

**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.

☐ STP ☐ SWP

DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE^
ARN-257030	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN) E 479794		ONLY FOR DIRECT INVESTMENT

4) 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
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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.

2 UNITHOLDER INFORMATION

[illegible]

3 TRANSACTION CHARGES [Please ✓]

☐ I am First Time Investor in Mutual Funds ☐ I am 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.

4 SCHEME DETAILS (STP/SWP from Scheme)

Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan	Option/Facility
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(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)

SCHEMES OFFERED BY EDELWEISS MUTUAL FUND :

Equity Schemes		Debt Schemes
Edelweiss Arbitrage Fund	Edelweiss Mid Cap Fund	Edelweiss Liquid Fund
Edelweiss Balanced Advantage Fund	Edelweiss Multi-Cap Fund	Edelweiss Low Duration Fund
Edelweiss Large Cap Fund		Edelweiss Short Term Fund
Edelweiss Long Term Equity Fund (Tax Savings)		Edelweiss Banking and PSU Debt Fund
Edelweiss Multi-Asset Allocation Fund		Edelweiss Corporate Bond Fund
Edelweiss Large & Mid Cap Fund		Edelweiss Dynamic Bond Fund
Edelweiss Equity Savings Fund		Edelweiss Government Securities Fund

5 FREQUENCY DETAILS

<input checked="" type="checkbox"/> Daily (STP)	<input type="checkbox"/> Weekly (STP)	<input type="checkbox"/> Fortnightly (STP)	<input type="checkbox"/> Monthly (STP/SWP)	<input type="checkbox"/> Quarterly (STP/SWP)
All Business Day	7th, 14th, 21st, 28th of any month	10th, 25th	Any date except last 3 days of month Date : ____/____/____	Any date except last 3 days of month Date : ____/____/____

6 SYSTEMATIC TRANSFER PLAN (STP) DETAILS (NOT APPLICABLE FOR ELSS SCHEME)

To Scheme _____ Option _____

STP Period : From Date ____ / ____ / ____ To Date ☐ Perpetual (99 years) (Default) or ☐ 10yrs or ☐ 5 yrs or ____ / ____ / ____

Amount Per Installment : _____ Amount (in words) _____

7 SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (NOT APPLICABLE FOR ELSS SCHEME) (Only Monthly and Quarterly Options Available)

Amount Per Withdrawal : _____ Amount in words : _____
SWP Period : From Date ____ / ____ / ____ To Date ____ / ____ / ____ or Perpetual (99 years) (Default) ☐

8 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')* DATE : ____/____/____ PLACE : _____

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.

For NRIs/Flis only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in mv/our Non-resident External Account/FCNR account/NRO/NRSR Account. (Please ✓) (Including amount of transactions made in future)

☐ Repatriation ☐ Non Repatriation

SIGNATURE (s)