COMMON APPLICATION FORMPlease 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 - 400098

1		DISTRIBUTOR INFORMATION	ON	FOR OFFICE U	JSE ONLY	Application No:				
-	Name & Distributor Code Sub-B	roker Code Employee Unique Indentification Nu			Date & Time of Receipt	CAF				
			Internal Code		· ·					
	*Investors should moution the CIII	N of the property who has a delical the investor of	Left blank, the fund will accurate fallowing de	elematica butha investor (1/18/o box	ahu aansiinna shassaha FIIIN					
ĺ	by me/us as this transaction is exec	N of the person who has advised the investor. If cuted without any interaction or advice by the enship manager/sales person of the distributor/su	employee/relationship manager/sales person	n of the above distributor/sub brol	ker or notwithstanding th	e advice of in-appropriateness, if any				
	Upfront commission shall be paid	directly by the investor to the AMFI registered								
- 1	please mention 'Direct' in the colum	mn 'Name & Distributor Code'	_							
-		one time investment. For SIP investment use	Sole/1st Applicant/Guardian Authorised Signatory / POA Signa							
	the separate SIP Form All columns marked * are mandator	rv	Sole/1st Applicant/Guardian							
		-								
IVI		e filling the form [please √]	☐ INVEST NOW			(Refer Instruction No. XIII)				
2	EXISTING UNIT HOLDE	R INFORMATION / EXISTING ZER	O BALANCE FOLIO NO. If you have	e existing folio, please fill in secti	ion 2 and proceed to see	ction 8. (Refer Instruction No. XV)				
	Folio No.	Name of Fi	irst Applicant							
3	TRANSACTION CHARG	GES (Please ✓) (Default option Exis	sting Investor) (Refer Instruction	No. XIV)						
	I am a First Time Inv	vestor in Mutual Funds	☐ I am a	an Existing Investor in Mu	utual Funds					
	In case the subscription amour	nt is ₹10,000/- or more and your Distribute be deducted from the subscription amoun	or has opted to receive Transaction Cha	rges, ₹150 (for first time mutu	al fund investor) or ₹1	00/- (for investor other than fire				
4	Mandatory *		PAN copy (Refer Instruction No			(Refer Instruction No. XI)				
	1st Applicant /Guardian	1. /.	E R Yes (Please submit		- '	(YC Application Form)				
5	APPLICANT INFORMA	TION (Refer Instruction No. II) to b	oe filled in BLOCK LETTERS* Ap	plications from resident	s of USA and Cana	ada will not be accepted				
	Name of Sole /1st Applic	cant Mr. Ms. M/s. Others (Ple	ase Specify)							
				Date of Birth (DOB)^/	Date of Incorpora	tion 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	p with Minor/ Designatio	n					
	^Mandatory proof of Dat	te of Birth Certificate	School I	eaving Certificate		Passport				
	Birth for Minors (Any One		gher Secondary Board / ICSE / C	_						
	Cross Annual Income Inless	,	Occupation* [please ✓]	DOL GUICIO	Legal Status* [ple	nasa √1				
	Gross Annual Income [pleas		Business Service Profes	ssional Agriculturist	Resident Indivi					
	Below 1 Lac 1-5 Lacs			efence Bureaucrat		IRI/PIO FI HUF				
	>25 Lacs-1 crore >1		Forex Dealer Unlisted Com		Minor Part	nership Firm Bank Trus				
	,	r Non-Individuals) ₹		d Darson (DED) Vos No	Company/Body	/ Corporate				
	as on DD/MM/Y	(Not older than 1 year)	For Individual Politically Expose Related to PEP	ed Person (PEP) Yes No	Others	Please Specify				
ĺ	Mandatory for Is the	entity involved/providing any of the f	ollowing services • For Foreign Exha	inge / Money Changer Servic	ces Yes No					
	Non-Individual + Gan	ming / Gambling / Lottery Services (e.g.	casinos, betting syndicates) Yes	No ◆ Money Lending / Pa	awning Yes No					
ļ		e attach mandatory Ultimate Beneficia	al Ownership (UBO) Declaration Form	n (Refer Instruction No. XVII	•					
	Name of 2nd Applicant	Mr. Ms.			PAN					
	Gross Annual Income [pleas	se ✓]*	Occupation* [please ✓]		Legal Status* [ple					
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	Net-worth in (Mandatory for	r Non-Individuals) ₹		Please Specify	Minor Parti					
	as on DD/MM/Y	(Not older than 1 year)	For Individual Politically Expose		Others					
			Investor* Related to PEP	Yes No						
	Name of 3rd Applicant	Mr. Ms.			PAN					
	Gross Annual Income [pleas									
	Gross Annual Income [pleas	se √]*	Occupation* [please ✓]		Legal Status* [ple	ase ✓]				
		se √]* s 5-10 Lacs 10-25 Lacs	Business Service Profes		Resident Indivi	dual FII's Society/Club				
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	POWER OF ATTORNEY (POA)										
F	OA Name Mr. Ms. PAN PAN										
If	investment is being made by a Constitutional	investment is being made by a Constitutional Attorney, please submit notarised copy of POA									
Ш	BANK ACCOUNT DETAILS* (Refer Ins	truction No. V)									
\vdash	A/c Type [please ✓] SB	Current	NRO NR		FCNR						
	Account No				Bank Name						
ŀ	Branch				Branch Address		Pin				
-	FSC Code				MICR Code		PIII				
-	E-MAIL COMMUNICATION (Refer Ins	truction No. III) [n	lease √1		WHEN COUC						
г	we wish to receive the following document via	7	•	count States	ment / News Letter / An	nual Report / Othe	r Statutony Inform	nation	Yes		No
		erriali ili lied di priysi	car document(s) Ac	count State	nent / News Letter / An	nual Neport / Othe	1 Statutory Illion	nation	103		110
	PEMAT ACCOUNT DETAILS* you want units in demat Form? [please ✓] Yes No [Please ensure that the sequence of names as mentioned in the application form matches with that of the demat A/c. held										
	ith the depository participant]. In case unit h										
	NATIONAL SECURITIES DEPOS	ITORY LTD. (NSD	L)		CENTRAL DEPO	SITORY SERV	CES (INDIA) L	TD. (CDSL)		
1	Depository Participant (DP) Name:										
١,	DP ID No.:			Benefi	iciary A/c No.						
		Scheme /Plan / O	ntion (Refer In		No. VII) [please ✓]						
	_	delweiss-	Scheme		Pla	1	On	tion/Facilit			
	outcome, rain, option, radincy						Ор		- y		
	(Default Plan/Option/Facility will be ap Dividend Sweep to Scheme	ipiled in case of no	iniormation, ar	insiguity o	uiscrepancy)						
	bividend Sweep to Scheme *Dividend Sweep facility not applicable	for Edelweiss Sho	ort Term Income	Fund							
	SIP ENROLLMENT DETAILS Opted for SIP: Yes No										
	Mandatory if opted for SIP) Type of SIP:		Aicro SIP	Mode of S		Auto Debit / ECS	_				
N	lote: 1. Incase you have opted for SIP through ECS / Auto Debit mode it is mandatory to submit SIP Enrolment and ECS/Auto Debit Mandate Form 2. In case you have opted for SIP through Post dated cheques (PDC) it is mandatory to submit Special Product Form										
:	STP ENROLLMENT DETAILS Opted fo				•	tory to submit	Special Produc	t Form)			
ı	PAYMENT DETAILS (Refer Instruction	No. VIII)									
N	Node of Payment [please ✓] ☐ RTGS/	NEFT/Transfer Le	etter Chequ	e Thir	d Party Payment (Pl	ease attach Third Pa	ty Payment	Da	te/	/_	
G	iross Amount (₹)		DD Charge:			et Amount (₹)					
В	ank /Branch & City						Chequ	e No.			
Α	ccount No.										
				Account	Type [please ✓]	SB Cu	rrent 1	NRO	NRE	F	CNR
1	NOMINATION DETAILS* (Refer Instru	ction No. X)		Account	Type [please ✓]	SB Cu	rrent	NRO	NRE	F	CNR
I/	We hereby nominate the under mentioned n	ominee to receive th									
I/'	We hereby nominate the under mentioned nuch Nominee shall be a valid discharge by the	ominee to receive th AMC/Mutual Fund/ 1	Trustee Company.	our credit in	event of my/our death	. I/We also under	stand that all pay	ments and s	settleme	ents ma	
I/'	We hereby nominate the under mentioned n	ominee to receive th	Allocation	our credit in		. I/We also under	stand that all pay		settleme f Nomi	ents ma	
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