



☐ BIRTH CERTIFICATE    ☐ MARKSHEET (HSC/ICSE/CBSE)    ☐ SCHOOL LEAVING CERTIFICATE    ☐ PASSPORT    ☐ OTHERS

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Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below:

☐ Annual Report    ☐ Abridged Annual Report    ☐ Other Statutory Information

**OCCUPATION (Please tick ✓)**

First Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others_____	<input type="checkbox"/> Defence
Second Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others_____	<input type="checkbox"/> Defence
Third Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others_____	<input type="checkbox"/> Defence

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) ₹ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> as on DD MM YY YY YY YY [Not older than 1 year]														

[illegible]

For Individuals				For Non-Individual Investors (Companies, Trust, Partnership etc.)			
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Exchange / Money Charger Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Money Lending / Pawning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

(Refer Instruction No.XVII)

Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant		<input type="checkbox"/> POA	
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.			

[illegible][illegible]

<b>Scheme/Plan/Option/Facility</b>	<b>Edelweiss -</b>			<b>Scheme</b>		
	Plan	Option	Sub-Option			
(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)						
Dividend Sweep to Scheme		Plan		Option		

## 6 BANK ACCOUNT DETAILS (Refer Instruction No.IV)

Account No.		Account Type [Please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR
Bank Name							
Branch Add.							
Pin		IFSC CODE		MICR CODE			

## 7 PAYMENT DETAILS

Mode of Payment [Please ✓]	<input type="checkbox"/> RTGS/NEFT/Fund Transfer	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Cheque	<input type="checkbox"/> One time Mandate (OTM)			
Cheque No.		Date		Gross Amount (₹)			
Net Amount (₹)		DD Charges (₹)					
<b>Bank Details:</b>	<input type="checkbox"/> Same as above (Please tick (✓) if yes) <input type="checkbox"/> Different from above (Please tick (✓) if it is different from above and fill in the details below)						
Bank/Branch & City							
Account No.		Account Type [Please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR

Please note that OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please fill in the attached OTM Debit Mandate to make future transactions via OTM(in grey bar)

## 8 DEMAT ACCOUNT DETAILS\*

Do you want units in demat Form? [Please ✓] ☐ Yes ☐ No [Please ensure that the sequence of names as mentioned in the application form matches with that of the demat A/c. held with the depository participant]. In case unit holders do not provide their demat account details, an account statement shall be sent to them.

☐ NATIONAL SECURITIES DEPOSITORY LTD. (NSDL) ☐ CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CSDL)

Depository Participant (DP) Name :

DP ID NO.:  Beneficiary A/C No.

## 9 NOMINATION DETAILS\*

I/We hereby nominate the under mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be valid discharge by the AMC/Mutual Fund/Trustee Company.

Name of Nominee	Date of Birth (If Nominee is minor)	Allocation (%)	Name of Legal Guardian/Parent (If Nominee is minor)	Relationship with Nominee	Address of Nominee/ Legal Guardian

## 10 DECLARATION AND SIGNATURE(S)

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 dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

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.

Applicable to investors who have not opted for nomination facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Edelweiss Mutual Fund.

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).

I/We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made there under, for (i) collecting, storing and usage (ii) validating/authenticating and Updating my/our Aadhaar numbers(s) in accordance with the Aadhaar Act, 2016 (and regulations made there under) and PMLA. I/We hereby provide my/our consent for sharing/disclose of the Aadhaar number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent(RTA) for the purpose of updating the same in my/our folios with my/our PAN.

**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

SIGNATURE (s)		
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

DATE : \_\_\_/\_\_\_/\_\_\_ PLACE : \_\_\_\_\_

BLANK

Please read Product Labelling available on the Front Inside Cover Page and instructions before filling this form  
(all points marked \* are mandatory)

MUTUAL  
FUND

APPLICATION NO.

**Sponsor:** Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited  
Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra.

☐ New SIP Registration    ☐ Micro SIP    ☐ Change in Bank Account (For SIP earlier registered)    ☐ Top-up

## DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE^
ARN - 96134	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUN) E106410		ONLY FOR DIRECT INVESTMENT

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'.

^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 in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

**SIGNATURE (s)**

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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**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.**

## UNITHOLDER INFORMATION

Folio No. (For Existing Unit Holders)

[illegible]

## INVESTMENT DETAILS

Edelweiss -

Scheme

### Plan

Option/Facility

(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) Dividend Reinvestment Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings)

#### Dividend Sweep to Scheme

Installment Period : From Date	D	D	M	M	Y	Y	Y	Y
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To Date ☐ Perpetual (99 years) (Default) or ☐ 10yrs or ☐ 5 yrs or

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
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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	<input type="checkbox"/> Quarterly SIP
All Business Day	<input type="checkbox"/> 7th, 14th, 21st, 28th of any month	<input type="checkbox"/> 10th and 25th	DATE : <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Preferred Debit Date (Any date except last three dates of month)</small>	DATE : <input type="text"/> / <input type="text"/> / <input type="text"/> <small>Preferred Debit Date (Any date except last three dates of month)</small>

**SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount** (The amount should be in multiples of ₹500 only)

**Top-up Cap Maximum SIP Amount ₹**  **SIP Top-up Frequency :** ☐ Half Yearly ☐ Yearly ☐ Top-up Cap (Refer Instruction No.35)

**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
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MUTUAL  
FUND

## DEBIT MANDATE FOR NACH

Tick ( <input checked="" type="checkbox"/> )																						Date	D	D	M	M	Y	Y	Y	Y									
Create ( <input checked="" type="checkbox"/> )	UMRN																																						
Modify ( <input checked="" type="checkbox"/> )	Sponsor Bank Code																	Utility Code																					
Cancel ( <input checked="" type="checkbox"/> )	I/We hereby authorize	EDELWEISS MUTUAL FUND																To Debit ( <input checked="" type="checkbox"/> )	SB / CA / CC SB NRE / SB NRO / Other																				
	Bank A/c. Number																																						
	With Bank													IFSC								or MICR																	
	An Amount of Rupees																	₹																					
	FREQUENCY	<input checked="" type="checkbox"/> Monthly	<input checked="" type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Half Yearly	<input checked="" type="checkbox"/> Yearly	<input checked="" type="checkbox"/> As & when presented																DEBIT TYPE	<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount															
	Reference /Folio No.																	Phone No.																					
	Scheme Name	ALL SCHEMES OF EDELWEISS MUTUAL FUND																Email ID																					
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.																																							
PERIOD																																							
From		D	D	M	M	Y	Y	Y	Y	Y	Y		Signature Primary Account holder										Signature Account holder						Signature Account holder										
To		D	D	M	M	Y	Y	Y	Y	Y	Y																												
Or	Until Cancelled																					1. Name as in Bank Records						2. Name as in Bank Records						3. Name as in Bank Records					

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me. 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 debit.