

# 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)



**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 - 400 098

1 DISTRIBUTOR INFORMATION						
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE	APPLICATION NO.
	ARN	INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT	

\*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".

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'

SIGNATURE (s)		
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

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. All columns marked \* are mandatory.

MAKE YOUR SELECTION BEFORE FILLING FORM (PLEASE ✓)  INVEST NOW  ZERO BALANCE FOLIO (Refer Instruction No.XII)

2 TRANSACTION CHARGES (PLEASE ✓) (Default option Existing Investor) (Refer Instruction No.XIII)

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

In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

3 EXISTING UNIT HOLDER INFORMATION / EXISTING ZERO BALANCE FOLIO NO. (if you have existing folio, please fill in section 2 and proceed to section 8.)

FOLIO NO.	NAME OF FIRST APPLICANT

4 MANDATORY\* PAN# / PEKR# Know Your Customer (KYC)

1ST APPLICANT/GUARDIAN	PAN#	YES	(Please submit proof)	YES	(Please submit KYC Application form)
CKYC Key Identification Number (Refer Instruction no. XVIII)					
Aadhaar No. (UID No.) (Refer Instruction no. XIX)					

5 APPLICANT INFORMATION TO BE FILLED IN BLOCK LETTERS\* APPLICANTS FROM CANADA WILL NOT BE ACCEPTED (Refer Instruction No.II)

NAME OF SOLE /1ST APPLICANT	Mr. Ms. M/s.
DATE OF BIRTH (DOB)	DATE OF INCORPORATION (DOI)
GUARDIAN (s) NAME (In case if minor / Parent / Legal Guardian)	
RELATIONSHIP WITH MINOR / DESIGNATION	CONTACT
MAILING ADDRESS OF SOLE / 1ST APPLICANT (P.O.BOX alone may not be sufficient) Overseas Investor must provide Indian Address	
CITY	STATE
COUNTRY	PIN
EMAIL	MOBILE
RESI.	OFF.
	FAX

MANDATORY PROOF OF DATE OF BIRTH FOR MINORS (ANY ONE) & Relationship Proof

BIRTH CERTIFICATE  MARKSHEET (HSC/ICSE/CBSE)  SCHOOL LEAVING CERTIFICATE  PASSPORT  OTHERS \_\_\_\_\_

OVERSEAS APPLICANT DETAILS

ADDRESS (Mandatory for NRI/FII applicant*)		
COUNTRY	ZIP CODE	For NRI applicants <input type="checkbox"/> Indian <input type="checkbox"/> Overseas

E-MAIL COMMUNICATION [Please ✓]

I/We wish to receive the following document via email in lieu of physical document(s) Account Statement / Newsletter / Annual Report / Other Statutory Information :  YES  NO

Email ID & Mobile No. are essential to enable us to communicate with you better



## ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment CAF **Application No:** \_\_\_\_\_  
 Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
 vide Cheque No \_\_\_\_\_ Dated \_\_\_/\_\_\_/\_\_\_\_\_ Amount (₹) \_\_\_\_\_ 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)



