COMMON APPLICATION FORM



Sponsor: Edelweiss Capital Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited.

DISTRIB	UTOR INFORMATION		F	OR OFFICE USE OF	ILY	Application No
Name & Distributor Code	Sub-Broker Code	E- Code	Registrar/Bank Serial No.	Date & T	ime of Receipt	CAE
ARN-13308						CAF
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1st Applicant /Guardian			Yes (Please submit		· · · ·	KYC Application Form
2nd Applicant			Yes (Please submit			KYC Application Form
3rd Applicant						KYC Application Form
••						••
POA Holder	P A N N	UMBER	Yes (Please submit	proor)	Yes (Please submit	KYC Application Form
APPLICANT INFORMATIO	N (Refer Instruction N	lo. II) TO BE FILLE	D IN BLOCK LETTERS*			
Name of Sole /1st Applica	nt Mr. Ms. M/s	• Others (Please Spec	sify)			
				Date of Birth (D	OB)^ / Date of Incorpor	ation D D M M
n case of Minor - Parent/	Legal Guardian Name	of 1st Applicant	/Contact person (in case of	non individual applic	ant)	
			Relationshi	o with Minor/ Des	gnation	
^Mandatory proof of Date	of Birth Certifica	ite	School L	eaving Certificate		Passport
Birth for Minors (Any One)	Mark sheet is	sued by Higher S	econdary Board / ICSE / CI	3SE Othe	rs Please	Specify
Name of 2nd Applicant	Mr. Ms.					DOB D D M M
Name of 3rd Applicant	Mr. Ms.					DOB D D M M
Mode of Holding [please	✓] Occupation [pleaded]	ase√]		Legal	Status [please √]	
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Any one or survivor(s)	House Wife	Student	Defence Burea	ucrat 🗌 A0	DP/BOI NRI/PIO	FI
(Default option in case of more th	an Forex Dealer	Unlisted	Company Body	Corporate H	JF Minor	Partnership F
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City	Stat	e		Country	I N D I A Pin	Code
Contact Details Email ID	(In BLOCK Letters)					
of Sole / First				Mobile	No.	
Applicant Tel. No.	STD Code	Res.		Office	Fax	
mail ID & Mobile No. are ess	ential to enable us to co	mmunicate with yo	u better			
Overseas Address (manda	tory for NRI/FII applica	ant*)				
Country		Zip Code	Addre	ess for correspond	ence (for NRI applicants) Indian Ove
POWER OF ATTORNEY (P	OA)					
POA Name Mr. Ms	•					
Addross						
Address						

Edelweiss	ACKNOWLED	ACKNOWLEDGEMENT SLIP				
Mutual Fund	To be filled in	by the investor	CAF			
Received from: Mr. / Ms. / M/s SchemeEdelweiss	Plan	an application for a	allotment Collection Center's Stamp & Receipt Date and Time			
vide Cheque No Bank and Branch	Dated//	_ Amount (₹)	Drawn on			
Please note: All purchases are subject	to realization of cheques and as per applicable loa	d structure (please refer Scheme Information	Document)			
TOLL FREE 1800 425 0090	ON TOLL FREE 5MS 1 40 23310090 CONTRACTOR IQ to 5757590	website www.edelweissmf.con	EMAIL : INVESTORS investor.amc@edelcap.com			

BANK ACCOUN														
A/c Type [please	√]	SB	Curr	ent	NRO	NR	E	FCNR	NC PAYEE		(Schomo No	rma)		
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