

# SPECIAL PRODUCT FORM



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 – 400 098

Regular SIP  Micro SIP (MSIP)  STP  SWP

1 DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & Distributor Code	Sub-Broker Code	E- Code	Registrar/Bank Serial No.	Date of Receipt	Time of Receipt
ARN-0155	16336				

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'

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

3 SCHEME DETAILS					
<input type="checkbox"/> Edelweiss Liquid Fund (ELF) <input type="checkbox"/> Edelweiss Ultra Short Term Bond Fund		<input type="checkbox"/> Edelweiss Short Term Income Fund			
<input type="checkbox"/> Retail <input type="checkbox"/> Institutional <input type="checkbox"/> Super Institutional (Applicable for ELF only)		<input type="checkbox"/> Retail Plan		<input type="checkbox"/> Institutional Plan	
<input type="checkbox"/> Growth		<input type="checkbox"/> Dividend Reinvestment		<input type="checkbox"/> Dividend	
		<input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly Payout		<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout	
<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Monthly Sweep					
<input type="checkbox"/> Edelweiss ELSS Fund <input type="checkbox"/> Edelweiss Gilt Fund		<input type="checkbox"/> E.D.G.E. Top 100 Fund <input type="checkbox"/> Edelweiss NIFTY Enhancer Fund			
<input type="checkbox"/> Edelweiss Absolute Return Fund <input type="checkbox"/> Edelweiss Monthly Income Plan (EMIP)		<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C			
<input type="checkbox"/> Growth		<input type="checkbox"/> Dividend <input type="checkbox"/> Monthly Dividend (Applicable for EMIP only)		<input type="checkbox"/> Growth <input type="checkbox"/> Dividend	
<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Sweep		<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Sweep			
Dividend Sweep to Scheme		Plan		Option	

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

\*For SWP Monthly and Quarterly Options are available. \*For SIP Daily, Weekly and Monthly Options are available.

5 SYSTEMATIC INVESTMENT PLAN (SIP) DETAILS	
<b>Enrollment Details</b>	
Installment Period: From Date <input type="text" value="MM/YYYY"/>	To Date <input type="text" value="MM/YYYY"/> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Amount Per Installment: <input type="text"/>	Amount (in words) _____
<b>1st Installment Cheque Details</b>	
Cheque/DD <input type="text"/>	Amount (₹) <input type="text"/>
Drawn on Bank & Branch _____	
Photo Identification proof number in case of Micro SIP of 1st Applicant _____ 2nd Applicant _____	
3rd Applicant _____	

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

7 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) _____
Installment Period: From Date <input type="text" value="MM/YYYY"/>	To Date <input type="text" value="MM/YYYY"/> <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

_____ 1st / Sole Applicant	_____ 2nd Applicant	_____ 3rd Applicant
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