank	ditional info	rmation/do n above. I/W	ocuments as requir	ed to comply with KYC no	rms. I/We here are correct.	by, further ag	gree tha
The ARN holder has disclosed to me/us all from amongst which the Scheme is being re Applicable to investors who have not opted	the commissions (in the for commended to me/us. I/W	m of trail commi further agree th	ission or any nat the Fund	other mod /AMC can se	e), payable to him end us all types of S	for the different competing MS relating to the produc	g Schemes of ts offered by th	various Mutu iem.	al Fund
I / We confirm that I am/We are not residen	nt(s) of United States under	rthe laws of Unit	that it is my/ ced States or	our informe resident (s)	ed decision not to a of Canada. In case	avail the nomination facility of change to this status, I	offered by Ede / We shall not	elweiss Mutu: <b>ify the AMC,</b>	al Fund. <b>in whicl</b>
event the AMC reserves the right to redeer  Applicable to NRI only: I/We confirm that I am	/ we are Non Resident of Indi	an Nationality/Ori	igin and I/We	hereby conf	firm that the funds f	or subscription have been re	mitted from ab	road through a	approved
banking channels from funds in my/our Non-Re Repatriation Non Repatriation	sident External/Ordinary Acco	ount/FCNR Accoun	nt. Please (✓)	(Induding an	nount of Additional	Purchase Transaction made i	n future)		
Date DDMMYY									
Place									
Signi	Sole/1st Applicar Authorised Signatory			2nd Applic		natory 3rd A			
9	For Detailed I	nstructions on Fillin	ng the Applica	tion Form ple	ease refer to Page no	. 26.			
CHECKLIST ( Please submit the following docume Notary Public.)	ents with your application (who	ere applicable). All	documents sh	nould be origi	nal/true copies certi	fied by a Director/Trustee /Co	mpany Secretary	//Authorised si	ignatory ,
Documents Resolution/ Authorisation to invest	Inc	lividual	Companies	Societies ✓	Partnership Firms	Investment through POA	Trusts	NRI FIIS	s PIO
List of authorised signatories with specimen sig Memorandum & Articles of Association	natures		✓ ✓	<b>√</b>	✓	<b>√</b>	<b>✓</b>	· ·	
Trust Deed Bye-laws				<b>✓</b>			<b>✓</b>		
Partnership Deed Overseas Auditor Certificate					<b>√</b>			·	
Notarised POA Proof of Address						V			~
Copy of PAN Card KYC Compliance		✓ ✓	✓ ✓	· /	✓ ✓	✓ ✓	· ·	<i>'</i>	<b>/</b>
PIO Card Foreign Inward Remittance Certificate								/	· /
Trigger Form (if applied)		<b>✓</b>	✓	✓	✓	✓	<b>✓</b>	V V	<b>✓</b>