

# 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

3 Mandatory *	PAN Please attach certified PAN copy (Refer Instruction No. VI)	Know Your Customer (KYC) (Refer Instruction No. XI)
1st Applicant /Guardian	P A N N U M B E R Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
2nd Applicant	P A N N U M B E R Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
3rd Applicant	P A N N U M B E R Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
POA Holder	P A N N U M B E R 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) <input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Mark sheet issued by Higher Secondary Board / ICSE / CBSE <input type="checkbox"/> 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
<b>Mode of Holding [please ✓]</b> <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)	<b>Occupation [please ✓]</b> <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)
<b>Legal Status [please ✓]</b> <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	
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) <input type="checkbox"/> Indian <input type="checkbox"/> 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





# SIP ECS/Auto Debit Mandate Form

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☐ 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 Gilt Fund  
☐ Edelweiss NIFTY Enhancer Fund ☐ Edelweiss Absolute Return Fund ☐ Edelweiss Monthly Income Plan ☐ Edelweiss Short Term Income Fund

Frequency Details (Please ✓)

<input type="checkbox"/> Daily (SIP)	<input type="checkbox"/> Weekly (SIP)	<input type="checkbox"/> Monthly (SIP)
All Business Days	<input type="radio"/> 7th, 14th, 21st, 28th of any month	<input type="radio"/> 7th OR <input type="radio"/> 14th OR <input type="radio"/> 21st OR <input type="radio"/> 28th

\*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

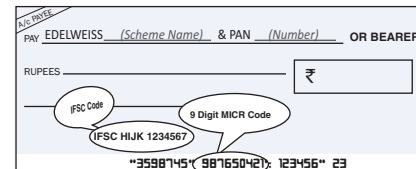
City

Pin Code

Bank Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Bank Account No.

MICR Code  (This is a 9 digit number next to the cheque no.)



**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  
(As per bank records)

Second Account Holders signature  
(As per bank records)

Third Account Holders signature  
(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)