

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



# **EDELWEISS** **MUTUAL FUND**

**Sponsor:** Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited  
Edelweiss Mutual Fund, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS. Use this form If you are making a one time investment. For SIP investment use the separate SIP Form. KYC is mandatory for all investors.

DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE^
<b>ARN-181211</b>	ARN -	INTERNAL CODE	<b>E528682</b>		ONLY FOR DIRECT INVESTMENT

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',

^I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

SIGNATURE (s)	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

1	Application for	<input type="checkbox"/> Lumpsum	<input type="checkbox"/> Lumpsum with SIP/STP/SWP	<input type="checkbox"/> SIP without cheque	<input type="checkbox"/> Zero Balance Folio
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<b>2</b>	<b>Existing Investor's Folio Number</b> (please mention folio here and skip to section 5)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											<b>Mode of Holding</b>	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default) (In case of Demat Purchase Mode of Holding should be same as in Demat Account)

3	<b>Unit Holding Option</b>	<input type="checkbox"/> Physical Mode	<input type="checkbox"/> Demat Mode	These details are compulsory if the investor wishes to hold the units in DEMAT mode.
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Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

[illegible]

**Enclosures (Please tick any one box):** ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

4	First Applicant Details (**Mandatory fields)	(Refer Instruction No.11)
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[illegible][illegible]

PAN**											CKYC No.																			Date of Birth/Incorporation**	D	D	M	M	Y	Y	Y	Y
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Guardian details (In case First / Sole Applicant is Minor) / Contact Person - Designation / POA Holder (In case of Non-Individual Investors)[illegible]

	Guardian's Relationship With Minor: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian
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Proof of Date of Birth and Guardian's Relationship with Minor: ☐ Birth Certificate ☐ Passport ☐ Others \_\_\_\_\_

PAN**								CKYC No.									Date of Birth/Incorporation**	D	D	M	M	Y	Y	Y	Y
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Tax Status^ (Applicable for First / Sole Applicant)

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FII	<input type="checkbox"/> NRI - NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club / Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI - NRE	<input type="checkbox"/> Bank & FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Others _____	

**Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)**

☐ Foreign Exchange / Money Changer Services    ☐ Gaming / Gambling / Lottery / Casino Services    ☐ Money Lending / Pawning    ☐ None of the above

## 5 Second Applicant Details

[illegible][illegible]

6	Third Applicant details
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[illegible][illegible]

7	Power Of Attorney (POA) Holder details (If investment is being made by Constitutional Attorney, please submit notarized copy of POA)
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	Name	Date of Birth								PAN							
First Applicant POA Name	Mr. /Ms./M/s	D	D	M	M	Y	Y	Y	Y								
Second Applicant POA Name	Mr. /Ms./M/s	D	D	M	M	Y	Y	Y	Y								
Third Applicant POA Name	Mr. /Ms./M/s	D	D	M	M	Y	Y	Y	Y								

**EDELWEISS  
MUTUAL FUND****ACKNOWLEDGEMENT SLIP (Please retain this slip)**

**To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.**

Name of the Investor Mr/Ms/M/s : Application No: \_\_\_\_\_

Investment details						
Scheme	Plan	Option	Purchase Amount	Instrument No	Date	Drawn on Bank
Edelweiss	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW-Reinvestment <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW-Transfer	₹ (in figures)			

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

Collection Center's Stamp &amp; Receipt Date and Time

## 8 Contact Details of Sole / First Applicant - (Correspondence Address) ##

##Please note that your address details will be updated as per your KYC records with CKYC / KRA

	Overseas Address (Mandatory for NRI Applicants)
<div>City/Town</div> <div>State</div> <div>Country</div> <div>Pin</div>	<div>City/Town</div> <div>State</div> <div>Country</div> <div>Pin</div>
<div>Mobile No.</div> <div>Mobile No. provided pertains to:</div> <div>Email ID (CAPITAL letters only)</div> <div>Email ID provided pertains to:</div> <div>Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. <input type="checkbox"/> I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)</div>	<div>Mobile No.</div> <div>Mobile No. provided pertains to:</div> <div>Email ID (CAPITAL letters only)</div> <div>Email ID provided pertains to:</div> <div>Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email. <input type="checkbox"/> I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)</div>
<div>Mobile No.</div> <div>Mobile No. provided pertains to:</div> <div>Email ID (CAPITAL letters only)</div> <div>Email ID provided pertains to:</div>	<div>Mobile No.</div> <div>Mobile No. provided pertains to:</div> <div>Email ID (CAPITAL letters only)</div> <div>Email ID provided pertains to:</div>
<div>Mobile No.</div> <div>Mobile No. provided pertains to:</div> <div>Email ID (CAPITAL letters only)</div> <div>Email ID provided pertains to:</div>	<div>Mobile No.</div> <div>Mobile No. provided pertains to:</div> <div>Email ID (CAPITAL letters only)</div> <div>Email ID provided pertains to:</div>

## 9 Investment Details - (Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)

(Refer Instruction No. VI)

Scheme: Edelweiss

Plan: ☐ Regular ☐ Direct Option: ☐ Growth ☐ IDCW-Reinvestment ☐ IDCW-Payout ☐ IDCW-Transfer Frequency: \_\_\_\_\_

IDCW (Transfer) to Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

## 10 Systematic Transaction Registration Details (In case OTM is not registered please submit the filled in standalone OTM form for SIP registration.)

SIP	STP	SWP
Scheme: Edelweiss - _____ Plan _____ Option _____ Sub-Option _____	Source Scheme: _____ Target Scheme: _____	Scheme: _____
Installment amount (in figures): _____ Installment amount (in words): _____	Amount (in figures): _____ Amount (in words): _____	Amount (in figures): _____ Amount (in words): _____
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Frequency: <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Preferred SIP date: _____ (For Monthly & Quarterly only)	Preferred STP date: _____ (For Monthly & Quarterly only)	Preferred SWP date: _____ (For Monthly & Quarterly only)
Debit Date: _____	STP Period: _____ From Date _____ To Date _____	SWP Period: _____ From Date _____ To Date _____
SIP Period: _____ From Date _____ To Date _____ (SIP period should not exceed 40 years)	(For monthly and quarterly SIP/STP/SWP select any date except 29th, 30th and 31st)	

## 11 Payment Details

(Refer Instruction No. VII)

The cheque should be drawn in favor of "Edelweiss \_\_\_\_\_ (Scheme name)", you may refer the SID for additional information.

Mode of Payment [Please ☒ RTGS/NEFT/Fund Transfer ☐ DD ☐ Cheque ☐ AOTM ☐ KOTM Cheque No. \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Gross Amount (₹) \_\_\_\_\_ Net Amount (₹) \_\_\_\_\_ DD Charges (₹) \_\_\_\_\_

Bank Details: ☐ Same as below (Please tick (✓) if yes) ☐ Different from below (Please tick (✓) if it is different from below and fill in the details below)

Bank/Branch & City \_\_\_\_\_ LEI No. \_\_\_\_\_

Account No. \_\_\_\_\_ Account Type [Please ☒ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

UMRN No. \_\_\_\_\_ Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.

## 12 Bank Account Details mandatory for Redemption/IDCW/Refunds, if any

(Refer Instruction No. IV)

Account No. \_\_\_\_\_ Account Type [Please ☒ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Bank Name \_\_\_\_\_

Branch Add. \_\_\_\_\_

Pin \_\_\_\_\_ IFSC CODE \_\_\_\_\_ MICR CODE \_\_\_\_\_

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

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	FIIs	PIO
Resolution/ Authorisation to invest	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
List of authorised signatories with specimen signatures		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Memorandum & Articles of Association		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
Trust Deed						<input checked="" type="checkbox"/>			
Bye-laws			<input checked="" type="checkbox"/>						
Partnership Deed				<input checked="" type="checkbox"/>					
Overseas Auditor Certificate								<input checked="" type="checkbox"/>	
Notarised POA					<input checked="" type="checkbox"/>				
Proof of Address									<input checked="" type="checkbox"/>
Copy of PAN Card / PEKRN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
KYC Compliance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PIO Card									<input checked="" type="checkbox"/>
Foreign Inward Remittance Certificate							<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Aadhaar	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

13	<b>FATCA &amp; CRS Details</b> For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form (Refer Instruction No.XV) # Please indicate all Countries in which you are a resident for tax purpose, associated Tax payer Identification Number and it's Identification type eg. TIN etc.												
Is the applicant(s)/ guardian's Country of Tax Residency other than India? <input type="checkbox"/> Yes (If Yes, below details are mandatory) <input type="checkbox"/> No													
Sole / First Applicant / Guardian				Second Applicant				Third Applicant					
Country #	Tax Payer Ref ID No. %	Identification Type [TIN or other, please specify]		Country #	Tax Payer Ref ID No. %	Identification Type [TIN or other, please specify]		Country #	Tax Payer Ref ID No. %	Identification Type [TIN or other, please specify]			
1.				1.				1.					
2.				2.				2.					
3.				3.				3.					
Place of Birth _____				Place of Birth _____				Place of Birth _____					
Country of Birth _____				Country of Birth _____				Country of Birth _____					
Country of Nationality _____				Country of Nationality _____				Country of Nationality _____					
In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. % In case Tax Identification Number is not available, kindly provide its functional equivalent													
14	<b>Additional KYC Details</b> (Refer Instruction No.X)												
Occupation	Business	Service	Professional	Agriculturist	Housewife	Student	Defence	Bureaucrat	Forex Dealer	Unlisted Company	Body Corporate	Listed Company	Others
First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Annual Income Details		Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lac	> 25 Lacs - 1 Crore		> 1 Crore	NET-WORTH in ₹		Date		
First Applicant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	₹ (in figures)		DD/MM/YYYY		
Second Applicant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	₹ (in figures)		DD/MM/YYYY		
Third Applicant		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	₹ (in figures)		DD/MM/YYYY		
Guardian		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	₹ (in figures)		DD/MM/YYYY		
PEP DETAILS						First Applicant		Second Applicant		Third Applicant		Guardian	
Are you a Politically Exposed Person (PEP)						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to a Politically Exposed Person (PEP)						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15	<b>Nomination Details*</b> (Mandatory) (Refer instruction no. IX)												
<input type="checkbox"/> I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.													
Sr. No.	Name of Nominee* (Name as per PAN Card Only)	PAN	Allocation* (%)	Relationship with Investor*	Nominee Date of Birth* (in case of minor)	Guardian Name* (in case of minor)		Guardian/Nominee Signature					
1.					DD/MM/YYYY								
2.					DD/MM/YYYY								
3.					DD/MM/YYYY								
<input type="checkbox"/> I/We DO NOT wish to nominate													
<b>Declaration for Nomination</b> (to be signed by all unitholders including joint holders, irrespective of more of holding): I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / Demat account.													
<b>Declaration for Investment:</b> 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 IDCW payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.													
I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/authenticating and updating my/ our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s)and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.													
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.													
I / We confirm that I am/We are not resident(s) of Canada under the laws 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).													
<b>Applicable to NRI only:</b> 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) <input type="checkbox"/> Repatriation <input type="checkbox"/> Non Repatriation													
<b>Applicable if resident / citizen of a member state of European Union protected under GDPR</b>													
I / We, resident/citizen of a member state of European Union protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on www.edelweissfin.com. Please see the tick marks in the relevant boxes below that will apply to me:													
1) I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement. <input type="checkbox"/> YES <input type="checkbox"/> NO													
2) I wish to receive marketing information from Edelweiss Group (*) <input type="checkbox"/> YES <input type="checkbox"/> NO													
3) I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (*) <input type="checkbox"/> Newsletter <input type="checkbox"/> Email <input type="checkbox"/> Text message <input type="checkbox"/> Telephone call <input type="checkbox"/> Not interested													
SIGNATURE													
SOLE / FIRST APPLICANT				SECOND APPLICANT				THIRD APPLICANT					
DATE : ____ / ____ / ____ PLACE _____													