

# 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: Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400098

1 DISTRIBUTOR INFORMATION			FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code	E- Code	Registrar/Bank Serial No.	Date & Time of Receipt	CAF
ARN-56003					

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). 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

Make your selection before filling the form [please ✓]  ZERO BALANCE FOLIO  INVEST NOW (Refer Instruction No. XIII)

**2 EXISTING UNIT HOLDER INFORMATION / EXISTING ZERO BALANCE FOLIO NO.**  
If you have existing folio, please fill in section 2 and proceed to section 7. (Refer Instruction No. XIV)

Folio No.	Name of First Applicant
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**3 Mandatory \*** PAN Please attach certified PAN copy (Refer Instruction No. VI) **Know Your Customer (KYC)** (Refer Instruction No. XI)

1st Applicant /Guardian	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
2nd Applicant	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
3rd Applicant	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
POA Holder	PAN NUMBER	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)

**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 (DOB)^ / Date of Incorporation 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 with Minor/ Designation \_\_\_\_\_

^Mandatory proof of Date of Birth for Minors (Any One)  Birth Certificate  School Leaving Certificate  Passport  Mark sheet issued by Higher Secondary Board / ICSE / CBSE  Others \_\_\_\_\_ Please Specify \_\_\_\_\_

Name of 2nd Applicant Mr. Ms. \_\_\_\_\_ DOB D D M M Y Y

Name of 3rd Applicant Mr. Ms. \_\_\_\_\_ DOB D D M M Y Y

<b>Mode of Holding [please ✓]</b> <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or survivor(s) (Default option in case of more than one applicant)	<b>Occupation [please ✓]</b> <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <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"/> Politically Exposed Person <input type="checkbox"/> Dealers in High Value Commodities <input type="checkbox"/> Others _____ Please Specify _____ (Traders in Precious Metals, Jewellery & Antique Dealers)	<b>Legal Status [please ✓]</b> <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> Others _____ Please Specify _____
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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

Email ID (In BLOCK Letters) \_\_\_\_\_ Mobile No. \_\_\_\_\_

Tel. No. STD Code Res. Office Fax \_\_\_\_\_

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

Overseas Address (mandatory for NRI/FII applicant\*) \_\_\_\_\_

Country \_\_\_\_\_ Zip Code \_\_\_\_\_ Address for correspondence (for NRI applicants)  Indian  Overseas

**5 POWER OF ATTORNEY (POA)**

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

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

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

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment Scheme Edelweiss Plan \_\_\_\_\_ Option \_\_\_\_\_

vide Cheque No \_\_\_\_\_ Dated \_\_\_/\_\_\_/\_\_\_ Amount (₹) \_\_\_\_\_ Drawn on Bank and Branch \_\_\_\_\_

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

Collection Center's Stamp & Receipt Date and Time
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