## **COMMON APPLICATION FORM**



EMAIL: INVESTORS investor.amc@edelcap.com

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

Name & Distributor Code    CAF   CAR   ARN.56003   Arkinstended   Care   Code   Care   Registrar/Senk Scrall No.   Date & Time of Receipt   CAF   CAF   CAR   Care   Care	DISTRIBL	JTOR INFORMATION		F	OR OFFICE USE ON	LY	Application No
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Anadatory * PAN Please attach certified PAN copy (Refer Instruction No. VI)	, , , , , , , , , , , , , , , , , , , ,	•	•		)		
Let Applicant / Guardian PAN NUMBER Yes (Please submit proof) Yes (Please submit KYC Application Form)  And Applicant PAN NUMBER Yes (Please submit proof) Yes (Please submit KYC Application Form)  And Applicant PAN NUMBER Yes (Please submit proof) Yes (Please submit KYC Application Form)  And Applicant PAN NUMBER Yes (Please submit proof) Yes (Please submit KYC Application Form)  Applicant INFORMATION (Refer Instruction No. II) TO BE FILLED IN BLOCK LETTERS*  Jame of Sole / Ist Applicant Mr. Ms. M/s.  Applicant INFORMATION (Refer Instruction No. II) TO BE FILLED IN BLOCK LETTERS*  Jame of Sole / Ist Applicant Mr. Ms. M/s.  Jame of Sole Applicant Mr. Ms. M/s.  Jame of Sole Applicant Mr. Ms.  Mandatarryproof of Date of Birth Certificate School Lexening Certificate Passport Mark sheet issued by Higher Secondary Board / ICSE / CBSE  Others  Jame of 2nd Applicant Mr. Ms.  Jame of 3nd Applicant Mr. Ms.  Jobs John M. Ms.  John M. M	-Olio IVO.		Name of First App	olicant			
PART Applicant  PAN NUMBER Yes (Please submit proof)  Ves (Please submit KYC Application Form)  Ard Applicant  PAN NUMBER Yes (Please submit proof)  Ves (Please submit KYC Application Form)  Ard Applicant  PAN NUMBER Yes (Please submit proof)  Ves (Please submit KYC Application Form)  APPLICANT INFORMATION (Refer instruction No. II) TO BE FILLED IN BLOCK LETTERS*  Applicant Mr. Ms. M/s.  Applicant Mr. Ms. M/s.  Applicant Parent/ Legal Guardian Name of 1st Applicant /Contact person fin case of monindividual applicant of person in force of pronindividual applicant person in force of pronindividual per		PAN Please attac	ch certified PAN c		•		• • •
POA Holder  PAN NUMBER Yes (Please submit proof) Yes (Please submit KYC Application Form) POA Holder  PAN NUMBER Yes (Please submit proof) Yes (Please submit KYC Application Form) APPLICANT INFORMATION (Refer Instruction No. II) TO BE FILLED IN BLOCK LETTERS*  Name of Sole / 1st Applicant Mr. Ms. M/s. (No. 1) TO BE FILLED IN BLOCK LETTERS*  Name of Sole / 1st Applicant Mr. Ms. M/s. (No. 1) To BE FILLED IN BLOCK LETTERS*  Name of Sole / 1st Applicant Mr. Ms. M/s. (No. 1) To BE FILLED IN BLOCK LETTERS*  Name of Sole / 1st Applicant Mr. Ms. M/s. (No. 1) To BE FILLED IN BLOCK LETTERS*  Name of Sole / 1st Applicant Mr. Ms. Ms. (No. 1) To BE FILLED IN BLOCK LETTERS*  Name of Sole / 1st Applicant Mr. Ms. No. 1		PAN NI	U M B E R				
POA Holder   PIAIN   MIBBER   Yes   (Please submit proof)   Yes   (Please submit KYC Application Form)	2nd Applicant	PAN NI	U M B E R	Yes (Please submit	proof)	Yes (Please sub	omit KYC Application Form)
APPLICANT INFORMATION (Refer Instruction No. II) TO BE FILLED IN BLOCK LETTERS*  Varies of Sole /1st Applicant Mr. Ms. M/s over present section in case of Minor - Parent/ Legal Guardian Name of 1st Applicant /Contact person (in case of non individual applicant)  In case of Minor - Parent/ Legal Guardian Name of 1st Applicant /Contact person (in case of non individual applicant)  Relationship with Minor/ Designation  Mark sheed issued by Higher Secondary Board / ICSE / CBSE	3rd Applicant	PAN N	U M B E R	Yes (Please submit	proof)	Yes (Please sub	omit KYC Application Form)
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Date of Birth (DOB)^   Date of incorporation   D   M   M   M   M   M   M   M   M   M	APPLICANT INFORMATION	N (Refer Instruction N	o. II) TO BE FILLEI	O IN BLOCK LETTERS*			
And the content of th	Name of Sole /1st Applican	it Mr. Ms. M/s.	Others (Please Speci	fy)			
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Amandatory proof of Date of lith f Certificate	n case of Minor - Parent/ L	egal Guardian Name	of 1st Applicant /	Contact person (in case of	non individual applica	nt)	
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Mode of Holding [please /]   Business   Service   Professional   Agriculturist   Resident Individual   Fil's   Society/Club   Any one or survivor(s)   Business   Service   Professional   Agriculturist   Resident Individual   Fil's   Society/Club   Any one or survivor(s)   Business   Service   Professional   Agriculturist   Resident Individual   Fil's   Society/Club   Any one or survivor(s)   Business   Service   Professional   Agriculturist   Resident Individual   Fil's   Society/Club   Any one or survivor(s)   Forex Dealer   Unlisted Company   Body Corporate   Hule   Minor   Partnership Fil   Minor   Partnership Fil   Bank   Trust   Company/Body Corporate   Bank   Trust   Co	Name of 2nd Applicant	Mr. Ms.					DOB DDMM
Single   Joint   Business   Service   Professional   Agriculturist   Resident Individual   Fil's   Society/Club   Any one or survivor(s)   House Wife   Student   Defence   Bureaucrat   AOP/BOI   NRI/PIO   PI   Forex Dealer   Unlisted Company   Body Corporate   HUF   Minor   Partnership Fir   Professional   Address   Mailing Address of Sole/First Applicant   Professional   Applicant   Professional   AoP/BOI   NRI/PIO   PI   Minor   Partnership Fir   Bank   Trust   Company/Body Corporate   HUF   Minor   Partnership Fir   Partnership Fir   Minor   Partnership Fir   Partnership Fir   Minor   Partnership Fir   Minor   Partnership Fir   Partnership Fir   Minor   Partnership Fir   Partner	Name of 3rd Applicant	Mr. Ms.					DOB DDMM
House Wife   Student   Defence   Bureaucrat   AOP/BOI   NRI/PIO   FI	Mode of Holding [please .	/] Occupation [plea	ise √]		Legal S	tatus [please ✓]	
Any one or survivor(s)   House Wife   Student   Defence   Bureaucrat   AOP/BOI   NRI/PIO   FI	Single Joint	Business	Service	Professional Agricu	ılturist Res	sident Individual	FII's Society/Club
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Dealers in High Value Commodities Others Please Specify Others Please Specify (Traders in Precious Metals, Jewellery & Andque Dealers)  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 Tel. No. STD Code Res. Office Fax  mail ID & Mobile No. are essential to enable us to communicate with you better  Overseas Address (mandatory for NRI/Fil applicant*)  Country Zip Code Address for correspondence (for NRI applicants) Indian Over  POWER OF ATTORNEY (POA)  POA Name Mr. Ms. Address  Mutual Fund Constitutional Attorney, please submit notarised copy of POA  CAF  Callection Center's Stamp & Receipt Date and Time  Collection Center's Stamp & Receipt Date and Time	one applicant)	Listed Compa			. 11=	nk Trust	Company/Body Corpora
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Country   Zip Code   Address for correspondence (for NRI applicants)   Indian   Overspower OF ATTORNEY (POA)  POA Name   Mr.   Ms.				u better			
POWER OF ATTORNEY (POA)  POA Name Mr. Ms. Address Address Acknowledgement is being made by a Constitutional Attorney, please submit notarised copy of POA  Application No: CAF  Ved from: Mr. / Ms. / M/s  Inc. Edelweiss Plan Option Dated J Amount (₹) Drawn on	Overseas Address (mandat	ory for NKI/FII applica	nt*)				
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IQ to 5757590

TOLL FREE 1800 425 0090 NON TOLL FREE +91 40 23310090 WEBSITE www.edelweissmf.con

BANK ACCOUN	IT DETAILS* (Refe	er Instructio	on No. V	for multiple	e bank registra	tion)							
A/c Type [please	. <b>√</b> ] SB	Curi	rent	NRO	NRE	FCNR	NC PAYEE			,			
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Subsequent change	in the investor's Bank	Mandate	,										
E-MAIL COMM	UNICATION (Refe	r Instructio	n No. III)	[please 🗸]		8 ELE	CTRONIC/TELEC	OMMUNICATION	N MODE (Ref	er Instruc	tion IV)	[please	e 🗸]
/we wish to recei	ve the following do	cument via e	email in lie	eu of physica	l document(s)			ne terms and co		ectronic/ t	elecom	munica	ition
Account Stater	nent News Lette	er Annua	l Report	Other Sta	tutory Informati	ion m	node and would li	ce to apply for the	same.				
INVESTMENT D	ETAILS* Choice	of Schem	ne/ Plan/	Ontion (	Refer Instruction	an No VII) [nle	22ce <b>./</b> 1						
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