

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

MUTUAL  
FUND

1 DISTRIBUTOR INFORMATION						
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE	APPLICATION NO.
98691	ARN	INTERNAL CODE	IDENTIFICATION NO. (EJIN) E-116447		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'

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

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

[illegible]

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. XVIII)																	
Aadhaar No. (UID No.) (Refer Instruction no. XIX)																	

NAME OF SOLE /1ST APPLICANT										Mr.		Ms.		M/s.															
DATE OF BIRTH (DOB)																				DATE OF INCORPORATION (DOI)									
GUARDIAN (s) NAME (In case if minor / Parent / Legal Guardian)																													
RELATIONSHIP WITH MINOR / DESIGNATION															CONTACT														
MAILING ADDRESS OF SOLE / 1ST APPLICANT (P.O.BOX alone may not be sufficient) Overseas Investor must provide Indian Address																													
CITY										STATE										COUNTRY					PIN				
EMAIL										MOBILE																			
RESI.										OFF.										FAX									

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

[illegible]

I/We wish to receive the following document via email in lieu of physical document(s) Account Statement / Newsletter / Annual Report / Other Statutory Information : ☐ YES ☐ NO

MUTUAL  
FUND

To be filled in by the investor

Application No:

Collection Center's Stamp &amp; 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)



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POWER OF ATTORNEY (POA)

If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

POA NAME	Mr. Ms. M/s.																	PAN											
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FATCA/CRS/KYC ADDITIONAL DETAILS

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

(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 Identification Number	Identification Types	Country #	Tax Identification Number	Identification Types	Country #	Tax Identification Number	Identification Types	
1.			1.			1.			
2.			2.			2.			
3.			3.			3.			

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BANK ACCOUNT DETAILS

(Refer Instruction No.IV)

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

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PAYMENT DETAILS

Mode of Payment [Please ✓ ]		<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	Cheque No.							Date					
Gross Amount (₹)							DD Charges (₹)						Net Amount (₹)				
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			

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FOR LUMP SUM/NEW SIP-INVESTMENT DETAILS\*

Choice of Scheme/Plan/Option

For SIP Investment Auto-Debit Form is mandatory

(Refer Instruction No.VI)

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

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DEMAT ACCOUNT DETAILS\*

Do you want units in demat Form● [Please ✓ ]																
<input type="checkbox"/> Yes <input type="checkbox"/> 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. (CSDL)																
Depository Participant (DP) Name :																
DP ID NO.:			Beneficiary A/C No.													

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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

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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).**

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 (ü) (Including amount of Additional Purchase Transaction made in future)

☐ Repatriation ☐ Non Repatriation

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

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