

# COMMON APPLICATION FORM

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



# EDELWEISS MUTUAL FUND

APPLICATION NO.

**Sponsor:** Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited  
Edelweiss Mutual Fund, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

**PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS. Use this form If you are making a one time investment. For SIP investment use the separate SIP Form.**

### DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE <sup>^</sup>
ARN-106392 BLUECHIP STOCKS	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN)	E-107715	ONLY FOR DIRECT INVESTMENT

\*Investors should mention the EUIN 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 EUIN 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'.

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 etc. 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

**MAKE YOUR SELECTION BEFORE FILLING FORM (PLEASE ✓)**  INVEST NOW  ZERO BALANCE FOLIO (Refer Instruction No.XII)

**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.

EXISTING INVESTOR'S FOLIO NUMBER	INVESTMENT TYPE (Please tick any one)	MODE OF HOLDING
(If you have an existing folio with KYC validated, please mention here and skip to section 5)	<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SIP WITHOUT CHEQUE	(In case of Demat Purchase Mode of Holding should be same as in Demat Account)
	<input type="checkbox"/> LUMP SUM WITH SIP/STP/SWP	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)

UNIT HOLDING OPTION	CDSL/ NSDL	DP ID NO.:	Depository Participant Name:
<input type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode	Beneficiary A/C No.		
	(Please Note: Please attach copy of Client Master List.)		Please Note: Demat Account Details of First / Sole Applicant (Name should be as per demat account)

### 1 APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS\* APPLICANTS FROM CANADA WILL NOT BE ACCEPTED (Refer Instruction No.II)

NAME OF SOLE /1ST APPLICANT Mr. Ms. M/s. \_\_\_\_\_  
 PAN \_\_\_\_\_ CKYC No. \_\_\_\_\_ Date of Birth D D M M Y Y Y Y  
 Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick (✓) any one from the below options) -  
 Self  Spouse  Dependent Parents  Dependent Children  Dependent Siblings  Guardian

**Please note:** In the event that the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

#### GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)

Mr. Ms. M/s. \_\_\_\_\_  
 Relationship with Minor/Designation \_\_\_\_\_  
 PAN \_\_\_\_\_ Date of Birth D D M M Y Y Y Y CKYC No. \_\_\_\_\_  
 Address \_\_\_\_\_ CITY \_\_\_\_\_  
 STATE \_\_\_\_\_ COUNTRY \_\_\_\_\_ PIN \_\_\_\_\_  
 RESI. \_\_\_\_\_ OFF. \_\_\_\_\_ FAX \_\_\_\_\_

SECOND APPLICANT Mr. Ms. M/s. \_\_\_\_\_  
 Date of Birth D D M M Y Y Y Y  
 PAN \_\_\_\_\_ CKYC No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

THIRD APPLICANT Mr. Ms. M/s. \_\_\_\_\_  
 Date of Birth D D M M Y Y Y Y  
 PAN \_\_\_\_\_ CKYC No. \_\_\_\_\_ Mobile No. \_\_\_\_\_



### 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:

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)

**TAX STATUS (Applicable for First / Sole Applicant)**

Resident Individual  FII's  NRI - NRO  HUF  Club / Society  PIO  Body Corporate  Minor  Government Body  Trust  NRI - NRE  
 Bank & FI  Sole Proprietor  Partnership Firm  QFI  Provident Fund  Others \_\_\_\_\_

**MANDATORY PROOF OF DATE OF BIRTH FOR MINORS (ANY ONE) & Relationship Proof**

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

**OVERSEAS APPLICANT DETAILS**

ADDRESS (Mandatory for NRI/FII applicant\*) \_\_\_\_\_  
 Country \_\_\_\_\_ Zip Code \_\_\_\_\_ For NRI applicants  Indian  Overseas

**E-MAIL COMMUNICATION [Please ✓]**

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

**2 KYC DETAILS (Mandatory - Refer Instruction No X for details)**

**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

**GROSS ANNUAL INCOME (Please tick ✓)**

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) ₹ _____ as on DDMMYYYY [Not older than 1 year]
Second Applicant	<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 OR Net Worth _____	
Third Applicant	<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 OR Net Worth _____	

For Individuals				For Non-Individual Investors (Companies, Trust, Partnership etc.)			
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable				
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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			
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Exchange / Money Charger Services <input type="checkbox"/> Yes <input type="checkbox"/> No			
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Yes <input type="checkbox"/> No			
				Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No			

**3 FATCA/CRS DETAILS Non Individual Investors should mandatory fill separate FATCA/CRS details form**

(Refer Instruction No.IXIII)

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.		

**4 BANK ACCOUNT DETAILS**

(Refer Instruction No.IV)

Account No. \_\_\_\_\_ Account Type [Please ✓]  SB  Current  NRO  NRE  FCNR  
 Bank Name \_\_\_\_\_  
 Branch Add \_\_\_\_\_  
 Pin \_\_\_\_\_ IFSC CODE \_\_\_\_\_ MICR CODE \_\_\_\_\_

**5 PAYMENT DETAILS**

Mode of Payment [Please ✓]  RTGS/NEFT/Fund Transfer  Demand Draft  Cheque Cheque No. \_\_\_\_\_ Date \_\_\_\_\_  
 Gross Amount (₹) \_\_\_\_\_ Net Amount (₹) \_\_\_\_\_ DD Charges (₹) \_\_\_\_\_  
 Bank Details:  Same as above (Please tick ✓) if yes  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 ✓]  SB  Current  NRO  NRE  FCNR

Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.

**CHECKLIST** Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee/Company Secretary /Authorised signatory / Notary Public

Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FII's	PIO
Resolution/ Authorisation to invest		✓	✓	✓		✓			
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓	
Memorandum & Articles of Association		✓							
Trust Deed						✓			
Bye-laws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate									✓
Notarised POA					✓				
Proof of Address									✓
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓
Aadhaar	✓	✓	✓	✓	✓	✓			

