COMMON APPLICATION FORM



Sponsor: Edelweiss Capital Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited.

DISTRI		FC	OR OFFICE L	JSE ONLY		A	Application No:		
Name & Distributor Cod	e Sub-Broker Code	E- Code	Registrar/Ban	k Serial No.	Da	te & Time of	Receipt		_
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If you have existing folio, ple	ase fill in section 2 and p	roceed to section 7	. (Refer Instruc	tion No. XIV)					
Folio No.		Name of First A	pplicant						
Mandatory *	PAN Please atta	ch certified PAN	copy (Refer Ins	struction No.	VI)	Know Yo	ur Customer	(KYC) (Refer	Instruction No
1st Applicant /Guardian	PAN N	UMBER	Yes (Ple	ease submit p	proof)	Yes	(Please sul	omit KYC App	olication Form
2nd Applicant	PAN N	UMBER	Yes (Ple	ease submit p	proof)	Yes	(Please sul	omit KYC App	olication Form
3rd Applicant	P A N N	UMBER	Yes (Ple	ease submit p	proof)	Yes	(Please sul	omit KYC App	olication Form
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Name of Sole /1st Applic	ant Mr. Ms. M/	5. Others (Please Spe	ecify)		Date of P	irth (DOP)A	Data of Inco	rporation	
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Name of 3rd Applicant	Mr. Ms.							DOB	DDMM
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POA Name Mr. M Address	5.								

Edelweiss		ACKNOWLEDGEMENT SLIP To be filled in by the investor					
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Received from: Mr. / Ms. / M/s SchemeEdelweiss	Plan	an application for a	allotment Collection Center's Stamp & Receipt Date and Time				
vide Cheque No Bank and Branch	Dated//	Amount (₹)	Drawn on				
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TOLL FREE 1800 425 0090 +91 40	TOLL FREE 5MS D 23310090 IQ to 5757590	WEBSITE www.edelweissmf.con	EMAIL : INVESTORS investor.amc@edelcap.com				

BANK ACCOUN														
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Sponsor: Edelweiss Capital Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited. te 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 – 400 098

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