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		B-Bı	usine	SS					[X-N	ot C	ate	goris	ed																
2. Proof of Identity (PoI)* (for PAN exempt Investor or if PAN card copy not provided) (Please refer instruction C & K at the end)																															
(Certified copy of any one of t	he foll	lowin	g Pro	oof of	lden	tity [F	Pol] r	needs	s to	be s	ubm	itted)																		
A- Passport Number					Τ											Ра	sspo	ort E	xpir	y Da	ate		I	D) –	M	M	Y	ΥY	Y	
B- Voter ID Card																															
D- Driving Licence																Dri	ving	Lic	ence	ЭEх	piry	Da	ate	D) –	M	M	Y	Y Y	Y	
🗌 E- Aadhaar Card																															
F- NREGA Job Card																															
Z- Others (any docume	nt no	tified	d by	the o	ent	ral g	over	nme	ent)								_ Io	dent	ifica	tion	n Nui	mb	er [
3. Proof of Address (PoA)*																															
3.1 Current / Permanent	/ Ove	rsea	s Ad	dress	Det	ails (Plea	se s	ee ii	nstr	uctio	on D	at t	the e	nd)																
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🗌 Aadhaar Card																															
□ NREGA Job Card																															
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4. Contact Details (All	communic	ations	will be s	ent on	provi	ded	Mobil	le no	b. / Ei	mail-I[D) (I	Pleas	e ref	er i	nstru	ictic	on F	at	the	enc	d)										
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6. Details of Related F	Person (Op	tional)	(please	refer i	nstruc	tion	G at	the	end)	(in ca	se o	of add	dition	al r	elate	ed p	ers	ons	, pl	eas	e fi	ll 'Ar	nne	exur	еB	1')					
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Related Person Type*	_		n of Mir		Tiret M		As	sign	ee] Aut			Re	pres	sent	tativ	/e					0.01	Ne	200				
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F- NREGA Job Car	rd H	++	+++	++		+		П																							
Z- Others (any doc		ified b	v the c	entral	dove	rnm	ent)								Iden	tifia	cati	on	Nu	mbe	٩r					—					
7. Remarks (If any)			,		J									_									_								
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8. Applicant Declarati	ion												1 1																		
 I hereby declare that the det therein, immediately. In case 	ails furnished a																														_
liable for it. I hereby declar legislation or any notification	re that I am no	ot making	g this app	lication f	or the p	ourpos	se of c	ontrav	ventior	of any												[\$	Sign	ature	e / Th	านmb	Impi	ressio	n]		
 I hereby consent to receiving 											ed nu	imber/e	email a	addre	ess.																
Date: DD-MI	VI — Y Y	ΥΥ		Pla	ce:																S	ignat	ure	/ Thu	umb I	mpre	essio	on of A	Applic	cant	
9. Attestation / For Of	fice Use C	only																													
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South Gujarat ARN: 54854	Supplementary C
Know Your Client (KYC) Application Form	(To be additionally filled by custom

Know Your Client (KYC) Application Form

For Individuals Only

(Please fill the form in English and in BLOCK Letters) Fields marked with * are mandatory fields Supplementary CKYC Form

(To be additionally filled by customers using old KYC form)



KYC Type: □ Normal (PAN is mandatory) □ PAN Exempt Investors

	refer instruction A at the end)
PAN	Please enclose a duly attested copy of your PAN Card
	Prefix First Name Middle Name Last Name
Name* (same as ID proof)	
Maiden Name (If any*)	
Mother Name*	
Residential Status*	Resident Individual Non Resident Indian Foreign National Person of Indian Origin
Occupation Type*	S-Service Private Sector Public Sector Government Sector
Occupation Type	□ O-Others □ Professional □ Self Employed □ Retired □ Housewife □ Student
	B-Business X-Not Categorised
2. FATCA/CRS Information	n (Tick if Applicable) Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction B at the end)
Additional Details Require	ed* (Mandatory only if above option is ticked)
Country of Jurisdiction of	Residence* Country Code of Jurisdiction of Residence as per ISO 3166
Tax Identification Number	r or equivalent (If issued by jurisdiction)*
Place / City of Birth*	Country of Birth* Country of Birth* Country Code as per ISO 3166
Address Line 1*	
Line 2	City / Town / Village*
Line 3	
District*	Zip / Post Code* State/UT Code as per Indian Motor Vehicle Act, 1988
State/UT*	Country* Country* Country Code as per ISO 3166
3. Details of Related Perso	n (Optional) (please refer instruction G at the end) (in case of additional related persons, please fill 'Annexure B1')
Related Person	Deletion of Related Person KYC Number of Related Person (if available*)
Related Person Type*	Guardian of Minor Assignee Authorized Representative
Name*	Prefix First Name Middle Name Last Name
	(If KYC number and name are provided, below details of section 6 are optional)
Proof of Identity [Pol] of	Related Person* (Please see instruction (H) at the end)
	the following Proof of Identity[Pol] needs to be submitted)
A- Passport Number	Passport Expiry Date D D - M M - Y Y Y
B- Voter ID Card	
C- PAN Card	
	Driving Licence Expiry Date
C- PAN Card	
C- PAN Card	
C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card	
 C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any documer 	Image: Constraint of the second se
C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card	Image: Constraint of the second se
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C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any documer A. Remarks (If any) S. Applicant Declaration I hereby declare that the details furn	Image: Sector of the best of my knowledge and belief and I undertake to inform you of any changes
C- PAN Card D- Driving Licence E- Aadhaar Card F- NREGA Job Card Z- Others (any documer A. Remarks (If any) 5. Applicant Declaration - I hereby declare that the details fur therein, immediately. In case any o liable for it. I hereby declare that	nithed above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes of the above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes of the above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes of the above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes of the above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of
C - PAN Card D - Driving Licence E - Aadhaar Card F - NREGA Job Card Z - Others (any documer A. Remarks (If any) S. Applicant Declaration I hereby declare that the details fur therein, immediately. In case any of liable for it. I hereby declare that legislation or any notifications/direc	Image: Sector of the set of my knowledge and belief and I undertake to inform you of any changes

SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM The Application Form should be completed in English and in **BLOCK LETTERS** only. All information required below is 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, Kirol Road, Kurla (W), Mumbai - 400070

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Folio No.	Name of Firs	t Applicant	
In case of Minor - Parent	:/ Legal Guardian Name of 1st Applic	•••••••••••••••••••••••••••••••••••••••	
		Relationship with Minor	
Gross Annual Income [plea	se √1	Occupation [please \checkmark]	Legal Status [please √]
Below 1 Lac	1-5 Lacs	Business Service Profession	
5-10 Lacs	10-25 Lacs	Agriculturist House Wife Student	Society/Club AOP/B
>25 Lacs-1 crore	>1 crore	Defence Bureaucrat Forex Deal	
		Unlisted Company Body Corp Public Sector Private Sec	
Net-worth in (Mandator	y for Non-Individuals) ₹	Listed Company Others Please Speed	
		Politically Exposed Person (PEP)	Company/Body Corporate
as on DD/MM/	Y Y Y Y (Not older than 1 year)	For Individual Yes No	
		Investor Related to PEP Yes No	OthersPlease Specify
Mandatory for		ng any of the following services Yes	νο
Mandatory for Non-Individual	a a .	ey Changer Services 🗌 Yes 🗌 No	
Investor	.	/ Services (e.g. casinos, betting syndicates)	Yes No
	 Money Lending / Pawning 	Yes No	
Name of 2nd Applicant	Mr. Ms.		
Gross Annual Income [plea		Occupation [please √]	Legal Status [please ✓]
Below 1 Lac	1-5 Lacs	Business Service Profession	
5-10 Lacs	10-25 Lacs	Agriculturist House Wife Student	Society/Club AOP/B
		Defence Bureaucrat Forex Deal	ler
>25 Lacs-1 crore	>1 crore	Unlisted Company Body Corp	
Net-worth in (Mandator	y for Non-Individuals) ₹	Public Sector Private Sec	
		Listed Company Others Please Spec	
as on DD/MM/	Y Y Y Y (Not older than 1 year)	For Individual Politically Exposed Person (PEP)	Company/Body Corporate
		Investor Related to PEP Yes No	OthersPlease Specify
Name of 3rd Applicant	Mr. Ms.		
Gross Annual Income [plea	se √]	Occupation [please ✓]	Legal Status [please √]
Below 1 Lac	1-5 Lacs	Business Service Profession	al Resident Individual FII's
5-10 Lacs	10-25 Lacs	Agriculturist House Wife Student	Society/Club AOP/B
>25 Lacs-1 crore	>1 crore	Defence Bureaucrat Forex Deal Unlisted Company Body Corp	
Net-worth in (Mandator	y for Non-Individuals) ₹	Public Sector Private Sector	
	,,, -	Listed Company Others Please Spec	
	YYYY (Not older than 1 year)	Politically Exposed Person (PEP)	Company/Body Corporate
	(For Individual Yes No	
as on DD/MM/		Related to PEP Yes No	Others Please Specify





SMS







FATCA, CRS AND ADDITIONAL KYC **DETAILS AND DECLARATION FORM**



	sor: Edelweiss Financial Services Limited.					: Edelweiss Asset Management	Limited. Tower	3, Wing B, Ground	
Non	For Investors using OLD Application Forms / Transaction Forms / Slips which do not contain new requirement on FATCA, CRS and KYC details. Non Individual Investors have to additionally submit separate FATCA Details and UBO forms. Please refer to instructions, terms and conditions in updated KIM/Scheme related documents available on www.edelweissmf.com								
SO	LE / FIRST INVESTOR DETA	LS							
Na	me				Appli	cation No.			
PAI	N		Folios Nos.						
1.	ADDITIONAL KYC DETAILS (MANDATOR	Y)						
a.	e / First Investor Details Occupation Details [Please tid OProfessional O Agriculturist Gross Annual Income [Please Net-worth in [Mandatory for N	○ Retired tick✔] ○Bel	○ Housewife ○ Student ow 1 Lac ○1-5 Lacs ○	○Forex Deal ⊃5-10 Lacs	er O Other 010-25 Lac	s O>25 Lacs - 1 Crore	0>1 Crore		
c.	For Individuals/HUF		For Non-Individual Inves	stors (Com	oanies, Trust	, Partnership etc)			
	 I am Politically Exposed Person I am Related to Politically Expos Not Applicable 	ed Person	I. Foreign Exchange / Money CH II. Gaming / Gambling / Lottery III. Money Lending / Pawning	nanger Services / Casino Servic	es OYE				
2n	d Investor Name					PAN			
a.	Occupation Details [Please tic								
b.	 OProfessional O Agriculturist Gross Annual Income O Below 7 							1 2	
	Others [Please tick ✓] ○ Politi								
3rc	Investor Name					PAN			
a.	a. Occupation Details [Please tick ✓] ○ Private Sector Service ○ Public Sector Service ○ Government Service ○ Business ○ Professional ○ Agriculturist ○ Retired ○ Housewife ○ Student ○ Forex Dealer ○ Others [Please specify]								
b.	b. Gross Annual Income ⊙Below 1 Lac ⊙1-5 Lacs ⊙5-10 Lacs ⊙10-25 Lacs ⊃>25 Lacs - 1 Crore ⊙>1 Crore ORNet worth ₹								
c.	Others [Please tick✔] ○ Politi	cally Exposed Pe	erson [PEP] O Related to a F	Politically Exp	osed Person (P	PEP] O Not Applicable			
2.	2. FATCA AND CRS DETAILS For Individuals/HUF (Mandatory) Non Individual investors should mandatorily fill separate FATCA/CRS details form								
	Are you tax resident of any country other than India [Please tick ✓] ○ YES ○ NO								
	Sole/First Investor/Guardia	เท	2nd Inv	estor	1	3rd Inve	stor / POA		
F	Place & Country of Birth PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	

Please indicate all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type eg. 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		

 $^{''}$ To also include USA, where the individual is a citizen / green card holder of The USA $\,^{\!\!\!\%}$ In case Tax Identification Number is not available, kindly provide its functional equivalent \$

NON TOLL FREE

3. DECLARATION & SIGNATURES

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief and provided after necessary consultation with tax professionals. I / We have understood the information requirements pertaining to FATCA, CRS and Additional KYC requirements, terms and conditions [read along with instructions and scheme related documents] and hereby confirm that the information provided by me / us on this form and true, correct, and complete.

Sole / First Investor / Guardian	Second Investor	Third Investor	POA holder, if any











