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.

0		·	DISTRIBUTOR INFORMAT	ION		
Distributor Code		Sub-Broker Code	Sub-Broker Code	Employee Unic		RIA CODE^
arn - 98471	ARN	-	INTERNAL CODE	IDENTIFICATION NO. E115901		ONLY FOR DIRECT INVESTMENT
nas been intentionally left blank l proker or notwithstanding the adv Jpfront commission shall be pai listributor. For Direct investments	by me/us as this vice of in-approp d directly by the s, please mentio v mentioned sch	s transaction is executed with priateness, if any, provided by e investor to the AMFI regist n 'Direct' in the column 'Nam neme of Edelweiss Mutual Fun	out any interaction or advice by the employee/relationship mana ered Distributors based on the e & Distributor Code'. Id under the Direct Plan. I/We he	the employee/relatior ger/sales person of the nvestors' assessment reby give my/our conso	nship manager/sales per distributor/sub broker" of various factors incluc ent to share/provide the	hereby confirm that the EUIN box son of the above distributor/sub , ding the service rendered by the e transaction data feed / portfolio
SIGNATURE (s)	SOLE / FII	RST APPLICANT	SECOND APP	LICANT	ТНІ	RD APPLICANT
MAKE YOUR SELECTION	BEFORE FILL	ING FORM (PLEASE ✓)	INVEST NO	W 🗌 ZERO I	BALANCE FOLIO	(Refer Instruction No.XII)
TRANSACTION CHARGES	(PLEASE ✓)	(Default option Existing Inve	stor)			(Refer Instruction No.XIII)
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Physical Mode	Beneficiary				Please Note: Demat Acc	count Details of First / Sole Applicant
Demat Mode	/C No.	(Please Note: Please	attach copy of Client Master List.)		(Name should be as per	demat account)
1 APPLICANT INFORM	IATION (Mar	ndatory) TO BE FILLED IN E	LOCK LETTERS* APPLICANT	S FROM CANADA WILL	NOT BE ACCEPTED	(Refer Instruction No.II)
NAME OF SOLE /1ST APPLICA	NT Mr. Ms. M/	's.				
PAN		CKYC No.			Date of Birth	
Mobile No.		Email ID				
Self Spouse	Depender that the mobil	nt Parent 🚺 📃 Depende	per provided on the application at Children Dependent S rovided herein above does not	iblings 🗌 Guard	ian	
GUARDIAN DETAILS (In c	ase First / Sole	Applicant is minor) / CON	ITACT PERSON - DESIGNATIO	I / POA HOLDER (In	case of Non-Individua	l Investors)
Mr. Ms. M/s.						
			Relationship with	Minor/Designation		
PAN		Date of Birth D	D M M Y Y Y Y	CKYC No.		
Address						
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SECOND APPLICANT Mr.	Ms. M/s.					
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# EDELWEISS MUTUAL FUND \*

## ACKNOWLEDGEMENT SLIP To be filled in by the investor

Received from: Mr. / Ms. / M/s		an applica	A ation for allotment	pplication No:
Scheme vide Cheque No Bank and Branch	Plan Dated //	Option Amount (₹)	Drawn on	Collection Center's Stamp & 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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6 <b>POWER OF ATTORNEY (POA)</b> If investment is	being made b	y a Constitutional At	torney, please submi	t notarised cop	by of POA			
POA NAME         Mr.         M/s.         Image: Mr.         Mr.				PAN				
7 FOR LUMPSUM/NEW SIP-INVESTMENT DETA	LS* Choice	of Scheme/Plan/0	<b>Option</b> For SIP Invest	tment Auto-Debit Fo	orm is mandatory (R	efer Instruction No.VI)		
Edelweiss - Scheme		Plan	(	)ption	Sub-O	ption		
(Default Plan/Option/Facility will be ada	oted in case of	no information, am	piguity or discrepanc	y)				
IDCW (Transfer) to Scheme			Plan		Option			
8 SYSTEMATIC TRANSACTION REGISTRATION D	ETAILS							
SIP		STP			SWP			
Scheme: Edelweiss	Source Sche	me:		Scheme:				
Plan	Target Scher	me:						
Option Sub-Option				Amount (in f	igures):			
Installment amount (in figures):	Amount (in f	figures):		Amount (in v	vords):			
Installment amount (in words):	Amount (in	words):						
Frequency: Daily Weekly Fortnightly	Frequency:		ly 🔲 Fortnightly Quarterly		Fortnightly	Monthly		
Debit Date:	Preferred ST	P date: Please write th		Preferred SWP date: Please write the debit date as per SID				
SIP Period: From Date To Date		(For Monthl	y & Quarterly only)		(For Month	lly & Quarterly only)		
Or Perpetual: 🔲 31/12/2099	STP Period:	From Date	To Date	SWP Period:	From Date	To Date		

9 NOMINATION DETAILS\* (Mandatory) [Refer instruction no. IX]

## I/We wish to nominate as under:

Sr. No.	Name of Nominee	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian Signature
1.					DD/MM/YY		
2.					DD/MM/YY		
3.					DD/MM/YY		

#### 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 do hereby confirm that I/We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund 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 holders, my / our legal heirs would need to submit all the requisite documents issued by count or such other competent authority, based on the value of the assets held in the mutual fund folio.

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) Repatriation IN 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. YES NO

YES 2) I wish to receive marketing information from Edelweiss Group (\*)

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 (\*) 🔲 Newsletter 🔲 Email 🔲 Text message 🔲 Telephone call 🔲 Not interested

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

DATE	٠	
DAIL		