

# CKYC & KRA KYC Form

South Gujarat ARN: 54854



## Know Your Client

### Application Form (For Individuals only)

(Please fill the form in English and in BLOCK Letters)

Fields marked with '\*' are mandatory fields

Application ☐ New

Type\* ☐ Update KYC Number\*

KYC Type\* ☐ Normal (PAN is mandatory) ☐ PAN Exempt Investors (Refer instruction K)

#### 1. Identity Details (Please 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)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others – Country <input type="text"/>	Country Code <input type="text"/>	
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector		
	<input type="checkbox"/> O-Others <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student		
	<input type="checkbox"/> B-Business	<input type="checkbox"/> X-Not Categorized		

Photo



Signature/  
Thumb Impression

#### 2. Proof of Identity (Pol)\* (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 the following Proof of Identity [Pol] needs to be submitted)

<input type="checkbox"/> A- Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/>
<input type="checkbox"/> B- Voter ID Card	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/>
<input type="checkbox"/> D- Driving Licence	<input type="text"/>		
<input type="checkbox"/> E- Aadhaar Card	<input type="text"/>		
<input type="checkbox"/> F- NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Z- Others (any document notified by the central government)	<input type="text"/>	Identification Number	<input type="text"/>

#### 3. Proof of Address (PoA)\*

☐ 3.1 Current / Permanent / Overseas Address Details (Please see instruction D at the end)

Address			
Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	Country*	Country Code	<input type="text"/> as per ISO 3166
Address Type*	<input type="checkbox"/> Residential / Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified

(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

Proof of Address*		
<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date <input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	Driving Licence Expiry Date <input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>	
<input type="checkbox"/> Aadhaar Card	<input type="text"/>	
<input type="checkbox"/> NREGA Job Card	<input type="text"/>	
<input type="checkbox"/> Others (any document notified by the central government)	<input type="text"/>	Identification Number <input type="text"/>

☐ 3.2 Correspondence / Local Address Details\* (Please see instruction E at the end)

Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill 'Annexure A1', Submit relevant documentary proof)

Line 1*	<input type="text"/>		
Line 2	<input type="text"/>		
Line 3	<input type="text"/>		
District*	Zip / Post Code*	State/UT Code	<input type="text"/> as per Indian Motor Vehicle Act, 1988
State/UT*	Country*	Country Code	<input type="text"/> as per ISO 3166

**4. Contact Details** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Email ID 



  
Mobile 



 Tel. (Off) 



 Tel. (Res)

**5. FATCA/CRS Information** (Tick if Applicable)☐ Residence for Tax Purposes in Jurisdiction(s) Outside India (Please refer instruction **B** at the end)

Additional Details Required\* (Mandatory only if above option (5) is ticked)

Country of Jurisdiction of Residence\* 



 Country Code of Jurisdiction of Residence 



 as per ISO 3166Tax Identification Number or equivalent (If issued by jurisdiction)\* 



Place / City of Birth\* 



 Country of Birth\* 



 Country Code 



 as per ISO 3166

Address  
Line 1\* 



  
Line 2 



  
Line 3 



 City / Town / Village\* 



  
District\* 



 Zip / Post Code\* 



 State/UT Code 



 as per Indian Motor Vehicle Act, 1988  
State/UT\* 



 Country\* 



 Country Code 



 as per ISO 3166

**6. Details of Related Person** (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)(Certified copy of any one of the following Proof of Identity[Pol] needs to be submitted)

☐ A- Passport Number 



 Passport Expiry Date 



  
☐ B- Voter ID Card 



  
☐ C- PAN Card 



  
☐ D- Driving Licence 



 Driving Licence Expiry Date 



  
☐ E- Aadhaar Card 



  
☐ F- NREGA Job Card 



  
☐ Z- Others (any document notified by the central government) 



 Identification Number

**7. Remarks (If any)**



**8. Applicant Declaration**

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it. I hereby declare that I am not making this application for the purpose of contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: 



Place: 





[Signature / Thumb Impression]

Signature / Thumb Impression of Applicant

**9. Attestation / For Office Use Only****Documents Received** ☐ Certified Copies**KYC Verification Carried Out by** (Refer Instruction I)

Date 



  
Emp. Name 



  
Emp. Code 



  
Emp. Designation

[Employee Signature]

**In-Person Verification (IPV) Carried Out by** (Refer Instruction J)

Date 



  
Emp. Name 



  
Emp. Code 



  
Emp. Designation

[Employee Signature]

**Institution Details**

Name 



  
Code 



  
Emp. Branch

[Institution Stamp]

**Institution Details**

Name 



  
Code 



  
Emp. Branch

[Institution Stamp]

☐ PAN Exempt Investors

## Signature / Thumb Impression of Applicant

# 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, Kiroli Road, Kurla (W), Mumbai - 400070

South Gujarat ARN: 54854

## 1 APPLICANT INFORMATION

Folio No. _____		Name of First Applicant _____	
In case of Minor - Parent/ Legal Guardian Name of 1st Applicant _____			
Relationship with Minor _____			

<b>Gross Annual Income [please ✓]</b> <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 Net-worth in (Mandatory for Non-Individuals) ₹ ..... ..... as on DD / MM / YYYY (Not older than 1 year)	<b>Occupation [please ✓]</b> <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"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <i>Please Specify</i>	<b>Legal Status [please ✓]</b> <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"/> Others <i>Please Specify</i>
<b>For Individual Investor</b> 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

- ♦ For Foreign Exchange / Money Changer Services ☐ Yes ☐ No
- ♦ Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) ☐ Yes ☐ No
- ♦ Money Lending / Pawning ☐ Yes ☐ No

## 2 Name of 2nd Applicant Mr. Ms.

<b>Gross Annual Income [please ✓]</b> <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 Net-worth in (Mandatory for Non-Individuals) ₹ ..... ..... as on DD / MM / YYYY (Not older than 1 year)	<b>Occupation [please ✓]</b> <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"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <i>Please Specify</i>	<b>Legal Status [please ✓]</b> <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"/> Others <i>Please Specify</i>
<b>For Individual Investor</b> Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 3 Name of 3rd Applicant Mr. Ms.

<b>Gross Annual Income [please ✓]</b> <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 Net-worth in (Mandatory for Non-Individuals) ₹ ..... ..... as on DD / MM / YYYY (Not older than 1 year)	<b>Occupation [please ✓]</b> <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"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <i>Please Specify</i>	<b>Legal Status [please ✓]</b> <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"/> Others <i>Please Specify</i>
<b>For Individual Investor</b> Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No		

## 4 DECLARATION AND SIGNATURE(S)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting I am aware that I may be held liable for it.

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



**TOLL FREE**  
1800 425 0090



**NON TOLL FREE**  
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**SMS**  
IQ to 5757590



**WEBSITE**  
www.edelweissmf.com



**EMAIL : INVESTORS**  
EMFHelp@edelweissfin.com

# FATCA, CRS AND ADDITIONAL KYC

## DETAILS AND DECLARATION FORM



**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 (W), Mumbai - 400070. **Website:** www.edelweissmf.com

South Gujarat ARN: 54854

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

### SOLE / FIRST INVESTOR DETAILS

Name  Application No.

PAN  Folios Nos.

### 1. ADDITIONAL KYC DETAILS (MANDATORY)

#### Sole / First Investor Details

- 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. Gross Annual Income** [Please tick ✓] ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore  
**Net-worth in** [Mandatory for Non-Individuals] ₹ \_\_\_\_\_ as on DD / MM / YYYY [Not older than 1 year]
- c. For Individuals/HUF** ☐ I am Politically Exposed Person  
☐ I am Related to Politically Exposed Person  
☐ Not Applicable
- For Non-Individual Investors (Companies, Trust, Partnership etc)**  
 I. Foreign Exchange / Money Changer Services ☐ YES ☐ NO  
 II. Gaming / Gambling / Lottery / Casino Services ☐ YES ☐ NO  
 III. Money Lending / Pawning ☐ YES ☐ NO

2nd Investor Name  PAN

- 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. Gross Annual Income** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore **OR** Net worth ₹ \_\_\_\_\_
- c. Others** [Please tick ✓] ☐ Politically Exposed Person [PEP] ☐ Related to a Politically Exposed Person [PEP] ☐ Not Applicable

3rd Investor Name  PAN

- 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. Gross Annual Income** ☐ Below 1 Lac ☐ 1-5 Lacs ☐ 5-10 Lacs ☐ 10-25 Lacs ☐ >25 Lacs - 1 Crore ☐ >1 Crore **OR** Net worth ₹ \_\_\_\_\_
- c. Others** [Please tick ✓] ☐ Politically Exposed Person [PEP] ☐ Related to a Politically Exposed Person [PEP] ☐ Not Applicable

### 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/Guardian			2nd Investor			3rd Investor / POA		
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 <sup>1</sup>	Tax Identification Number <sup>2</sup>	Identification Type	Country <sup>1</sup>	Tax Identification Number <sup>2</sup>	Identification Type	Country <sup>1</sup>	Tax Identification Number <sup>2</sup>	Identification Type
1			1			1		
2			2			2		
3			3			3		

<sup>1</sup> To also include USA, where the individual is a citizen / green card holder of The USA

<sup>2</sup> In case Tax Identification Number is not available, kindly provide its functional equivalent \$

### 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

#### For Further Information:



TOLL FREE  
1800 425 0090



NON TOLL FREE  
+91 040 23001181



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