

Key Information Memorandum (KIM) and Common Application Form

Continuous Offer of Units of ₹ 10 per Unit at NAV based prices, subject to applicable Loads except for Edelweiss Liquid Fund & Edelweiss Low Duration Fund for which per Unit price is ₹ 1000

EQUITY SCHEMES

Edelweiss Large Cap Fund

An open ended equity scheme predominantly investing in large cap stocks

Edelweiss Large & Mid Cap Fund

An open ended equity scheme investing in both large cap and mid cap stocks

Edelweiss Flexi-Cap Fund

An open ended dynamic equity scheme investing across large cap, mid cap, small cap stocks.

Edelweiss Mid Cap Fund

An open ended equity scheme predominantly investing in mid cap stocks

Edelweiss Small Cap Fund

An open ended scheme predominantly investing in small cap stocks

Edelweiss Long Term Equity Fund (Tax Savings)

An open ended equity linked saving scheme with a statutory lock in of 3 years and tax benefit

Edelweiss Recently Listed IPO Fund

An open ended equity scheme following investment theme of investing in recently listed 100 companies or upcoming Initial Public Offer (IPOs)

HYBRID SCHEMES

Edelweiss Arbitrage Fund

An open ended scheme investing in arbitrage opportunities

Edelweiss Equity Savings Fund

An Open ended scheme investing in equity, arbitrage and debt

Edelweiss Balanced Advantage Fund

An open ended dynamic asset allocation fund

Edelweiss Aggressive Hybrid Fund

An open ended hybrid scheme investing predominantly in equity and equity related instruments)

DEBT SCHEMES

Edelweiss Overnight Fund

An open-ended debt scheme investing in overnight securities

Edelweiss Liquid Fund

An open-ended liquid scheme

Edelweiss Banking and PSU Debt Fund

An open ended debt scheme predominantly investing in Debt Instruments of Banks, Public Sector Undertakings, Public Financial Institutions and Municipal Bonds.

Edelweiss Money Market Fund

An open ended debt scheme investing in money market instruments

Edelweiss Government Securities Fund

An open ended debt scheme investing in government securities across maturity

NAME OF MUTUAL FUND

Edelweiss Mutual Fund

Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.
www.edelweissmf.com

TRUSTEE:

Edelweiss Trusteeship Company Limited

(CIN: U67100MH2007PLC173779)
Registered & Corporate Office:
Edelweiss House,
Off. C.S.T Road, Kalina,
Mumbai - 400 098, Maharashtra.

SPONSOR:

Edelweiss Financial Services Limited

Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098
www.edelweissfin.com

INVESTMENT MANAGER:

Edelweiss Asset Management Limited

(CIN: U65991MH2007PLC173409)
Registered & Corporate Office:
Edelweiss House,
Off. C.S.T Road, Kalina,
Mumbai - 400 098, Maharashtra.
www.edelweissmf.com

REGISTRAR:

KFin Technologies Private Limited Unit - Edelweiss Mutual Fund

Karvy Selenium Tower B, Plot No 31 & 32, Gachibowli, Financial District, Nanakramguda, Serilingampally, Hyderabad - 500 008,
Tel: 040-67161500

INVESTORS SHOULD NOTE THAT:

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the Scheme/Mutual, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document and Statement or Additional Information available free of cost at any of the Investor Service Centers or distributors or from the website www.edelweissmf.com

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM. This KIM is dated 26th November, 2021.



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1800 425 0090



NON TOLL FREE
+91-40-23001181



SMS
IQ to 5757590



WEBSITE
www.edelweissmf.com



EMAIL: INVESTORS
EMFHELP@edelweissfin.com



LIKE US
@EdelweissMutualFunds



FOLLOW US:
@EdelweissAMC

COMMON APPLICATION FORM

Please read Product Labelling available on the Front Inside Cover Page and instructions before filling this 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, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS. Use this form if you are making a one time investment. For SIP investment use the separate SIP Form.

DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE [^]
		INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT
ARN ARN-183038	ARN -				

*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 inappropriateness, 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'.

I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

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

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

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.

EXISTING INVESTOR'S FOLIO NUMBER	INVESTMENT TYPE (Please tick any one)	MODE OF HOLDING
(If you have an existing folio with KYC validated, please mention here and skip to section 5)	<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SIP WITHOUT CHEQUE	(In case of Demat Purchase Mode of Holding should be same as in Demat Account)
	<input type="checkbox"/> LUMP SUM WITH SIP/STP/SWP	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)

UNIT HOLDING OPTION	CDSL/ NSDL	DP ID NO.:	Depository Participant Name:
<input type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode	Beneficiary A/C No.		
	(Please Note: Please attach copy of Client Master List.)		
	Please Note: Demat Account Details of First / Sole Applicant (Name should be as per demat account)		

1 APPLICANT INFORMATION (Mandatory) 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. _____
PAN _____ CKYC No. _____ Date of Birth D D M M Y Y Y Y

Mobile No. _____ Email ID _____

I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick (✓) any one from the below options) -
 Self Spouse My dependents My Childrens

Please note: In the event that the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)

Mr. Ms. M/s. _____ Relationship with Minor/Designation _____

PAN _____ Date of Birth D D M M Y Y Y Y CKYC No. _____

Address _____ CITY _____

STATE _____ COUNTRY _____ PIN _____

RESI. _____ OFF. _____ FAX _____

SECOND APPLICANT Mr. Ms. M/s. _____

_____ Date of Birth D D M M Y Y Y Y

PAN _____ CKYC No. _____ Mobile No. _____

THIRD APPLICANT Mr. Ms. M/s. _____

_____ Date of Birth D D M M Y Y Y Y

PAN _____ CKYC No. _____ Mobile No. _____

ACKNOWLEDGEMENT SLIP

To be filled in by the investor

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

Application No:

Collection Center's Stamp & Receipt Date and Time

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

TAX STATUS (Applicable for First / Sole Applicant)

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

GROSS ANNUAL INCOME (Please tick ✓)

First Applicant Below 1 Lac
 1-5 Lacs
 5-10 Lacs
 10-25 Lac
 > 25 Lacs - 1 Crore
 > 1 Crore
 Net worth (Mandatory for Non - Individuals) ₹ _____ as on DD MM YY YY [Not older than 1 year]

Second Applicant Below 1 Lac
 1-5 Lacs
 5-10 Lacs
 10-25 Lacs
 > 25 Lacs - 1 Crore
 > 1 Crore OR Net Worth _____

Third Applicant Below 1 Lac
 1-5 Lacs
 5-10 Lacs
 10-25 Lacs
 > 25 Lacs - 1 Crore
 > 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 : Yes No
 (If No, please attach mandatory UBO Declaration)

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	FII	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	✓	✓	✓	✓	✓	✓			✓

Edelweiss - Scheme Plan Option Sub-Option

(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)

IDCW (Transfer) to Scheme Plan Option

7 BANK ACCOUNT DETAILS (Refer Instruction No.IV)

Account No. Account Type [Please ✓] SB Current NRO NRE FCNR

Bank Name

Branch Add.

Pin IFSC CODE MICR CODE

8 PAYMENT DETAILS

Mode of Payment [Please ✓] RTGS/NEFT/Fund Transfer Demand Draft Cheque One time Mandate (OTM already registered)

Cheque No. Date Gross Amount (₹)

Net Amount (₹) DD Charges (₹)

Bank Details: Same as above (Please tick ✓ if yes) Different from above (Please tick ✓ if it is different from above and fill in the details below)

Bank/Branch & City

Account No. Account Type [Please ✓] SB Current NRO NRE FCNR

Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.

9 SYSTEMATIC TRANSACTION REGISTRATION DETAILS

SIP	STP	SWP
Scheme: Edelweiss - <input type="text"/>	Source Scheme: <input type="text"/>	Scheme: <input type="text"/>
<input type="text"/> Plan <input type="text"/>	Target Scheme: <input type="text"/>	
Option <input type="text"/> Sub-Option <input type="text"/>		Amount (in figures): <input type="text"/>
Installment amount (in figures): <input type="text"/>	Amount (in figures): <input type="text"/>	Amount (in words): <input type="text"/>
Installment amount (in words): <input type="text"/>	Amount (in words): <input type="text"/>	Frequency: <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Preferred SWP date: Please write the debit date as per SID (For Monthly & Quarterly only) <input type="text"/>
Debit Date: <input type="text"/>	Preferred STP date: Please write the debit date as per SID (For Monthly & Quarterly only) <input type="text"/>	SWP Period: <input type="text"/>
SIP Period: <input type="text"/> From Date <input type="text"/> To Date <input type="text"/>	STP Period: <input type="text"/> From Date <input type="text"/> To Date <input type="text"/>	
Or Perpetual: <input type="checkbox"/> 31/12/2099		

10 DECLARATION AND SIGNATURE(S)

Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to the Trustee of Edelweiss Mutual fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/We agree that in case my/our investment in the Scheme(s) is equal to or more than 25% of the corpus of the Scheme, then Edelweiss Asset Management Ltd., Investment Manager to the Edelweiss Mutual Fund, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We hereby authorise Edelweiss Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / Edelweiss Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all/ any of the information provided by me/ us, including all changes, update to such information as and when provided by me/ us to Edelweiss Mutual Fund/ Edelweiss Asset Management Limited to any Indian or foreign governmental or statutory or judicial authorities/ agencies, the tax/ revenue authority and other investigation agencies without obligation on advising me/ us of the same. I/We authorise Edelweiss Mutual Fund to reject the application, revert the units credited/redeem units created at applicable NAV, restrain me/us from making any further investment in any of the Schemes of the fund, recover/debit my/our folios(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned by my/our banker for any reason whatsoever. I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. I/We hereby, further agree that the Fund can directly credit all the IDCW payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/authenticating and updating my/ our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s)and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We further agree that the Fund/AMC can send us all types of SMS relating to the products offered by them.

Applicable to investors who have not opted for nomination facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Edelweiss Mutual Fund.

I/ We confirm that I am/We are not resident(s) of Canada under the laws of Canada. In case of change to this status, I/ We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please ✓ (Including amount of Additional Purchase Transaction made in future)

Repatriation Non Repatriation

Applicable if resident / citizen of a member state of European Union protected under GDPR

I/ We, resident/citizen of a member state of European Union protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on www.edelweissfin.com. Please see the tick marks in the relevant boxes below that will apply to me:

1) I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement. YES NO

2) I wish to receive marketing information from Edelweiss Group (*) YES NO

3) I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (*) Newsletter Email Text message Telephone call Not interested

SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
------------------------	------------------	-----------------

DATE : ___ / ___ / ___ PLACE : _____

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, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

1 DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE
ARN ARN-183038	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EJIN)		ONLY FOR DIRECT INVESTMENT

*Investors should mention the EJIN 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 EJIN 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) IDCW (Reinvestment) Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings)				
IDCW (Transfer) 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"/> <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	

Edelweiss MUTUAL FUND		One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit												
TICK (✓)		UMRN <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"/> <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"/> <input type="text"/> <input type="text"/>												
<input checked="" type="checkbox"/> CREATE	<input checked="" type="checkbox"/> MODIFY	<input checked="" type="checkbox"/> CANCEL	Sponsor Bank Code _____ For Office Use		Utility Code _____ For Office Use		Date <input type="text"/> <input type="text"/> <input type="text"/>		I/We hereby authorize _____ Edelweiss Mutual Fund to debit (tick ✓) <input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other					
Bank a/c number _____			with Bank _____		IFSC _____		or MICR _____		an amount of Rupees _____ ₹					
FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytr <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented			DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount		Reference 1 _____ Folio Number		Phone No. _____		Reference 2 _____ Application Number					
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 From <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			To <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Or <input checked="" type="checkbox"/> Until Cancelled		Signature Primary Account holder _____		Signature of Account holder _____		Signature of Account holder _____			
1. _____		2. _____		3. _____		Name as in Bank records		Name as in Bank records		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 the debit.														

My SIP GOAL
 Buying Home
 Child's Education
 Retirement Planning
 Wealth Creation

(Select Any One Goal)

My Goal Amount : ₹ _____**Instructions**

- Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors who wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed form with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Edelweiss Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by Edelweiss Mutual Fund.
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC/ MICR Code and also provide an original cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- If the investor wishes to opt for more than one dates/frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented".
- There is no maximum duration for enrolment.
An investor has an option to choose the 'End Date' of the SIP by filling the date or the Default Date i.e. December 2099 will be the end date.
- Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.
- Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the OTM.

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our afore mentioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS/NACH (Debit Clearing)/Direct Debit/SI facility and that the payment towards my/our investments in the Schemes of Edelweiss Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of Edelweiss Asset Management Company Limited, Investment Manager to Edelweiss Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.

TERMS AND CONDITIONS

1. Please refer to the Key Information Memorandum (KIM), Statement of Additional Information (SAI) and Scheme Information Document (SID) for Applicable NAV, Risk Factors, Load and other information of the Scheme / Plan before investing.
2. Complete Application form and SIP OTM Form along with the first investment cheque should be submitted to the AMC / Karvy ISC's.
3. Investors should mandatorily give a cheque for the first Installment. The first cheque should be drawn on the same bank account which is to be registered for NACH. Alternatively, the cheque may be drawn on any bank, for which investor should provide a photocopy of the cheque or cancelled cheque of the bank/branch for which NACH is to be registered.
4. First SIP cheque and subsequent SIP installments via NACH should be of the same amount.
5. If any chosen day falls on a non business day, the next business day will be considered as the transaction date.
6. Incorrect / Incomplete applications are liable to be rejected.
7. Investors OTM will get registered at PAN level only.
8. Investor can register multiple OTM's. However, registration of multiple OTM's under same bank account number is not allowed.
9. UMRN details (Refer Point - 4 in SIP Enrollment Cum One Time Debit Mandate Form) is for the existing OTM registered investors only. Investors having multiple registered OTM's under the folio needs to mention the UMRN Number for bank details. If not mentioned then the last created UMRN Number will be considered as default option by the AMC.
10. Investors SIP/Purchase transactions are liable to get rejected if the purchase amount exceeds the maximum amount limit mentioned on the OTM mandate.
11. SIP request under existing registered OTM will start within 12 calendar days.
12. OTM instructions will take a minimum of one month for registration with the bank and hence the first debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in Scheme Information Document (SID) .
13. You can choose to discontinue this facility by giving 10 days written notice to any of AMC/ Registrar Investor Service centers.
14. Top-up: After completion of the tenure, in case the investor wants to continue his SIP investment for another tenure with the existing folio, then the investor has to submit a duly filled & signed SIP through OTM Mandate.
15. Request for change in bank mandate to be submitted atleast 30 business days before the due date of next SIP installment.
16. The bank account provided for OTM (Debit) should be in the list of banks participating in NACH .
17. MICR code or IFSC code should be mandatory filled on OTM mandate, MICR code starting and / or ending with 000 are not valid for OTM.
18. The investor agrees to abide by the terms and conditions of NACH facility of NPCI & Auto Debit as applicable at the time of investment and as may be modified from time to time.
19. The investor undertakes to keep sufficient funds in the account till the date of execution of the debit. The investor hereby declares that the particulars given overleaf are correct and complete. If the date of debit to the investors account happens to be a non Business day as per the fund, execution of the debit will not happen on the day of the holiday and allotment of Units will happen as per the terms and conditions listed in the concerned Scheme Information Document (SID). The Fund, its registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, change of government policies, unavailability of banks computer system, force majeure events or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
20. Investors will not hold Edelweiss AMC, its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific sip date due to the local holidays or any other reason.
21. Edelweiss AMC reserves the right to reject any application without assigning any reason thereof.
22. Please refer SID for minimum SIP investment amount under each Schemes.
23. Please refer the Key Information Memorandum (KIM) and Scheme Information Document (SID) of the respective Scheme for applicable NAV, risk factors, load (exit/entry) and other information on the respective Scheme before investing.
24. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
25. As per Prevention of Money Laundering Act 2002, it is mandatory for all investors to be KYC compliant. For more details please refer point XI on "Instructions to Investor for Filling up the Application Form."
- 26. Instructions for Systematic Investment Plan (SIP) Top-up**
 1. SIP Top-up Facility is not available under Micro SIPs
 2. SIP Top-up is a facility wherein an investor who wishes to enrol for SIP, has an option to increase the amount of the SIP installment by a fixed amount at pre-defined intervals i.e. half yearly and yearly. The SIP Top-up amount should be filled in the SIP Enrolment Form itself.
 3. The SIP Top-up amount should be in multiples of ₹ 500/- only.
 4. The SIP Top-up option is only available for monthly SIP.
 5. In case the top-up frequency is not indicated under Monthly SIP, it will be considered as half yearly interval.
 6. Top-up cap is the maximum amount beyond which the Top-up amount is capped.
 7. The OTM Maximum amount should include the Top Up amount also.
- 27. Terms and Conditions for GPrS are as follows:**
 1. Eligible Schemes: Edelweiss Arbitrage Fund, Edelweiss Balanced Advantage Fund, Edelweiss Large Cap Fund, Edelweiss Long Term Equity Fund (Tax Savings), Edelweiss Aggressive Hybrid Fund, Edelweiss Large & Mid Cap Fund, Edelweiss Equity Savings Fund, Edelweiss Mid Cap Fund, Edelweiss Flexi Cap Fund.
 2. Investors / unit holders have the option to choose only one goal along with a single target amount for each Eligible Scheme under a particular folio. No additional purchase/switchin/Systematic Investment Plan/Systematic Transfer Plan shall be permitted in the folio considered under this facility.
 3. This Facility cannot be opted under the existing investments. Investors who wish to avail this Facility will have to start SIP(s) under a new folio number.
 4. Investor/Unit holder has to submit a duly completed Common Application Form' along with 'SIP Enrolment Form' for availing this Facility.
 5. Registration under the Facility will be completed within 30 days from the date of submission of the relevant Forms.
 6. Investor/Unit holders are requested to note that changing the specified goal and /or the target amount will not be permitted under the GPrS Facility.
 7. Any request for discontinuing the GPrS Facility should be submitted 10 working days prior to the next SIP installment date.
 8. This Facility will not be available to investors/unit holders who opt to hold the units in demat mode.
 9. Investors are requested to note that, the goal and the target amount specified under the GPrS Facility has to be determined by the investors themselves and that there is no assurance that goal/target amount will be realised through SIP investment in the Eligible Schemes of the Fund.
 10. Investors / Unit holders are requested to note that other features of SIP investment such as minimum investment amount, frequency, number of installments, investment Dates etc., as mentioned Scheme Information Document of respective Scheme shall remain unchanged.

TERMS AND CONDITIONS

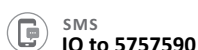
Systematic Transfer Plan /Systematic Withdrawal Plan

1. All valid requests for STP/SWP forms from one Scheme to the other Scheme would be treated as switch-out/redemption & switch-in/purchase at the applicable NAV of the respective Scheme(s). The difference between the NAV of two Schemes will be reflected in the number of units allotted.
2. Minimum Investment Amount in Transfer Out Scheme should be as per the respective SID/ Addendum.
3. Units marked under Lien, Pledge or Lock-in Period in the Transfer Out Scheme will not be eligible for STP/SWP.
4. All valid applications will be processed as per the applicable uniform cut off timings on the working days as mentioned in the respective Scheme SID.
5. This form should be submitted at least 5 business days before the commencement date.
6. A Unit holder who has opted for STP/SWP under a specific Scheme can also redeem or switch his Units to any other eligible Scheme provided he has sufficient balance in his account on the date of such a request
7. The Unit holder can make additional subscriptions in accordance to the terms and conditions of the Scheme Information Document (SID). Such additional subscription will alter the functioning of the STP/SWP.
8. STP/SWP will be terminated automatically in case of a Zero balance in the respective Scheme-Folio on the run-date or expiry of the enrolment period whichever is earlier.
9. The unit holders can choose to opt out from the STP/SWP at any point of time by submitting a written request to the nearest designated Investor Service Center. Such request for discontinuation should be received at least 10 working days prior to the next due date of the SWP/STP.
10. Edelweiss AMC reserves the right to reject any application without assigning any reason thereof and the Trustee reserves the right to change/modify the terms and conditions of SWP/STP.
11. Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account.
12. The application is subject to detailed scrutiny and verification. Applications which are not complete in all respect are liable for rejection either at the collection point itself or subsequently after detailed scrutiny / verification at the back office of the Registrar.
13. STP/SWP facility is not available for units held in demat. Unit Holders opting the units in the demat mode, can submit redemption only through DP or through stock exchange platform

Employee Unique Identification Number (EUIIN):

SEBI has made it compulsory for every employee/ relationship manager/ sales person of the distributor of Mutual Fund products to quote the EUIIN obtained by him/her from AMFI in the Application Form. EUIIN, particularly in advisory transactions, would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing

Mutual Fund products are also required to obtain and quote EUIIN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUIIN is correctly filled up in the Application Form. However, if your distributor has not given you any advice pertaining to the investment, the EUIIN box may be left blank. In this case, you are required to provide a duly signed declaration to this effect. Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder and the EUIIN of the Sales Person (if any) in the EUIIN space.



Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.

COMMON TRANSACTION FORM

(including OTM)

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



APPLICATION NO.

CTF

Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE [^]	Registrar/Bank Serial No.	Date & Time of Receipt
		INTERNAL CODE	IDENTIFICATION NO. (EJIN)		ONLY FOR DIRECT INVESTMENT		
ARN-183038	ARN -						

*Investors should mention the EJIN 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 EJIN 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'.

[^]I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

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

1 Folio No. / Application No. [Grid]
Sole/1st Unit Holder Name [Grid]

2 SCHEME DETAILS Choice of Scheme / Plan / Option [Please ✓]

Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan	Option/Facility

(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy)

3 ADDITIONAL PURCHASE

Bank Options Cheque/DD RTGS/NEFT Transfer OTM UMRN/Instrument No. _____ UTR No. (in case of RTGS / NEFT) _____
Bank Name _____ Branch _____
₹ (in figures) _____ ₹ (in words) _____

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT

NSDL CDSL Depository Participant Name _____
Depository Participant (DP) ID _____ Beneficiary Account Number _____
Note: 1) In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency. 2) Bank details need to be provided if transaction is through OTM mode, if no bank details are mentioned or no OTM mandate is registered for the given bank details then default bank mandate under OTM facility.

4 NORMAL REDEMPTION

Amount: ₹ _____ OR No. of Units: _____ OR All Units: [Please ✓]
For investors who have registered for Multiple Bank Accounts facility# in the above folio:
The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us (This bank account has already been registered in the folio):
Name of the Bank: _____ Branch: _____
Account No.: _____ Account Type: _____ Bank City: _____
Important Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. Edelweiss Mutual Fund Asset Management Ltd. will not be liable for any loss arising to the unitholder(S) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

5 NORMAL SWITCH

From Scheme _____ Scheme _____ Plan _____ Option _____
To Scheme _____ Scheme _____ Plan _____ Option _____
Amount ₹ _____ OR No. of Units: _____ OR All Units: [Please ✓]
IDCW (Transfer) to Scheme _____

6 CHANGE OF CONTACT DETAILS

Tel No. [Grid] Residence [Grid] Office [Grid] Fax [Grid]
Mobile [Grid] E-Mail _____

7 CHANGE OF BANK DETAILS*

Bank Name _____ Account No. [Grid]
Branch & Address _____ City _____
PIN _____ Payment Location _____ A/c Type: SB CA NRE NRO FCNR
IFSC Code [Grid] 9 Digit MICR No. [Grid]

Preferred mode of payment: Electronic Credit/RTGS/NEFT/ECS (ECS only for IDCW (Payout)).
*Mandatory – Please attach cancelled original cheque / self certified copy of blank cheque / self certified Bank Statement / first page of the Bank Pass book (bearing account number and first unit holder name on the face of the cheque/ Bank Pass Book/ Bank Statement) is required as an incremental additional document in case of: a) Registration of the investor's Bank Mandate at the time of investment b) Subsequent change in the investor's Bank Mandate.

8 DECLARATION

I/We have read and understood the contents of the Statement of Additional Information (SAI) & respective Scheme Information Document (SID) and Key Information Memorandum (KIM), and Addendums. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme(s) as applicable from time to time. Amount invested/to be invested in the Schemes is derived through legitimate sources.
The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

SIGNATURES	Sole/ 1st Holder	2nd Holder	3rd Holder

In case of Joint Holding, all unit holders must sign this form.

"In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency"