

TAX STATUS (Applicable for First / Sole Applicant)

Resident Individual FIs NRI - NRO HUF Club / Society PIO Body Corporate Minor Government Body Trust NRI - NRE
 Bank & FI Sole Proprietor Partnership Firm QFI Provident Fund Others _____

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 Indian Overseas

E-MAIL COMMUNICATION [Please ✓]

Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below:
 Annual Report Abridged Annual Report Other Statutory Information

2 KYC DETAILS (Mandatory - Refer Instruction No X for details)

OCCUPATION (Please tick ✓)

| | | | | | | | |
|------------------|--|---|--|---|---|---|----------------------------------|
| First Applicant | <input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat | <input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company | <input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company | <input type="checkbox"/> Student <input type="checkbox"/> Others _____ | <input type="checkbox"/> Defence |
| Second Applicant | <input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat | <input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company | <input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company | <input type="checkbox"/> Student <input type="checkbox"/> Others _____ | <input type="checkbox"/> Defence |
| Third Applicant | <input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat | <input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer | <input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company | <input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate | <input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company | <input type="checkbox"/> Student <input type="checkbox"/> Others _____ | <input type="checkbox"/> Defence |

GROSS ANNUAL INCOME (Please tick ✓)

| | | |
|------------------|--|--|
| First Applicant | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lac <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore | Net worth (Mandatory for Non - Individuals) ₹ _____ as on DDMMYYYY [Not older than 1 year] |
| Second Applicant | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____ | |
| Third Applicant | <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> > 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore OR Net Worth _____ | |

For Individuals

| | I am Politically Exposed Person | I am Related to Politically Exposed Person | Not Applicable |
|----------------------|---------------------------------|--|--------------------------|
| Sole/First Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Second Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Third Applicant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

For Non-Individual Investors (Companies, Trust, Partnership etc.)

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration) Yes No

Foreign Exchange / Money Changer Services Yes No

Gaming / Gambling / Lottery / Casino Services Yes No

Money Lending / Pawning Yes No

3 FATCA/CRS DETAILS Non Individual Investors should mandatory fill separate FATCA/CRS details form

(Refer Instruction No.XVII)

| Sole / First Applicant / Guardian | | | 2nd Applicant | | | <input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA | | |
|---|---------------------|--|--|---------------------|--|---|---------------------|--|
| Place & Country of Birth : _____ / _____ | | | Place & Country of Birth : _____ / _____ | | | Place & Country of Birth : _____ / _____ | | |
| #Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc. | | | | | | | | |
| Country # | Tax Payer Ref ID No | Identification Type [TIN or other, please specify] | Country # | Tax Payer Ref ID No | Identification Type [TIN or other, please specify] | Country # | Tax Payer Ref ID No | Identification Type [TIN or other, please specify] |
| 1. | | | 1. | | | 1. | | |
| 2. | | | 2. | | | 2. | | |
| 3. | | | 3. | | | 3. | | |

4 POWER OF ATTORNEY (POA) If investment is being made by a Constitutional Attorney, please submit notarised copy of POA

POA NAME Mr. Ms. M/s. _____ PAN _____

5 NOMINATION DETAILS*

I/We hereby nominate the under mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be valid discharge by the AMC/Mutual Fund/Trustee Company.

| Name of Nominee | Date of Birth (If Nominee is minor) | Allocation (%) | Name of Legal Guardian/Parent (If Nominee is minor) | Relationship with Nominee | Address of Nominee/ Legal Guardian |
|-----------------|-------------------------------------|----------------|---|---------------------------|------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

CHECKLIST Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public)

| Documents | Individual | Companies | Societies | Partnership Firms | Investment through POA | Trusts | NRI | FIs | PIO |
|---|------------|-----------|-----------|-------------------|------------------------|--------|-----|-----|-----|
| Resolution/ Authorisation to invest | | ✓ | ✓ | ✓ | | ✓ | | ✓ | |
| 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 / PEKRN | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| KYC Compliance | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| PIO Card | | | | | | | | | ✓ |
| Foreign Inward Remittance Certificate | | | | | | | ✓ | | ✓ |
| Aadhaar | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | ✓ |

SIP ENROLLMENT CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)

(all points marked * are mandatory)

APPLICATION NO.

Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra.

| 1 DISTRIBUTOR INFORMATION | | | | | |
|---------------------------|-----------------|-----------------|--|--------|----------------------------|
| Distributor Code | Sub-Broker Code | Sub-Broker Code | Employee Unique | E-Code | RIA CODE |
| ARN - 73097 | ARN - | INTERNAL CODE | IDENTIFICATION NO. (EUIIN) E 062892 | | ONLY FOR DIRECT INVESTMENT |

*Investors should mention the EUIIN 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 EUIIN 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.

| 2 UNITHOLDER INFORMATION | | Folio No. (For Existing Unit Holders) | | | | | | | | | | | | | | | | | | |
|--------------------------|--|---------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Sole / 1st Unit Holder | | | | | | | | | | | | | | | | | | | | |
| PAN | | | | | | | | | | | | | | | | | | | | |
| CKYC No. | | | | | | | | | | | | | | | | | | | | |

| 3 INVESTMENT DETAILS | | Edelweiss - | Scheme | Plan | Option/Facility |
|---|--|---------------|-------------------|---------------|-----------------|
| (Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) Dividend Reinvestment Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings) | | | | | |
| Dividend Sweep to Scheme _____ | | | | | |
| Installment Period : From Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To Date <input type="checkbox"/> Perpetual (99 years) (Default) or <input type="checkbox"/> 10 yrs or <input type="checkbox"/> 5 yrs or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| Amount Per Installment : | | | Amount in words : | | |
| 1st Installment Cheque Details : Cheque / DD No. | | | Amount (₹) | | |
| Drawn on Bank & Branch : _____ | | | | | |
| Photo ID Proof number in case of Micro SIP of 1st Applicant | | 2nd Applicant | | 3rd Applicant | |

I/We hereby authorize Edelweiss Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing / Auto Debit for collection of SIP Payments. **Note:** Please allow 1 month Auto Debit to register and start

| Frequency Details [Please ✓] | | | | | |
|--|---|---|---|---|--|
| <input type="checkbox"/> Daily SIP | <input type="checkbox"/> Weekly SIP | <input type="checkbox"/> Fortnightly SIP | <input type="checkbox"/> Monthly SIP | <input type="checkbox"/> Quarterly SIP | |
| All Business Day | <input type="checkbox"/> 7th, 14th, 21st, 28th of any month | <input type="checkbox"/> 10th and 25th | DATE : ___/___/___ <small>Preferred Debit Date (Any date except last three dates of month)</small> | DATE : ___/___/___ <small>Preferred Debit Date (Any date except last three dates of month)</small> | |
| SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount _____ (The amount should be in multiples of ₹500 only) | | | | | |
| Top-up Cap Maximum SIP Amount ₹ _____ | | SIP Top-up Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Top-up Cap (Refer Instruction No.26) | | | |

| 4 UMRN DETAILS | | (Refer Instruction No.9) |
|--|----------------------|--------------------------|
| <input type="checkbox"/> Use Existing One Time Debit Mandate (In case of multiple registered OTM's the last created UMRN Number will be the default option.) | | |
| UMRN No. | <input type="text"/> | |
| Bank Name | _____ | Bank Account No. _____ |

| 5 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')* | | DATE : ___/___/___ | PLACE : _____ |
|---|--|--------------------|---------------|
|---|--|--------------------|---------------|

I/ We declare that the particulars furnished here are correct. I/ We authorise Edelweiss Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Edelweiss Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in EDELWEISS MUTUAL FUND by debit to my /our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Edelweiss Mutual Fund using this facility.

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

OTM DEBIT MANDATE FOR NACH

(applicable for Lumpsum Additional Purchase as well as SIP Registrations)

| | | |
|------------|--|---|
| Tick (✓) | UMRN <input type="text"/> | Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Create (✓) | Sponsor Bank Code <input type="text"/> | Utility Code <input type="text"/> |
| Modify (x) | I/We hereby authorize _____ EDELWEISS MUTUAL FUND | To Debit (✓) <input type="checkbox"/> SB / CA / CC SB NRE / SB NRO / Other |
| Cancel (x) | Bank A/c. Number <input type="text"/> | |
| | With Bank <input type="text"/> IFSC <input type="text"/> | or MICR <input type="text"/> |
| | An Amount of Rupees <input type="text"/> ₹ _____ | |
| | FREQUENCY <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented | DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount |
| | Reference /Folio No. <input type="text"/> | Phone No. <input type="text"/> |
| | Scheme Name <input type="text"/> ALL SCHEMES OF EDELWEISS MUTUAL FUND | Email ID <input type="text"/> |

I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.

| PERIOD (DDMMYYYY) | | |
|---|--|---|
| From <input type="text"/> | <input checked="" type="checkbox"/> Signature Primary Account holder | <input type="checkbox"/> Signature Account holder |
| To <input type="text"/> | <input type="checkbox"/> Signature Account holder | <input type="checkbox"/> Signature Account holder |
| Or <input type="checkbox"/> Until Cancelled | 1. Name as in Bank Records | 2. Name as in Bank Records |
| | | 3. Name as in Bank Records |

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized debit