

# COMMON APPLICATION FORM

Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited. Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400098

| 1 DISTRIBUTOR INFORMATION                     |                 |         | FOR OFFICE USE ONLY       |                        | Application No: |
|-----------------------------------------------|-----------------|---------|---------------------------|------------------------|-----------------|
| Name & Distributor Code<br>Ganesh S. Shanbhag | Sub-Broker Code | E- Code | Registrar/Bank Serial No. | Date & Time of Receipt | CAF             |
| ARN - 0988                                    |                 |         |                           |                        |                 |

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' In terms of SEBI circular no. CIR/IMD/DF/13/2011 dated August 22, 2011, Transaction Charge per subscription of ₹10,000/- and above shall be charged to the investors w.e.f. November 1, 2011 and paid to the distributors/brokers (who have opted in for transaction charges) in respect of applications relating to new subscriptions only (lumpsum and SIP). 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 8. (Refer Instruction No. XV)

Folio No. \_\_\_\_\_ Name of First Applicant \_\_\_\_\_

**3 TRANSACTION CHARGES (Please ✓)** (Default option Existing Investor) (Refer Instruction No. XIV)

I am a First Time Investor in Mutual Funds     I am an Existing Investor in Mutual Funds

**4 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) |

**5 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Mode of Holding [please ✓]</b><br><input type="checkbox"/> Single <input type="checkbox"/> Joint<br><input type="checkbox"/> Any one or survivor(s)<br><small>(Default option is "Any one or survivor(s)" in case of more than one applicant)</small> | <b>Occupation [please ✓]</b><br><input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist<br><input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat<br><input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate<br><input type="checkbox"/> Listed Company <input type="checkbox"/> Politically Exposed Person<br><input type="checkbox"/> Dealers in High Value Commodities <input type="checkbox"/> Others _____ Please Specify _____<br><small>(Traders in Precious Metals, Jewellery &amp; Antique Dealers)</small> | <b>Legal Status [please ✓]</b><br><input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club<br><input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI<br><input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm<br><input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate<br><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)  Indian  Overseas

**6 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

**7 THIRD PARTY PAYMENT DECLARATION**

Parent/Grand-Parent/Guardian of Minor/ Related Person Other than the Register Guardian/ Employer on behalf of Employee (SIP only)/Custodian on behalf of FII.

Name \_\_\_\_\_ Relationship with Applicant: \_\_\_\_\_  
PAN: \_\_\_\_\_ KYC Compliance Status:  Yes  No

Declaration: I hereby declare and confirm that the Applicant stated above is the beneficial owner of the investment details mentioned above. I am providing the funds for these investments on account of my natural love and affection or incentive to employee or for & on behalf of FII or as gift from my bank account only. Declaration (Guardian of minor, as registered in the folio): I confirm that I am the legal guardian of the Minor, registered in folio and have no objection to receiving these funds on behalf of the minor. (Note: Signature should match with the investment cheque signature)

Person issuing the cheque

## ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Application No: CAF

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment Scheme Edelweiss Plan \_\_\_\_\_ Option \_\_\_\_\_  
vide Cheque No \_\_\_\_\_ Dated \_\_\_/\_\_\_/\_\_\_ Amount (₹) \_\_\_\_\_ Drawn on Bank and Branch \_\_\_\_\_

|                                                   |
|---------------------------------------------------|
| Collection Center's Stamp & Receipt Date and Time |
|                                                   |

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

