

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. KYC is mandatory for all investors.

DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE^
ARN - 257030	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIIN) E 479794		ONLY FOR DIRECT INVESTMENT
<small>*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".</small>					
<small>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'.</small>					
<small>^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.</small>					
SIGNATURE (s)	SOLE / FIRST APPLICANT		SECOND APPLICANT		THIRD APPLICANT

1	Application for <input type="checkbox"/> Lumpsum <input type="checkbox"/> Lumpsum with SIP/STP/SWP <input type="checkbox"/> SIP without cheque <input type="checkbox"/> Zero Balance Folio				
2	Existing Investor's Folio Number (please mention folio here and skip to section 5)		Mode of Holding <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default) (In case of Demat Purchase Mode of Holding should be same as in Demat Account)		
3	Unit Holding Option <input type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode. Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.				
NSDL DP ID No. Beneficiary Account No. I N			CDSL Target ID No.		
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)					

4	First Applicant Details (**Mandatory fields) (Refer Instruction No.II)				
Name of Sole /1st Applicant** (Name as per PAN Card Only) Mr. Ms. M/s.					
PAN** CKYC No. Date of Birth/Incorporation** D D M M Y Y Y Y					
Guardian details (In case First / Sole Applicant is Minor) / Contact Person - Designation / POA Holder (In case of Non-Individual Investors)					
(Name as per PAN Card Only) Mr. Ms. M/s.					
Guardian's Relationship With Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian					
Proof of Date of Birth and Guardian's Relationship with Minor: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others					
PAN** CKYC No. Date of Birth/Incorporation** D D M M Y Y Y Y					
Tax Status^ (Applicable for First / Sole Applicant)					
<input type="checkbox"/> Resident Individual <input type="checkbox"/> FII <input type="checkbox"/> NRI - NRO <input type="checkbox"/> HUF <input type="checkbox"/> Club / Society <input type="checkbox"/> PIO <input type="checkbox"/> Body Corporate <input type="checkbox"/> Minor <input type="checkbox"/> Government Body					
<input type="checkbox"/> Trust <input type="checkbox"/> NRI - NRE <input type="checkbox"/> Bank & FI <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> QFI <input type="checkbox"/> Provident Fund <input type="checkbox"/> Others					
Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)					
<input type="checkbox"/> Foreign Exchange / Money Changer Services <input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services <input type="checkbox"/> Money Lending / Pawning <input type="checkbox"/> None of the above					

5	Second Applicant Details				
Second Applicant** (Name as per PAN Card Only) Mr. Ms. M/s.					
Date of Birth** D D M M Y Y Y Y PAN** CKYC No.					

6	Third Applicant details				
Third Applicant** (Name as per PAN Card Only) Mr. Ms. M/s.					
Date of Birth** D D M M Y Y Y Y PAN** CKYC No.					

7	Power Of Attorney (POA) Holder details (If investment is being made by Constitutional Attorney, please submit notarized copy of POA)					
	Name		Date of Birth		PAN	
First Applicant POA Name	Mr. /Ms./M/s		D D M M Y Y Y Y			
Second Applicant POA Name	Mr. /Ms./M/s		D D M M Y Y Y Y			
Third Applicant POA Name	Mr. /Ms./M/s		D D M M Y Y Y Y			

		ACKNOWLEDGEMENT SLIP (Please retain this slip) To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.				Collection Center's Stamp & Receipt Date and Time	
Name of the Investor Mr/Ms/M/s : _____		Application No:					
Investment details							
Scheme	Plan	Option	Purchase Amount	Instrument No	Date	Drawn on Bank	
Edelweiss	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW-Reinvestment <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW-Transfer	₹ (in figures)				
Please note: All purchases are subject to realization of cheque and as per applicable load structure (please refer Scheme Information Document)							

[illegible]

13	FATCA & CRS Details For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form (Refer Instruction No.XV) # Please indicate all Countries in which you are a resident for tax purpose, associated Tax payer Identification Number and it's Identification type eg. TIN etc.												
Is the applicant(s)/ guardian's Country of Tax Residency other than India? <input type="checkbox"/> Yes (If Yes, below details are mandatory) <input type="checkbox"/> No													
Sole / First Applicant / Guardian			Second Applicant			Third Applicant							
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.							
Place of Birth _____			Place of Birth _____			Place of Birth _____							
Country of Birth _____			Country of Birth _____			Country of Birth _____							
Country of Nationality _____			Country of Nationality _____			Country of Nationality _____							
In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. % In case Tax Identification Number is not available, kindly provide its functional equivalent													
14	Additional KYC Details (Refer Instruction No.X)												
Occupation	Business	Service	Professional	Agriculturist	Housewife	Student	Defence	Bureaucrat	Forex Dealer	Unlisted Company	Body Corporate	Listed Company	Others
First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Annual Income Details		Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lac	> 25 Lacs - 1 Crore	> 1 Crore	NET-WORTH in ₹		Date			
First Applicant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ (in figures)		DD/MM/YYYY			
Second Applicant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ (in figures)		DD/MM/YYYY			
Third Applicant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ (in figures)		DD/MM/YYYY			
Guardian		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ (in figures)		DD/MM/YYYY			
PEP DETAILS						First Applicant		Second Applicant		Third Applicant		Guardian	
Are you a Politically Exposed Person (PEP)						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to a Politically Exposed Person (PEP)						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	Nomination Details* (Mandatory) (Refer instruction no. IX)												
<input type="checkbox"/> I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.													
Sr. No.	Name of Nominee* (Name as per PAN Card Only)	PAN	Allocation* (%)	Relationship with Investor*	Nominee Date of Birth* (in case of minor)	Guardian Name* (in case of minor)	Guardian/Nominee Signature						
1.					DD/MM/YYYY								
2.					DD/MM/YYYY								
3.					DD/MM/YYYY								
<input type="checkbox"/> I/We DO NOT wish to nominate													
Declaration for Nomination (to be signed by all unitholders including joint holders, irrespective of more of holding): I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / Demat account.													
Declaration for Investment: 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 IDCW payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.													
I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/authenticating and updating my/ our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.													
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.													
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 (✓) (Including amount of Additional Purchase Transaction made in future) <input type="checkbox"/> Repatriation <input type="checkbox"/> Non Repatriation													
Applicable if resident / citizen of a member state of European Union protected under GDPR													
I / We, resident/citizen of a member state of European Union protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on www.edelweissfin.com. Please see the tick marks in the relevant boxes below that will apply to me:													
1) I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement. <input type="checkbox"/> YES <input type="checkbox"/> NO													
2) I wish to receive marketing information from Edelweiss Group (*) <input type="checkbox"/> YES <input type="checkbox"/> NO													
3) I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (*) <input type="checkbox"/> Newsletter <input type="checkbox"/> Email <input type="checkbox"/> Text message <input type="checkbox"/> Telephone call <input type="checkbox"/> Not interested													
SIGNATURE													
SOLE / FIRST APPLICANT				SECOND APPLICANT				THIRD APPLICANT					
DATE : ____ / ____ / ____ PLACE _____													

COMMON TRANSACTION FORM

(including OTM)

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.

CTF

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.

DISTRIBUTOR INFORMATION

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

FOR OFFICE USE ONLY

Registrar/Bank Serial No.	Date & Time of Receipt

*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'.

^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

1 Folio No. / Application No.

Sole/1st Unit Holder Name

(Name as per PAN Card Only)

2 SCHEME DETAILS Choice of Scheme / Plan / Option [Please ✓]

Scheme/Plan/Option/Facility

Edelweiss-

Scheme

Plan

Option/Facility

(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy)

3 ADDITIONAL PURCHASE

Bank Options ☐ Cheque/DD ☐ RTGS/NEFT ☐ Transfer ☐ AOTM ☐ KOTM UMRN/Instrument No. UTR No. (in case of RTGS / NEFT)

Bank Name Branch

₹ (in figures) ₹ (in words)

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT

☐ NSDL ☐ CDSL Depository Participant Name

Depository Participant (DP) ID Beneficiary Account Number

Note: 1) In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency. 2) Bank details need to be provided if transaction is through OTM mode, if no bank details are mentioned or no OTM mandate is registered for the given bank details then default bank mandate under OTM facility.

4 NORMAL REDEMPTION

Amount: ₹ OR No. of Units: OR All Units: [Please ✓]

For investors who have registered for Multiple Bank Accounts facility# in the above folio:**The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us (This bank account has already been registered in the folio):**

Name of the Bank: Branch:

Account No.: Account Type: Bank City:

Important Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. Edelweiss Mutual Fund Asset Management Ltd. will not be liable for any loss arising to the unitholder(S) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

5 NORMAL SWITCH

From Scheme Scheme Plan Option

To Scheme Scheme Plan Option

Amount ₹ OR No. of Units: OR All Units: [Please ✓]

IDCW (Transfer) to Scheme

6 CHANGE OF BANK DETAILS*

Bank Name Account No.

Branch & Address City

PIN Payment Location A/c Type: ☐ SB ☐ CA ☐ NRE ☐ NRO ☐ FCNR

IFSC Code 9 Digit MICR No.

Preferred mode of payment: Electronic Credit/RTGS/NEFT/ECS (ECS only for IDCW (Payout)).

*Mandatory – Please attach cancelled original cheque / self certified copy of blank cheque / self certified Bank Statement / first page of the Bank Pass book (bearing account number and first unit holder name on the face of the cheque/ Bank Pass Book/ Bank Statement) is required as an incremental additional document in case of: a) Registration of the investor's Bank Mandate at the time of investment b) Subsequent change in the investor's Bank Mandate.

7 DECLARATION

I/We have read and understood the contents of the Statement of Additional Information (SAI) & respective Scheme Information Document (SID) and Key Information Memorandum (KIM), and Addendums. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme(s) as applicable from time to time. Amount invested/to be invested in the Schemes is derived through legitimate sources.

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.

SIGNATURE(S)	Sole/ 1st Holder	2nd Holder	3rd Holder

In case of Joint Holding, all unit holders must sign this form.

"In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency"

TOLL FREE
1800 425 0090NON TOLL FREE
+91 40 23001181WEBSITE
www.edelweissmf.comEMAIL : INVESTORS
emfhelp@edelweissmf.com

SIP ENROLLMENT CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application 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.

1 DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE
ARN - 257030	ARN -	INTERNAL CODE	E 479794		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'

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

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		Folio No. (For Existing Unit Holders)	
Sole / 1st Unit Holder* (Name as per PAN Card only)			
PAN*		Date of Birth/Date of Incorporation*	D D M M Y Y Y Y
CKYC No.			

3 INVESTMENT DETAILS		Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) IDCW (Reinvestment) Facility is not available under Edelweiss ELSS Tax saver Fund			
IDCW (Transfer) to Scheme			
Installment Period : From Date D D M M Y Y Y Y To Date D D M M Y Y Y Y 5 yrs c 10 yrs or D D M M Y Y Y Y (SIP period should not exceed 40 years)			
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
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
All Business Day	<input type="checkbox"/> 7th, 14th, 21st, 28th of any month	<input type="checkbox"/> 10th and 25th	DATE : / / Preferred Debit Date (Any date except last three dates of month)
SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount			
Top-up Cap Maximum SIP Amount ₹		SIP Top-up Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Top-up Cap (Refer Instruction No.26)	

4 UMRN DETAILS		(Refer Instruction No.9)
<input type="checkbox"/> Use Existing AOTM	<input type="checkbox"/> Use Existing KOTM	UMRN No.
Bank Name		Bank Account No.

5 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 authorize 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

One Time Mandate Registration Form/ Debit Mandate Form NACH/Direct Debit

	UMRN OFFICE USE ONLY Date D D M M Y Y Y Y
Utility Code 	<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel
Sponsor Bank Code 	I/We authorize Edelweiss Mutual Fund
To debit (✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others 	Bank A/c No.
With Bank 	IFSC/MICR
an amount of Rupees ₹ 	
Debit Type <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	
Reference Folio No./App No. 	Email ID

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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 the debit.

From	D D M M Y Y Y Y
To	D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only.

Maximum period of validity of this mandate is 40 years only.

Signature of Primary Bank Account Holder

Signature of Account Holder

Signature of Account Holder

Phone No. 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records