COMMON APPLICATION FORM

Please read Product Labeling available on the Front Inside Cover Page and instructions before filling this form (all points marked * are mandatory)



sor: Edelweiss Financial Servi	ices Limited. Iru	stee Company: Edelweiss Trusteesnip Cor	npany Lii	mited. Investment Manager: Edelweiss As	sset ivianagement Limite	ea. Eaeiweiss nouse, c	Jii. C.S.I Road, Kalifia, Muriibai - 4000s
1		DISTRIBUTOR INFORMATION	N		FOR OFFICE	USE ONLY	Application No:
Name & Distributor Co	de Sub-Broker	Code Employee Unique Indentification Nun	nber (EU		ar/Bank Serial No.	Date & Time of Receipt	CAF
				Internal Code			
*Investors should menti	on the EUIN of t	he person who has advised the investor. If le	ft blank,	the fund will assume following declaration	by the investor "I/We he	reby confirm that the E	UIN box has been intentionally left blan
by me/us as this transac provided by the employ	tion is executed ee/relationship i	without any interaction or advice by the en nanager/sales person of the distributor/sub	ployee/ broker".	relationship manager/sales person of the al	bove distributor/sub bro	ker or notwithstanding	g the advice of in-appropriateness, if any
Upfront commission shaplease mention 'Direct'	all be paid direct	ly by the investor to the AMFI registered D		ors based on the investors' assessment of va	arious factors including t	he service rendered by	y the distributor. For Direct investments
All sections to be filled in			.e(s)				
Use this form If you are the separate SIP Form	making a one tii	me investment. For SIP investment use	Signature(s)	Sole/1st Applicant/Guardian /			
All columns marked * ar	e mandatory		Sign	Authorised Signatory / POA Signatory		rised Signatory 3	
Make your selectio	n before fill	ing the form [please √]		■ INVEST NOW	ZERO BAL	ANCE FOLIO	(Refer Instruction No. XIII)
2 EXISTING UNIT	HOLDER IN	FORMATION / EXISTING ZERO	BALA	NCE FOLIO NO. If you have existing	g folio, please fill in sect	tion 2 and proceed to	section 8. (Refer Instruction No. XV)
Folio No.		Name of Firs	t Annl	licant			
	CHARGES			restor) (Refer Instruction No. XIV	\/\		
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		or in Mutual Funds	has on	ted to receive Transaction Charges, ₹1	ting Investor in Mi		₹100/- (for investor other than fire
time mutual fund inv	estor) will be d	educted from the subscription amount	and paid	d to the distributor. Units will be issued	against the balance a	mount invested.	(100)- (101 lilvestor other than his
4 Mandatory *		PAN Please attach certified	PAN co	opy (Refer Instruction No. VI)	Know Yo	ur Customer (K)	(C) (Refer Instruction No. XI)
1st Applicant /G	uardian	PAN NUMB		Yes (Please submit proof)	Yes	(Please subm	it KYC Application Form)
5 APPLICANT INI	ORMATIO	N (Refer Instruction No. II) to be	filled	in BLOCK LETTERS* Application	ons from resident	ts of USA and Ca	nada will not be accepted
Name of Sole /1s	t Applicant	Mr. Ms. M/s. Others (Pleas	e Specif	(v)			
				Date	e of Birth (DOB)^	/ Date of Incorpo	oration DDMMYY
In case of Minor	- Parent/ Le	gal Guardian Name of 1st Appli	cant /C	Contact person (in case of non indi	• • • • • • • • • • • • • • • • • • • •		
				Relationship with		on	
^Mandatory pro	of of Date of	Birth Certificate		School Leaving			Passport
Birth for Minors (ner Sed	condary Board / ICSE / CBSE	Others		se Specify
Gross Annual Inco	ma [nlaasa v			pation* [please √]		Legal Status* [nlease √1
		5-10 Lacs 10-25 Lacs		usiness Service Professional	Agriculturist	Resident Inc	·
>25 Lacs-1 croi				ouse Wife Student Defence	Bureaucrat	AOP/BOI	NRI/PIO FI HUF
		= n-Individuals) ₹		orex Dealer Unlisted Company sted Company Others	Body Corporate	Minor P	artnership Firm Bank Trus
	•			ndividual Politically Exposed Person	n (PEP) Yes N	0	ody Corporate
as on DD/M	M / Y Y	(Not older than 1 year)	Inves		No	Others	Please Specify
Mandatory for Non-Individual Investor	Gaming	/ Gambling / Lottery Services (e.g. c	asinos,	services • For Foreign Exhange / M betting syndicates) Yes No • ship (UBO) Declaration Form (Reference	Money Lending / P	awning Yes N	lo
Name of 2nd App			Owner	snip (OBO) Declaration Form (Refer	r instruction No. XVI	PAN	
			0	mation* [mlassa :/]			wleese ./1
Gross Annual Inco		-		pation* [please ✓] usiness Service Professional	Agriculturist	Legal Status* [Resident Inc	
		5-10 Lacs 10-25 Lacs		ouse Wife Student Defence	Bureaucrat	AOP/BOI	NRI/PIO FI HUF
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		n-Individuals) ₹		sted Company Others Please ndividual Politically Exposed Perso	n (PFP) Yes N		ody Corporate
as on DD/M	IVI / Y Y	Y Y (Not older than 1 year)	Inves			Others	Please Specify
Name of 3rd App	olicant M	r. Ms.				PAN	
Gross Annual Inco	me [please ✓]*	Occu	pation* [please ✓]		Legal Status* [please ✓]
	Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs			usiness Service Professional	Resident Inc	lividual FII's Society/Club	
>25 Lacs-1 cro				ouse Wife Student Defence	Bureaucrat		NRI/PIO FI HUF
		n-Individuals) ₹		orex Dealer Unlisted Company Sted Company Others	_ , .		artnership Firm Bank Trus
as on DD/M	M / Y Y	Y Y (Not older than 1 year)		ndividual Politically Exposed Person	n (PEP) Yes N		ody Corporate Please Specify
			Inves		No	Others	
Mode of Holding*	' [please ✓]	Single Joint Any one or	surviv	or(s)			
Mailing Address	of Sole/First	Applicant (P.O. Box alone may	not be	sufficient) Overseas Investor m	nust provide Indiar	Address	
City		State			Country	N D I A Pi	n Code
Contact Details	Email ID (In BLOCK Letters)						
of Sole / First					Mobile No.		
Applicant	Tel. No.	STD Code R	es.	Offic	ce	Fax	(
	No. are essen	tial to enable us to communicate w					
Overseas Addres	s (mandato	ry for NRI/FII applicant*)					
Country		Zip Code		Address for	correspondence (for NRI applicant	<u>' </u>
O Edalwaia		VCKI	IOW	LEDGEMENT SLIP			Application No:
Edelweis	S			led in by the investor		-	WB049863
				·		CAF	VVDU49003
Received from: Mr. /	Ms. / M/s_			an ap	oplication for allo		lection Center's Stamp &
				Option			Receipt Date and Time
				Amount (₹)		wn on	
Bank and Branch							
	os are subject	to realization of cheaues and as nor	annlica	ible load structure (please refer Sche	eme Information Doc	rument)	
icase note. An purchase	.s uic subject	to realization of cheques und us per	чрриси	ione nous structure (pieuse rejer scrie	c mjormation DOC	unicity L	















F	POWER OF ATTORNEY (POA)										
Р	OA Name Mr. Ms.						PAN				
Ifi	investment is being made by a Constitutional	Attorney, please subm	it notarised copy	of POA							
E	BANK ACCOUNT DETAILS* (Refer Ins	truction No. V)									
	√c Type [please ✓] SB	Current N	RO NF		FCNR						
	Account No				Bank Name						
В	ranch				Branch Address City		Pin				
П	FSC Code				MICR Code		1 111				
	E-MAIL COMMUNICATION (Refer Ins	truction No. III) [pl	ease √1		or code						
	we wish to receive the following document via	,		count Stater	ment / News Letter / Anni	al Report / Other	Statutory Inform	nation	Yes		No
-	DEMAT ACCOUNT DETAILS*	ernan in nea er priyste	21	ocani otate.	nene / News Letter / / wille	аг переге у отне	otatatory inform				
	you want units in demat Form? [please ✓]	Yes No [Pleas	e ensure that the	sequence o	of names as mentioned in	the application	form matches	with that of	the den	nat A/d	c. held
wi	th the depository participant]. In case unit h	nolders do not provide	their demat acc	ount details	, an account statement s	hall be sent to th	nem.				
	NATIONAL SECURITIES DEPOS	ITORY LTD. (NSDL			CENTRAL DEPOS	ITORY SERVI	CES (INDIA) L	TD. (CDSL)		
	Depository Participant (DP) Name:										
	OP ID No.:			Benef	iciary A/c No.						
1	NVESTMENT DETAILS* Choice of	Scheme /Plan / Op	tion (Refer In	struction	No. VII) [please ✓]						
		delweiss-	Scheme		Plan		Opt	tion/Facilit	ty		
	Default Plan/Option/Facility will be ap	plied in case of no	information, ar	nbiguity o	r discrepancy)						
	Dividend Sweep to Scheme	,		3							
k	Dividend Sweep facility not applicable	for Edelweiss Shor	t Term Income	Fund							
	SIP ENROLLMENT DETAILS Opted for		No								
	Mandatory if opted for SIP) Type of SIP: ote: 1. Incase you have opted for SIP throug		icro SIP de it is mandatory	Mode of S to submit S		ito Debit / ECS o Debit Mandate	Form				
	2. In case you have opted for SIP through	gh Post dated cheques	(PDC) it is mandat	ory to subm	it Special Product Form						
S	TP ENROLLMENT DETAILS Opted fo	r STP: Yes N	lo (Incase you l	nave opted	d for STP it is mandate	ry to submit S	pecial Produc	t Form)			
P	PAYMENT DETAILS (Refer Instruction	No. VIII)									
-	, ., ., ., .,	NEFT/Transfer Le			d Party Payment ^{(Plea} Decl	se attach Third Part aration Form)	y Payment	Da	te/	/_	
-	ross Amount (₹)		DD Charge:	s (₹)	Net	Amount (₹)					
	ank /Branch & City						(heari	e No.			
A				Account	Type [please 1]	SB CIII			NDE		CNID
				Account	Type [please ✓]	SB Cui		NRO	NRE	F	CNR
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Resolution/ Authorisation to invest		✓	✓	✓		✓		V	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓	
Memorandum & Articles of Association		✓							
Trust Deed						✓			
Bye-laws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate								✓	
Notarised POA					✓				
Proof of Address									✓
Copy of PAN Card	✓	✓	✓	✓	✓	✓	✓	✓	
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓
Trigger Form (if applied)	-	√	√	√	√	√	√	V	√