COMMON APPLICATION FORM



EMAIL: INVESTORS investor.amc@edelcap.com

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

l	DISTRIBU			R OFFICE USE ON	USE ONLY			Application No:			
	Name & Distributor Code	Sub-Broker Code	E- Code	Registrar/Bank	Serial No.	Date & Ti	me of Receip				
i	ARN-13308 Upfront commission shall be pancluding the service rendered by Please read the instructions care Use this form If you are making a	y the distributor. For Di fully, before filling up t	rect investments, pla he application (all co	ease mention 'Dir lumns marked* a	rect' in the colu are mandatory	ımn 'Name & Distril	outor Code'	ious factors	CAF		
N	ake your selection be	fore filling the fo	orm [please 🗸] ZE	RO BALAI	NCE FOLIO	■ IN	VEST NOV	V (Re	efer Instruction No. XIII	
2	EXISTING UNIT HOLDER IN	FORMATION / EXIST	TING ZERO BALAN	ICE FOLIO NO.							
	If you have existing folio, pleas	e fill in section 2 and pr	roceed to section 7.	(Refer Instructi	on No. XIV)						
	Folio No.		Name of First App	olicant							
3	Mandatory *	PAN Please atta	ch certified PAN c	opy (Refer Inst	ruction No. \	/I) Kn	ow Your Cus	tomer (KYC) (Refer Inst	ruction No. XI)	
	1st Applicant /Guardian	PAN N	UMBER	Yes (Plea	ase submit p	roof)	Yes (Ple	ase submit K\	'C Applica	tion Form)	
	2nd Applicant	PAN N	UMBER	Yes (Plea	ase submit p	roof)	Yes (Ple	ase submit K\	'C Applica	tion Form)	
	3rd Applicant	PAN N	UMBER	Yes (Plea	ase submit p	roof)	Yes (Ple	ase submit K\	'C Applica	tion Form)	
	POA Holder	PAN N	U M B E R	Yes (Plea	ase submit p	roof)	Yes (Ple	ase submit K\	'C Applica	tion Form)	
	APPLICANT INFORMATION	(Refer Instruction N	lo. II) TO BE FILLEI	O IN BLOCK LET	TERS*						
	Name of Sole /1st Applicant	Mr. Ms. M/s	Others (Please Spec	ify)							
						Date of Birth (D	OB)^ / Date o	of Incorporati	on DD	M M Y Y	
	In case of Minor - Parent/ Lo	egal Guardian Name	of 1st Applicant /	· · · · · · · · · · · · · · · · · · ·		<i>n individual applica</i> with Minor/ Desi					
ĺ	^Mandatory proof of Date of Birth Certificate School Leaving Certificate Passport Mark sheet issued by Higher Secondary Board / ICSE / CBSE Others Dease Specify										
i	Name of 2nd Applicant N	Mr. Ms.						D0	OB D D	M M Y Y	
ĺ	Name of 3rd Applicant \ \ \ \ \ \	۸r. Ms.						DO	OB DD	M M Y Y	
ĺ	Mode of Holding [please ✓	Legal S	Status [pleas	e √]							
	Any one or survivor(s) (Default option in case of more than one applicant)	Listed Comp		rat AC proporate HL Ba points	NRI/PIO FI Minor Partnership Firm Trust Company/Body Corporate Please Specify						
	Dealers in High Value Commodities Others Please Specify Others Ot										
j											
ļ	City	Stat	e			Country	I N D	I A Pin Co	ode		
	Contact Details	In BLOCK Letters)									
	of Sole / First Applicant	CTD C .				Mobile	No.				
	Tel. No. Email ID & Mobile No. are essen	STD Code ntial to enable us to co	Res.	u better		Office		Fax			
Ī	Overseas Address (mandato	ory for NRI/FII applica	ant*)								
	Country		Zip Code		Addres	s for corresponde	ence (for NRI	applicants)	Indiar	Oversea	
	POWER OF ATTORNEY (PO	A)									
	POA Name Mr. Ms.										
-	Address				City			D: C	ada		
L	f investment is being made by a C	Constitutional Attorney,	please submit notari	sed copy of POA	City			Pin Co	ode		
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*	Edelweiss			led in by the				CAF			
	ived from: Mr. / Ms. / M/s					an application fo	r allotment	Collect	ion Cente	r's Stamp &	
ıe	meEdelweiss		_ Plan		Opti	on			eipt Date a		
е	Cheque No			Amou	nt (₹)		_ Drawn on				
	and Branch										
ıs	e note: All purchases are subject	t to realization of chequ	ies and as per applic	able load structu	re (please refe	r Scheme Informati	on Document)				

IQ to 5757590

TOLL FREE 1800 425 0090 NON TOLL FREE +91 40 23310090 WEBSITE www.edelweissmf.con

BANK ACCOUN	IT DETAILS* (Ref	er Instruction	on No.	V for multiple	e bank registra	tion)							
A/c Type [please	. ✓] SB	Cur	rent	NRO	NRE	FCNR	NC PAYEE						
Account No							PAY_E	DELWEISS(S	<u>Scheme Na</u>	me)		OR BE	REF
Bank Name							RUPEES			Г	₹		
Branch										L	<u> </u>		
Branch Address								IFSC Code	9 Digit MI	CR Code			
	Cit	v			Pin			(IFSC HIJK 123	34567				
IFSC Code		<u>, </u>		MICR Code				"3591	8745"(9876)	504213: 1234	56" 23		
	of payment: Electron	nic Credit/RT	GS/NEF		for dividend payou	t).							
	e attach cancelled orig heque/ Bank Pass Boo						nt / first page of the	Bank Pass book (be	earing account	number and	first unit	holder	name
Subsequent change	in the investor's Bank	Mandate	nent) is re	equired as an inc	remental additiona	document in case	or: a. Registration	or the investor's Bar	nk iviandate at	the time of i	nvestme	IL D.	
E-MAIL COMM	UNICATION (Refe	er Instructio	on No. I	II) [please ✓]	8 ELE	CTRONIC/TELEC	OMMUNICATIO	N MODE (R	efer Instruc	tion IV)	[please	e 🗸]
/we wish to recei	ve the following do	cument via	email in	lieu of physica	al document(s)		have accepted t	he terms and co	nditions of	electronic/ t	elecom	munica	tion
Account Staten	nent News Lett	er Annua	al Report	Other Sta	atutory Informat	ion n	node and would li	ke to apply for the	same.				
INVESTMENT D	ETAILS* Choic	e of Schen	ne/ Pla	n/ Option (Refer Instructi	on No. VII) [pl	ease 🗸 J						
Edelweiss Lic	quid Fund (ELF)	Edelwe	eiss Ult	ra Short Term	n Bond Fund		Ede	lweiss Short Te	erm Income	Fund			
				C Lee							DI.		
Retail	Institutional	Supe	r Institu	itional (Applica	able for ELF only)		Retail Plan		In	stitutional	Plan		
Growth	Dividend Re	einvestmen	ıt 🗀	Dividend		Growt	h		Divide	nd			
0.0	Daily	☐ Fortnigl	htly	Payout	Monthly	Grown							
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	TVCCRIY	_ WOULD	,	эттеср									
Edelweiss EL	SS Fund	Edel	weiss G	ilt Fund		E.D.G.	E. Top 100 Fun	d	Edelweis	s NIFTY Er	hance	r Fund	
_	osolute Return Fui	nd Edel	weiss N	lonthly Incom	ne Plan (EMIP)		Plan A	Plan B	1	Plar			
				,	, ,		IUII A		,	Fidi			
Growth	Dividend	Month	nly Divid	dend (Applicabl	le for EMIP only)	Growth		Divid	end				
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	1												
Dividend Swee	p to Scheme						Plan		(Option			
PAYMENT DETA	AILS (Refer Instru	ction No. V	TH)										
	·			Transfe	ar Lattor [Chagua	la a succe Nia		Data				L
Mode of Paymer		RTGS/N	EFI		er Letter	Cheque C			Date	D D M	M Y	YY	Y
Gross Amount (ই	(1)				DD Charges (₹)		Net A	mount (₹)					
Bank /Branch &	City												
Account No.													
teedant ito.					Ac	count Type [ple	ease ✔] 📗 S	B Curre	nt N	IRO	NRE	FC	NR
												FC	NR
NOMINATION	DETAILS* (If you				ne nominee ple	ease fill up sepa	arate form for	nomination) (Re	efer Instruc	tion No. X)		
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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 - 400 098 New ECS Registration Change in Bank Account (for SIP earlier registered) ARN-13308 **INVESTOR DETAILS** Folio/Application No. Sole/First Investor Name: **INVESTMENT DETAILS** Schemes (Please ✓) **Edelweiss Liquid Fund Edelweiss Ultra Short Term Bond Fund Edelweiss ELSS Fund** E.D.G.E. Top 100 Fund **Edelweiss NIFTY Enhancer Fund Edelweiss Absolute Return Fund Edelweiss Monthly Income Plan Edelweiss Short Term Income Fund** Frequency Details (Please >) Weekly (SIP) Monthly (SIP) Daily (SIP) 7th OR 14th 7th, 14th, 21st, 28th All Business Days of any month OR 28th 21st *For SIP Daily, Weekly and Monthly Options are available. Installment Period: From Date To Date Amount Per Installment: Amount (in words) I/We hereby authorize Edelweiss Mutual Fund and their authorized service providers to debit my/our following bank account by ECS (Debit clearing/Auto Debit) for collection of SIP payments Note: Please allow 1 month for Auto Debit to register an start. **BANK MANDATE DETAILS** 1st Account Holder Name as per Bank Records 2nd Account Holder Name as per Bank Records 3rd Account Holder Name as per Bank Records Bank Name **Branch Address** City Pin Code NRO **FCNR** Bank Account Type Savings Current NRE EDELWEISS Bank Account No. IFSC CO MICR Code (This is a 9 digit number next to the cheque no.) 9 Digit MICR Code Mandatory enclosure: Blank Cancelled Cheque / Copy of the cheque of above account Please provide the MICR Code of the bank branch from where the ECS is to be effected. MICR Codes starting or ending with "000" are not valid for ECS. I/We wish to inform you that I/We have registered with Edelweiss Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Edelweiss Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Edelweiss Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Edelweiss Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/ beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Edelweiss Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/we hereby authorize bank to debit my account for mandate verification charges, if any. First Account Holders Signature Second Account Holders signature Third Account Holders signature (As per bank records) (As per bank records) (As per bank records) FOR BANK USE ONLY (Not to be filled in by Investor) Certified that particulars furnished above are correct as per our records-Recorded on Recorded by Mandate Ref. No. (Bank's Stamp) (Signature of Authorized Official from the Bank)









