

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. Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400098

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		Application No:
Name & Distributor Code ARN-0007 ARN-109217	Sub-Broker Code ARN	Employee Unique Identification Number (EUN)* E-150257	Sub-Broker Code Internal Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt	CAF
<small>*Investors should mention the EUN 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 EUN 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>All sections to be filled in English and in BLOCK LETTERS.</small> <small>Use this form if you are making a one time investment. For SIP investment use the separate SIP Form</small> <small>All columns marked * are mandatory</small>							
Signature(s) Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory					2nd Applicant / Authorised Signatory		3rd Applicant / Authorised Signatory
Make your selection before filling the form [please ✓]					<input type="checkbox"/> INVEST NOW		<input type="checkbox"/> ZERO BALANCE FOLIO (Refer Instruction No. XIII)
2 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. XV)							
Folio No. _____ Name of First Applicant _____							
3 TRANSACTION CHARGES (Please ✓) (Default option Existing Investor) (Refer Instruction No. XIV)							
<input type="checkbox"/> I am a First Time Investor in Mutual Funds <input type="checkbox"/> I am an Existing Investor in Mutual Funds							
<small>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.</small>							
4 MANDATORY * PAN Please attach certified PAN copy (Refer Instruction No. VI) Know Your Customer (KYC) (Refer Instruction No. XI)							
1st Applicant /Guardian P A N I N U M B E R Yes <input type="checkbox"/> (Please submit proof) Yes <input type="checkbox"/> (Please submit KYC Application Form)							
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) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Mark sheet issued by Higher Secondary Board / ICSE / CBSE <input type="checkbox"/> Others Please Specify _____							
Gross Annual Income [please ✓]*		Occupation* [please ✓]		Legal Status* [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		<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 _____		<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"/> Others Please Specify _____			
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on D D / M M / Y Y Y Y (Not older than 1 year)		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					
Mandatory for Non-Individual Investor		Is the entity involved/providing any of the following services <input type="checkbox"/> Yes <input type="checkbox"/> No ♦ For Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No ♦ Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No ♦ Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of 2nd Applicant Mr. Ms. _____ PAN _____							
Gross Annual Income [please ✓]*		Occupation* [please ✓]		Legal Status* [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		<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 _____		<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"/> Others Please Specify _____			
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on D D / M M / Y Y Y Y (Not older than 1 year)		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					
Name of 3rd Applicant Mr. Ms. _____ PAN _____							
Gross Annual Income [please ✓]*		Occupation* [please ✓]		Legal Status* [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		<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 _____		<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"/> Others Please Specify _____			
Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on D D / M M / Y Y Y Y (Not older than 1 year)		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					
Mode of Holding* [please ✓] <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or survivor(s)							
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*) _____ Country _____ Zip Code _____ Address for correspondence (for NRI applicants) <input type="checkbox"/> Indian <input type="checkbox"/> Overseas							

ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Application No:

CAF

Received from: Mr. / Ms. / M/s _____ an application for allotment
 Scheme **EDELWEISS** 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

[illegible]

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

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			Branch Address			
			City		Pin	
IFSC Code			MICR Code			

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

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.

☐ **NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)** ☐ **CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)**

Depository Participant (DP) Name:

DP ID No.: Beneficiary A/c No.

INVESTMENT DETAILS* Choice of Scheme /Plan / Option (Refer Instruction No. VII) [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)				
Dividend Sweep to Scheme				
*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund				

SIP ENROLLMENT DETAILS Opted for SIP: ☐ Yes ☐ No

(Mandatory if opted for SIP) Type of SIP: ☐ Normal SIP ☐ Micro SIP **Mode of SIP:** ☐ PDC ☐ Auto Debit / ECS

Note : 1. Incase you have opted for SIP through ECS / Auto Debit mode it is mandatory to submit SIP Enrolment and ECS/Auto Debit Mandate Form
2. In case you have opted for SIP through Post dated cheques (PDC) it is mandatory to submit Special Product Form

STP ENROLLMENT DETAILS Opted for STP: ☐ Yes ☐ No (Incase you have opted for STP it is mandatory to submit Special Product Form)

Mode of Payment [please ✓] <input type="checkbox"/> RTGS/NEFT <input type="checkbox"/> Transfer Letter <input type="checkbox"/> Cheque		Cheque No.		Date		D	D	M	M	Y	Y	Y	Y
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									

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

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 is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute, 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 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 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 authorise this 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 KYC 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 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	D	D	M	M	Y	Y	Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Place										

For Detailed Instructions on Filling the Application Form please refer to Page no. 26.

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.)

[illegible]