

COMMON APPLICATION FORM

Sponsor: Edelweiss Capital Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited.
Corporate Office: 5th Floor, One Indiabulls Centre, Tower 1, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai - 400 013. Registered Office: Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400098

1 DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code	E- Code	Registrar/Bank Serial No.	Date & Time of Receipt	CAF
ARN-13308					

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'. Please read the instructions carefully, before filling up the application (all columns marked* are mandatory). All sections to be filled in English and in BLOCK LETTERS. Use this form if you are making a one time investment. For SIP investment use the separate SIP Form

Make your selection before filling the form [please ✓] ZERO BALANCE FOLIO INVEST NOW (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 7. (Refer Instruction No. XIV)

Folio No.	Name of First Applicant
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3 Mandatory * PAN Please attach certified PAN copy (Refer Instruction No. VI) Know Your Customer (KYC) (Refer Instruction No. XI)

1st Applicant /Guardian	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
2nd Applicant	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
3rd Applicant	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
POA Holder	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)

4 APPLICANT INFORMATION (Refer Instruction No. II) TO BE FILLED IN BLOCK LETTERS*

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) Birth Certificate School Leaving Certificate Passport Mark sheet issued by Higher Secondary Board / ICSE / CBSE Others _____ Please Specify _____

Name of 2nd Applicant Mr. Ms. _____ DOB D D M M Y Y

Name of 3rd Applicant Mr. Ms. _____ DOB D D M M Y Y

Mode of Holding [please ✓] <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or survivor(s) (Default option in case of more than one applicant)	Occupation [please ✓] <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"/> Politically Exposed Person <input type="checkbox"/> Dealers in High Value Commodities <input type="checkbox"/> Others _____ Please Specify _____ (Traders in Precious Metals, Jewellery & Antique Dealers)	Legal Status [please ✓] <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 _____
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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) Indian Overseas

5 POWER OF ATTORNEY (POA)

POA Name Mr. Ms. _____

Address _____ City _____ Pin Code _____

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

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



