

Contact: Save Tax Get Rich  
+91 94 8300 8300



## KEY INFORMATION MEMORANDUM (KIM) AND COMMON APPLICATION FORM

Offer for units at applicable NAV based prices.

### EQUITY SCHEMES

#### Edelweiss Absolute Return Fund\*

An Open Ended Equity Scheme

\*The Scheme is an equity - oriented scheme. Investors in the Scheme are not being offered any guaranteed / assured returns.

#### Edelweiss Diversified Growth Equity Top 100 (E.D.G.E Top 100) Fund

An Open Ended Equity Scheme

#### Edelweiss ELSS Fund

An Open Ended Equity Linked Savings Scheme

#### Edelweiss Emerging Leaders Fund\*

An Open Ended Equity Scheme

#### Edelweiss Prudent Advantage Fund

(Formerly, Edelweiss Value Opportunities Fund)

An Open Ended Equity Scheme

#### Edelweiss Equity Savings Advantage Fund

(Formerly, Edelweiss Debt and Corporate Opportunities Fund)

An Open Ended Equity Scheme

#### Edelweiss Arbitrage Fund

An Open Ended Equity Scheme

### LIQUID AND DEBT SCHEMES

#### Edelweiss Liquid Fund

An Open Ended Liquid Scheme

#### Edelweiss Bond Fund

An Open Ended Debt Scheme

#### Edelweiss Short Term Income Fund

An Open Ended Income Scheme

#### Edelweiss Gilt Fund

An Open Ended Gilt Scheme

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### Special Investment Mandate (SIM)

'Prepaid' SIP

A New Age Investment Plan



'Gain Switching Mechanism Facility'

SWITCH ON ARBITRAGE

#### 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 Fund, 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 of Additional Information available free of cost at any of the Investor Service Centers or distributors or from the website [www.edelweissmf.com](http://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 January 27, 2016.

#### MUTUAL FUND:

Edelweiss Mutual Fund  
Tower 3, Wing B, Ground Floor, Kohinoor City Mall,  
Kohinoor City, Kirool Road, Kurla(W), Mumbai - 400070  
[www.edelweissmf.com](http://www.edelweissmf.com)

#### TRUSTEE:

Edelweiss Trusteeship Company Limited  
Registered office :  
Edelweiss House, Off. C.S.T Road,  
Kalina, Mumbai - 400 098  
Corporate office :  
Tower 3, Wing B, Ground Floor, Kohinoor City Mall,  
Kohinoor City, Kirool Road, Kurla (West), Mumbai - 400070  
Maharashtra

#### SPONSOR:

Edelweiss Financial Services Limited  
Edelweiss House, Off.C.S.T Road,  
Kalina, Mumbai - 400 098  
[www.edelweissfin.com](http://www.edelweissfin.com)

#### INVESTMENT MANAGER:

Edelweiss Asset Management Limited  
Registered office :  
Edelweiss House, Off. C.S.T Road,  
Kalina, Mumbai - 400 098  
Corporate office :  
Tower 3, Wing B, Ground Floor, Kohinoor City Mall,  
Kohinoor City, Kirool Road, Kurla (West), Mumbai - 400070  
Maharashtra

#### REGISTRAR:

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



TOLL FREE  
1800 425 0090



NON TOLL FREE  
+91 40 23001181



SMS  
IQ to 5757590



WEBSITE  
[www.edelweissmf.com](http://www.edelweissmf.com)



EMAIL : INVESTORS  
[emfhelp@edelweissfin.com](mailto:emfhelp@edelweissfin.com)

# COMMON APPLICATION FORM

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

Contact: Save Tax Get Rich +91 94 8300 8300



Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited. Tower 3, Wing B, Ground Floor, Kohinoor City Mall, Kohinoor City, Kirod Road, Kurla (West), Mumbai - 400070

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique Identification Number (EUN)*	E-Code	Registrar/Bank Serial No.	Date & Time of Receipt	CAF WB057857
ARN-74461	ARN-	Internal Code	E-063566				

\*Investors should mention the EUN 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 EUN 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'

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

Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

Make your selection before filling the form (Please ✓)  INVEST NOW  ZERO BALANCE FOLIO (Refer Instruction No. XII)

2 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.

3 EXISTING UNIT HOLDER INFORMATION / EXISTING ZERO BALANCE FOLIO NO. If you have existing folio, please fill in section 2 and proceed to section 8. (Refer Instruction No. XII)

Folio No. \_\_\_\_\_ Name of First Applicant \_\_\_\_\_

4 Mandatory \* PAN Please attach certified PAN copy (Refer Instruction No. V) Know Your Customer (KYC) (Refer Instruction No. X)

1st Applicant / Guardian P A N I N U M B E R Yes  (Please submit proof) Yes  (Please submit KYC Application Form)

5 APPLICANT INFORMATION (Refer Instruction No. II) to be filled in BLOCK LETTERS\* Applications from residents of USA and Canada will not be accepted

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 \_\_\_\_\_

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

### E-MAIL COMMUNICATION (Refer Instruction No. III) [please ✓]

I/we wish to receive the following document via email in lieu of physical document(s) Account Statement / News Letter / Annual Report / Other Statutory Information  Yes  No

Gross Annual Income [please ✓]* <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	Occupation* [please ✓] <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"/> Others Please Specify _____	Legal Status* [please ✓] <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"/> NPO <input type="checkbox"/> Others Please Specify _____
Net-worth in (Mandatory for Non-Individuals) ₹ ..... as on D D / M M / Y Y Y Y (Not older than 1 year)	For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mandatory for Non-Individual Investor Is the entity involved/providing any of the following services  Yes  No [(Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV)]  
♦ For Foreign Exchange / Money Changer Services  Yes  No ♦ Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)  Yes  No  
♦ Money Lending / Pawning  Yes  No

Mode of Holding\* [please ✓]  Single  Joint  Any one or survivor(s)

Name of 2nd Applicant Mr. Ms. PAN

Gross Annual Income [please ✓]* <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	Occupation* [please ✓] <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 <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify _____	Legal Status* [please ✓] <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"/> NPO <input type="checkbox"/> Others Please Specify _____
	For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of 3rd Applicant Mr. Ms. PAN

Gross Annual Income [please ✓]* <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	Occupation* [please ✓] <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 <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify _____	Legal Status* [please ✓] <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"/> NPO <input type="checkbox"/> Others Please Specify _____
	For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

## ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Application No: CAF WB057857

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

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)

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

POA Name	Mr.	Ms.		PAN	
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**7 FATCA/CRS/KYC Additional Details** *Non Individual Investors should mandatory fill separate FATCA/CRS details form*

Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant			<input type="checkbox"/> POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY			
#Please indicates all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type e.g.: TIN etc.											
Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type			
1			1			1					
2			2			2					
3			3			3					

**8 BANK ACCOUNT DETAILS\*** (Refer Instruction No. IV for multiple bank registration)

A/c Type [please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	
Account No	Bank Name					
Branch Address						
Pin	IFSC Code			MICR Code		

**9 INVESTMENT DETAILS\*** **Choice of Scheme /Plan / Option** (Refer Instruction No. VI) [please ✓]

Scheme/Plan/Option/Facility	Edelweiss- <b>ELSS Fund/Growth/Growth</b>	Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy)			
Dividend Sweep to Scheme		Dividend Reinvestment Facility is not available under Edelweiss ELSS Fund	
*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund			

**10 PAYMENT DETAILS** (Refer Instruction No. VII)

Mode of Payment [please ✓]	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	Cheque No.		Date	D	D	M	M	Y	Y
Gross Amount (₹)	DD Charges (₹)		Net Amount (₹)									
Bank /Branch & City												
Account No.	Account Type [please ✓]			<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR				

**11 DEMAT ACCOUNT DETAILS\***

Do you want units in demat Form? [please ✓]  Yes  No [Please ensure that the sequence of names as mentioned in the application form matches with that of the demat A/c. held with the depository participant]. In case unit holders do not provide their demat account details, an account statement shall be sent to them.

<input type="checkbox"/> NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)	<input type="checkbox"/> CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)
Depository Participant (DP) Name:	
DP ID No.:	Beneficiary A/c No.:

**12 NOMINATION DETAILS\*** (Refer Instruction No. IX)

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 a 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

**13 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 dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

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 United States under the laws of United States or resident(s) 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

For Detailed Instructions on Filling the Application Form please refer to Page no. 30.

Date	D	D	M	M	Y	Y	Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Place										

**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	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓

# SIP Enrollment Form cum NACH / Auto Debit Mandate

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



Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited Tower 3, Wing B, Ground Floor, Kohinoor City Mall, Kohinoor City, Kirod Road, Kurla (West), Mumbai - 400070 Maharashtra

Contact: Save Tax Get Rich +91 94 8300 8300

Regular SIP   
  Micro SIP (MSIP)   
  New SIP Registration   
  Change in Bank Account (for SIP earlier registered)

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY	
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique Identification Number (EUI)*	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt
ARN-74461	ARN-	Internal Code	E-063566			

\*Investors should mention the EUI 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 EUI 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".

Upront 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' All sections to be filled in English and in BLOCK LETTERS.

Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

**2 UNITHOLDER INFORMATION**

Folio/Application No. \_\_\_\_\_

Sole/First Investor Name: \_\_\_\_\_

**3 INVESTMENT DETAILS Choice of Plan [please ✓]**

Scheme/Plan/Option/Facility	Edelweiss- <b>ELSS Fund/Growth/Growth</b>	Plan	Option/Facility
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(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) Dividend Reinvestment Facility is not available under Edelweiss ELSS Fund

Dividend Sweep to Scheme \_\_\_\_\_

\*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund

Installment Period: From Date  M  M  Y  Y  Y  Y To Date  M  M  Y  Y  Y  Y

Amount Per Installment:  Amount (in words) \_\_\_\_\_

1st Installment Cheque Details: Cheque/DD No.  Amount (₹)

Drawn on Bank & Branch \_\_\_\_\_

Photo Identification 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 for Auto Debit to register and start.

**Frequency Details (Please ✓)**

<input type="checkbox"/> Daily (SIP)	<input type="checkbox"/> Weekly (SIP)	<input type="checkbox"/> Monthly (SIP)
All Business Days	<input type="radio"/> 7th, 14th, 21st, 28th of any month	<input type="radio"/> 7th OR <input type="radio"/> 14th OR <input type="radio"/> 21st OR <input type="radio"/> 28th

**SIP Top-up (Optional)** (Please ✓ to avail this facility) Top-up Amount (Rs.)  (The amount should be in multiples of Rs. 500 only)

(Refer instruction no. 36) SIP Top-up Frequency:  Half-yearly  Yearly

**4 Select your SIP Goal [please ✓ one]**

Buying Home   
  Children's Education   
  Wealth Creation   
  Retirement Planning

**5 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')\*** Date  D  D  M  M  Y  Y  Y  Y

I/We declare that the particulars furnished here are correct. I/We authorize 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 as per Edelweiss Mutual Fund records (Mandatory)**

First Account Holders Signature	Second Account Holders signature	Third Account Holders signature
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**Signature/s as per Bank records (Mandatory)**

First Account Holders Signature	Second Account Holders signature	Third Account Holders signature
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## DEBIT MANDATE FOR NACH

- Tick (✓)
- Create (✓)
- Modify
- Cancel

Date  D  D  M  M  Y  Y  Y  Y

UMRN  For Office use only

Sponsor Bank Code  CITI000PIGW Utility Code  CITI0006200000037

I/We hereby authorize  EDELWEISS MUTUAL FUND To Debit (✓)  SB / CA / CC SB NRE / SB NRO / Other

Bank A/c. Number

With Bank  IFSC  or MICR

An Amount of Rupees  ₹

**FREQUENCY**  Monthly  Quarterly  Half Yearly  Yearly  As & when presented **DEBIT TYPE**  Fixed Amount  Maximum Amount

Reference /Folio No.  Phone No.

Scheme Name  ALL SCHEMES OF EDELWEISS MUTUAL FUND Email ID

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"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Signature Primary Account holder	Signature Account holder	Signature Account holder
To	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y			
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