



**TAX STATUS (Applicable for First / Sole Applicant)**

☐ Resident Individual ☐ FII's ☐ NRI - NRO ☐ HUF ☐ Club / Society ☐ PIO ☐ Body Corporate ☐ Minor ☐ Government Body ☐ Trust ☐ NRI - NRE  
☐ Bank & FI ☐ Sole Proprietor ☐ Partnership Firm ☐ QFI ☐ Provident Fund ☐ Others \_\_\_\_\_

**MANDATORY PROOF OF DATE OF BIRTH FOR MINORS (ANY ONE) & Relationship Proof**

☐ BIRTH CERTIFICATE ☐ MARKSHEET (HSC/ICSE/CBSE) ☐ SCHOOL LEAVING CERTIFICATE ☐ PASSPORT ☐ OTHERS \_\_\_\_\_

**OVERSEAS APPLICANT DETAILS**

ADDRESS (Mandatory for NRI/FII applicant\*) \_\_\_\_\_  
Country \_\_\_\_\_ Zip Code \_\_\_\_\_ For NRI applicants ☐ Indian ☐ Overseas

**E-MAIL COMMUNICATION [Please ✓]**

Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below:

☐ Annual Report ☐ Abridged Annual Report ☐ Other Statutory Information

**2 KYC DETAILS (Mandatory - Refer Instruction No X for details)****OCCUPATION (Please tick ✓)**

First Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Defence
Second Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Defence
Third Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others _____	<input type="checkbox"/> Defence

**GROSS ANNUAL INCOME (Please tick ✓)**

First Applicant	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore	Net worth (Mandatory for Non - Individuals) ₹ _____ as on DD MM YY YY [Not older than 1 year]
Second Applicant	<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	OR Net Worth _____
Third Applicant	<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	OR Net Worth _____

For Individuals				For Non-Individual Investors (Companies, Trust, Partnership etc.)			
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration)			
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Exchange / Money Charger Services			
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gaming / Gambling / Lottery / Casino Services			
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Money Lending / Pawning			

**3 FATCA/CRS DETAILS Non Individual Investors should mandatory fill separate FATCA/CRS details form (Refer Instruction No.XVII)**

Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant		<input type="checkbox"/> POA
Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____		
#Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc.								
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.		

**4 BANK ACCOUNT DETAILS (Refer Instruction No.IV)**

Account No. \_\_\_\_\_ Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR  
Bank Name \_\_\_\_\_  
Branch Add. \_\_\_\_\_  
Pin \_\_\_\_\_ IFSC CODE \_\_\_\_\_ MICR CODE \_\_\_\_\_

**5 PAYMENT DETAILS**

Mode of Payment [Please ✓] ☐ RTGS/NEFT/Fund Transfer ☐ Demand Draft ☐ Cheque Cheque No. \_\_\_\_\_ Date \_\_\_\_\_  
Gross Amount (₹) \_\_\_\_\_ Net Amount (₹) \_\_\_\_\_ DD Charges (₹) \_\_\_\_\_  
Bank Details: ☐ Same as above (Please tick (✓) if yes) ☐ Different from above (Please tick (✓) if it is different from above and fill in the details below)  
Bank/Branch & City \_\_\_\_\_  
Account No. \_\_\_\_\_ Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.

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)								
Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FII's
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓
Memorandum & Articles of Association		✓						
Trust Deed						✓		
Bye-laws			✓					
Partnership Deed				✓				
Overseas Auditor Certificate								✓
Notarised POA					✓			
Proof of Address								✓
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card								✓
Foreign Inward Remittance Certificate							✓	✓
Aadhaar	✓	✓	✓	✓	✓	✓		

[illegible]

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

IDCW (Transfer) to Scheme		Plan		Option	
---------------------------	--	------	--	--------	--

SIP			STP		SWP		
Scheme: <b>Edelweiss</b> - _____			Source Scheme: _____		Scheme: _____		
_____ Plan _____			Target Scheme: _____		_____		
Option _____ Sub-Option _____			Amount (in figures): _____		Amount (in figures): _____		
Installment amount (in figures): _____			Amount (in words): _____		Amount (in words): _____		
Installment amount (in words): _____			Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		Frequency: <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
Debit Date: _____			Preferred STP date: <small>Please write the debit date as per SID (For Monthly &amp; Quarterly only)</small>		Preferred SWP date: <small>Please write the debit date as per SID (For Monthly &amp; Quarterly only)</small>		
SIP Period:	From Date _____	To Date _____	STP Period:	From Date _____	To Date _____	SWP Period:	
Or Perpetual:	<input type="checkbox"/> 31/12/2099					From Date _____	To Date _____

☐ 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 or 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 court 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    ☐ 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](http://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 ☐

2) I wish to receive marketing information from Edelweiss Group (\*) ☐ YES ☐ 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 (\*) ☐ Newsletter ☐ Email ☐ Text message ☐ Telephone call ☐ Not interested

**SIGNATURE (s)**

SECTION ONE (5)		
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

DATE :     /     /     PLACE :