

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)



Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited. 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	Employee Unique Identification Number (EUIIN)*	Sub-Broker Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt	CAF
Bonanza - 0186							

*Investors should mention the EUIIN 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 EUIIN 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'

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. 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 8. (Refer Instruction No. XV)

Folio No.	Name of First Applicant

3 TRANSACTION CHARGES (Please ✓) (Default option Existing Investor) (Refer Instruction No. XIV)

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.

4 Mandatory * PAN Please attach certified PAN copy (Refer Instruction No. VI) **Know Your Customer (KYC)** (Refer Instruction No. XI)

1st Applicant / Guardian P A N 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

Gross Annual Income [please ✓]* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

Occupation* [please ✓] Business Service Professional Agriculturist House Wife Student Defence Bureaucrat Forex Dealer Unlisted Company Body Corporate Listed Company Others

Legal Status* [please ✓] Resident Individual Fil's Society/Club AOP/BOI NRI/PIO FI HUF Minor Partnership Firm Bank Trust Company/Body Corporate Others Please Specify

Net-worth in (Mandatory for Non-Individuals) ₹ as on DD / MM / YYYY (Not older than 1 year)

For Individual Investor* Politically Exposed Person (PEP) Yes No Related to PEP Yes No

Mandatory for Non-Individual Investor Is the entity involved/providing any of the following services * For Foreign Exchange / Money Changer Services Yes No * Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) Yes No * Money Lending / Pawning Yes No

Please attach mandatory Ultimate Beneficial Ownership (UBO) Declaration Form (Refer Instruction No. XVII)

Name of 2nd Applicant Mr. Ms. PAN

Gross Annual Income [please ✓]* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

Occupation* [please ✓] Business Service Professional Agriculturist House Wife Student Defence Bureaucrat Forex Dealer Unlisted Company Body Corporate Listed Company Others

Legal Status* [please ✓] Resident Individual Fil's Society/Club AOP/BOI NRI/PIO FI HUF Minor Partnership Firm Bank Trust Company/Body Corporate Others Please Specify

Net-worth in (Mandatory for Non-Individuals) ₹ as on DD / MM / YYYY (Not older than 1 year)

For Individual Investor* Politically Exposed Person (PEP) Yes No Related to PEP Yes No

Name of 3rd Applicant Mr. Ms. PAN

Gross Annual Income [please ✓]* Below 1 Lac 1-5 Lacs 5-10 Lacs 10-25 Lacs >25 Lacs-1 crore >1 crore

Occupation* [please ✓] Business Service Professional Agriculturist House Wife Student Defence Bureaucrat Forex Dealer Unlisted Company Body Corporate Listed Company Others

Legal Status* [please ✓] Resident Individual Fil's Society/Club AOP/BOI NRI/PIO FI HUF Minor Partnership Firm Bank Trust Company/Body Corporate Others Please Specify

Net-worth in (Mandatory for Non-Individuals) ₹ as on DD / MM / YYYY (Not older than 1 year)

For Individual Investor* Politically Exposed Person (PEP) Yes No Related to PEP Yes No

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

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

Overseas Address (mandatory for NRI/FII applicant*) Country Zip Code Address for correspondence (for NRI applicants) Indian Overseas

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Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address

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ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Application No: CAF WB049863

Received from: Mr. / Ms. / M/s _____ an application for allotment Scheme **EDELWEISS** 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)

