

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	Sub-Broker Code	Employee Unique Identification Number (EUI)*	Sub-Broker Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt	CAF
ARN-82505	ARN	E068146	Internal Code				

*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 TRANSACTION CHARGES (Please ✓) (Default option Existing Investor) (Refer Instruction No. XIII)

I am a First Time Investor in Mutual Funds I am an Existing Investor in Mutual Funds

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.

3 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. XII)

Folio No. _____ Name of First Applicant _____

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

1st Applicant /Guardian P A N 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

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

E-MAIL COMMUNICATION (Refer Instruction No. III) [please ✓] I/we wish to receive the following document via email in lieu of physical document(s) Account Statement / News Letter / Annual Report / Other Statutory Information Yes No

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"/> NPO <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	

FATCA INFORMATION (1st Applicant/Non-Individual)* (Refer Instruction No. XVII)
Country of Birth/Registration: _____ Country of Citizenship/ Nationality: India USA Others (please specify) _____
Country of Tax Residency: India USA Others (please specify) _____ Tax Reference Number: _____

Mandatory for Non-Individual Investor Is the entity involved/providing any of the following services Yes No [(Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV)]
♦ For Foreign Exchange / Money Changer Services Yes No ♦ Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) Yes No
♦ Money Lending / Pawning Yes No

Mode of Holding* [please ✓] Single Joint Any one or survivor(s)

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"/> NPO <input type="checkbox"/> Others _____ Please Specify
	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	

FATCA INFORMATION (2nd Applicant)*
Country of Birth: _____ Country of Citizenship/ Nationality: India USA Others (please specify) _____
Country of Tax Residency: India USA Others (please specify) _____ Tax Reference Number: _____

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 _____

Application No: CAF ARN-96039

Collection Center's Stamp & Receipt Date and Time

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

