

# 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: 14th Floor Express Towers, Nariman Point, Mumbai - 400021

## Application No:

DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		
Name & Distributor Code	Sub-Broker Code	E- Code	Registrar/Bank Serial No.	Date of Receipt	Time of Receipt
<b>ARN- 34120</b>					

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). Use this form if you are making a one time investment. For SIP investment use the separate SIP Form (All sections to be filled in English and in BLOCK LETTERS).

Mandatory *	PAN (Refer Instruction No. VI) Please attach certified PAN copy	Know Your Customer (KYC) (Refer Instruction No. XI)			
1st Applicant /Guardian		Yes <input type="checkbox"/>	(Please submit proof)	No <input type="checkbox"/>	(Please submit KYC Application Form)
2nd Applicant		Yes <input type="checkbox"/>	(Please submit proof)	No <input type="checkbox"/>	(Please submit KYC Application Form)
3rd Applicant		Yes <input type="checkbox"/>	(Please submit proof)	No <input type="checkbox"/>	(Please submit KYC Application Form)
POA Holder		Yes <input type="checkbox"/>	(Please submit proof)	No <input type="checkbox"/>	(Please submit KYC Application Form)

**3 EXISTING UNIT HOLDER INFORMATION (Please note that Applicant details & mode of holding will be as per existing Folio Number)**

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

**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/Date of Incorporation \_\_\_\_\_  
 (D D M M Y Y)

Parent/ Guardian Name of 1st Applicant - (in case of Minor)/Contact person (in case of non individual applicant) \_\_\_\_\_ Relationship with Minor/ Designation \_\_\_\_\_

Name of 2nd Applicant  Mr.  Ms. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (D D M M Y Y)

Name of 3rd Applicant  Mr.  Ms. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (D D M M Y Y)

**Mode of Holding**  Single  Joint  Any one or survivor(s)(Default option in case of more than one applicant)

**Occupation**  Business  Service  Professional  Agriculturist  House Wife  Student  Defence  Bureaucrat  
 Forex Dealer  Unlisted Company  Body Corporate  Listed Company  Politically Exposed Person  
 Dealers in High Value Commodities (Traders in Precious Metals, Jewellery & Antique Dealers)  Others *Please Specify* \_\_\_\_\_

**Legal Status**  Resident Individual  FII's  Society/Club  AOP/BOI  NRI/PIO  FI  Others *Please Specify*  
*Please (✓)*  Partnership Firm  HUF  Minor  Bank  Trust  Company/Body Corporate

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

Tel No - STD Code \_\_\_\_\_ Res. \_\_\_\_\_ Off. \_\_\_\_\_ Fax \_\_\_\_\_  
 Mobile No. \_\_\_\_\_ Email ID \_\_\_\_\_

Mandatory to provide the email Id and mobile number  
 Overseas Address (mandatory for NRI/FII applicant). Address for correspondence (for NRI applicants)  Indian  Overseas

City \_\_\_\_\_ Country \_\_\_\_\_ Zip code \_\_\_\_\_

**5 POWER OF ATTORNEY (POA)**

POA Name Mr./Ms. \_\_\_\_\_

Address \_\_\_\_\_  
 City \_\_\_\_\_ Pin \_\_\_\_\_

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

**6 E-MAIL COMMUNICATION (Refer Instruction No. III) [please ✓]**

I/we wish to receive the following document via email in lieu of physical document(s)  
 Account Statement  News Letter  Annual Report  Other Statutory Information

**7 Electronic/ Telecommunication Mode** Refer Instruction IV (please ✓)

I have accepted the terms and conditions of electronic/ telecommunication mode and would like to apply for the same.

### ACKNOWLEDGEMENT SLIP (To be filled in by the investor)



Application No: \_\_\_\_\_

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

Collection Center's Stamp & Receipt Date and Time
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Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

