

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 Tower 3, Wing B, Ground Floor, Kohinor City Mall, Kohinor City, Kirod Road, Kurla (West), Mumbai - 400070 Maharashtra

1 NDA SECURITIES LTD DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E - Code	RIA Code	Registrar/Bank Serial No.	Date & Time of Receipt
ARN-36863	ARN	Internal Code	Identification No. (EUIIN)*		Only for Direct Investments		
			E025451				

CAF

*Investors should mention the EUIIN 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 EUIIN 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

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)

CKYC Key Identification Number (Refer Instruction No. X) _____

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*) _____ 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 Net-worth in (Mandatory for Non-Individuals) ₹ as on D D / M M / Y Y Y Y (Not older than 1 year)	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 _____ 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	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 _____
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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 _____

CKYC Key Identification Number (Refer Instruction No. X) _____ 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 _____ 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	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 _____
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Name of 3rd Applicant Mr. Ms. _____ PAN _____

CKYC Key Identification Number (Refer Instruction No. X) _____ 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 _____ 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	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 _____
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ACKNOWLEDGEMENT SLIP To be filled in by the investor Application No: CAF

Received from: Mr. / Ms. / M/s _____ an application for allotment Scheme _____ Plan _____ Option _____
 vide Cheque No _____ Dated ____/____/____ Amount (₹) _____ Drawn on Bank and Branch _____
 Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Collection Center's Stamp & Receipt Date and Time

6 POWER OF ATTORNEY (POA) *If investment is being made by a Constitutional Attorney, please submit notarised copy of POA*

POA Name Mr. Ms. PAN

7 FATCA/CRS/KYC Additional Details *Non Individual Investors should mandatory fill separate FATCA/CRS details form*

Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant			<input type="checkbox"/> POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY
#Please indicates all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type e.g.: TIN etc.											
Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type
1			1			1					
2			2			2					
3			3			3					

8 BANK ACCOUNT DETAILS* (Refer Instruction No. IV for multiple bank registration)

A/c Type [please ✓] SB Current NRO NRE FCNR

Account No. Bank Name

Branch Address

Pin IFSC Code MICR Code

9 PAYMENT DETAILS (Refer Instruction No. VII)

Mode of Payment [please ✓] RTGS/NEFT Transfer Letter Cheque Cheque No. D D M M Y Date Y Y

Gross Amount (₹) DD Charges (₹) Net Amount (₹)

Bank /Branch & City

Account No. Account Type [please ✓] SB Current NRO NRE FCNR

10 FOR LUMP SUM/NEW SIP-INVESTMENT DETAILS* **Choice of Scheme /Plan / Option** (Refer Instruction No. VI) *For SIP Investment Auto-Debit Form is mandatory*

Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy)				
Dividend Sweep to Scheme _____ Plan _____ Option _____				

11 FOR 'PREPAID STP' FACILITY - INVESTMENT DETAILS FOR SIM (Refer Instruction No. VI of Page No. 45)

<p>Source Scheme</p> <p>Edelweiss _____</p> <p>Plan : <input type="checkbox"/> Existing <input type="checkbox"/> Direct</p> <p>Option: <input type="checkbox"/> Growth^^ <input type="checkbox"/> Dividend</p> <p><input type="checkbox"/> Payout <input type="checkbox"/> Reinvestment <input type="checkbox"/> Sweep</p> <p>Dividend Sweep to Scheme</p> <p>Edelweiss _____</p> <p>Plan _____</p> <p>Option _____</p>	<p><input type="checkbox"/> Nifty Free Float Midcap 100</p>	<p>Index Fall: <input type="checkbox"/> 0.5% <input type="checkbox"/> 1% <input type="checkbox"/> 2%</p> <p>Switch Amount: Min. ₹ 1000 OR Min. ₹ 1000 OR Min. ₹ 1000</p> <p>Switch in Scheme : Edelweiss Mid and Small Cap Fund</p> <p>Plan _____ Option _____</p> <p><i>In case of multiple index fall the highest level of index fall would be considered for investment under the Target Scheme</i></p>
<p>Schemes available as Source Scheme for Prepaid SIP</p> <p>Edelweiss Dynamic Equity Advantage Fund Edelweiss Arbitrage Fund Edelweiss Liquid Fund Edelweiss Equity Savings Advantage Fund Edelweiss Treasury Fund</p>	<p><input type="checkbox"/></p>	<p>Index Fall: <input type="checkbox"/> 0.5% <input type="checkbox"/> 1% <input type="checkbox"/> 2%</p> <p>Switch Amount: Min. ₹ 1000 OR Min. ₹ 1000 OR Min. ₹ 1000</p> <p>Switch in Scheme : Edelweiss _____</p> <p>Plan _____ Option _____</p> <p><i>(Note : For multiple target schemes please submit additional Prepaid SIP Instructions Form)</i></p> <p>Schemes available for Trigger under Nifty 50 Index fall</p> <p>Edelweiss Large Cap Advantage Fund Edelweiss Dynamic Equity Advantage Fund Edelweiss Savings Advantage Fund ELSS Fund Edelweiss Prudent Advantage Fund# Edelweiss Economic Resurgence Fund Edelweiss Equity Opportunities Fund</p> <p>Dividend Sweep to Scheme</p> <p>Edelweiss _____</p> <p>Plan _____ Option _____</p>
<p>Start Date _____ End Date _____ OR Perpetual (99 years) (Default) <input type="checkbox"/></p> <p><input type="checkbox"/> I do not wish to opt for Systematic Transfer Plan (STP) into Target Scheme, in case the above facility is not activated within the initial 3 months from the date of registration.</p>		

#Source Scheme and Target Scheme cannot be same.

^^Default Option / Trigger for switch from Source Scheme will be subject to exit load and statutory levy, if any.

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	FIs	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	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓

11 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.

<input type="checkbox"/> NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)	<input type="checkbox"/> CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)
Depository Participant (DP) Name: <input style="width:90%;" type="text"/>	
DP ID No.: <input style="width:30%;" type="text"/>	Beneficiary A/c No. <input style="width:60%;" type="text"/>

12 NOMINATION DETAILS* (Refer Instruction No. IX)

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 a valid discharge by the AMC/Mutual Fund/ Trustee Company.

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

13 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 United States under the laws of United States or resident(s) 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).

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

Date	<input style="width:90%;" type="text"/>	Signature(s)			
Place	<input style="width:90%;" type="text"/>		Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

For Detailed Instructions on Filling the Application Form please refer to Page no. 30.