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 Code Sub-Broker Code Sub-Broker Code Employee Unique* E-Code RIA CODE^A ARN - 257030 ARN - INTERNAL CODE IDENTIFICATION NO. (EUIN) ONLY FOR DIRECT INVESTMENT PInvestors 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 of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the 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". Upford 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'. VI/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 / boortfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number. SIGNATURE (s) SIGNATURE (s) Image: Subscience of Subscince of Subscience of Subscience of Subscienc
ARN - E 479794 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." Jpfront 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'. V/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 / boortfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.
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SIGNATURE (s)
SOLE / FIRST APPLICANT SECOND APPLICANT THIRD APPLICANT
1 Application for Lumpsum Lumpsum with SIP/STP/SWP SIP without cheque Zero Balance Folio
2 Existing Investor's Folio Number (please mention folio here and skip to section 5)
3 Unit Holding Option Physical Mode 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
Enclosures (Please tick any one box) : Client Master List (CML) Transaction cum Holding Statement Cancelled Delivery Instruction Slip (DIS)
4 First Applicant Details (**Mandatory fields) (Refer Instruction No.II
Name of Sole /1st Annlicant**
(Name as per PAN Card Only) Mr. Ms. M/s.
PAN** Date of Birth/Incorporation** D M M 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. Image: Mail and
Guardian's Relationship With Minor: Father Outread Court Appointed Guardian
Proof of Date of Birth and Guardian's Relationship with Minor: Birth Certificate Passport Others
PAN**
Tax Status^ (Applicable for First / Sole Applicant)
Resident Individual FIIs NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body Trust NRI - NRE Bank & FI Sole Proprietor Partnership Firm QFI Provident Fund Others
Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals) Foreign Exchange / Money Changer Services Gaming / Gambing / Lottery / Casino Services Money Lending / Pawning None of the above
5 Second Applicant Details
Second Applicant** Mr. Ms. M/s. Image: Mission of the second seco
Date of Birth** D D M Y Y Y PAN** CKYC No. CKYC No.
6 Third Applicant details
Third Applicant** Mr. Ms. M/s.
Date of Birth** D D M Y Y Y PAN** CKYC No. 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
Second Applicant POA Name Mr. /Ms./M/s D D M M Y
Third Applicant POA Name Mr. /Ms./M/s M Y

		LEDGEMENT SLIP (Please r bject to realization of cheque and			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	☐ Regular ☐ Direct	Growth IDCW-Reinvestment IDCW-Payout 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)

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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)

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. FOR OFFICE USE ONLY DISTRIBUTOR INFORMATION Distributor Code Employee Unique* **RIA CODE^** Sub-Broker Code Sub-Broker Code F-Code Registrar/Bank Serial No Date & Time of Receipt INTERNAL CODE ENTIFICATION NO. (EUIN) ARN - 257030 ARN -E 479794 *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 Folio No. / Application No. Sole/1st Unit Holder Name (Name as per PAN Card Only) SCHEME DETAILS Choice of Scheme /Plan / Option [Please \checkmark] Scheme/Plan/Option/Facility Edelweiss-(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) ADDITIONAL PURCHASE Bank Options Cheque/DD RTGS/NEFT Transfer AOTM KOTM UMRN/Instrument No. **Bank Name** Branch ₹ (in words) ₹ (in figures) 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 OR All Units: [Please ✓] Amount: ₹ OR No. of Units: 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): Branch: Name of the Bank: 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 To Scheme OR All Units: [Please ✓] Amount ₹ OR No. of Units:

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 firs

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/			
SIGN	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**









EMAIL : 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)



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.

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