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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		
In case of Minor - Paren	t/ Legal Guardian Name of 1st Applic	ant Relationship with Minor	
		·	
Gross Annual Income [plea	-	Occupation [please √]	Legal Status [please ✓]
Below 1 Lac	1-5 Lacs	Business Service Professional Agriculturist House Wife Student	Resident Individual FII's
5-10 Lacs	10-25 Lacs	Defence Bureaucrat Forex Dealer	Society/Club AOP/B
>25 Lacs-1 crore	>1 crore	Unlisted Company Body Corporat	te NRI/PIO FI HUF
Net-worth in (Mandator	y for Non-Individuals) ₹	Public Sector Private Sector	
		Listed Company Others Please Specify	Bank Trust
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
	Is the entity involved/providi	g any of the following services 🗌 Yes 🗌 No	
Mandatory for		ey Changer Services Yes No	
Non-Individual		Services (e.g. casinos, betting syndicates) Y	ies No
Investor	 Money Lending / Pawning 		
Name of 2nd Applicant	Mr. Ms.	Occuration Inlance //	
Gross Annual Income [plea	ase ✓]	Occupation [please ✓] Business Service Professional	Legal Status [please ✓] Resident Individual FII's
		Agriculturist House Wife Student	
5-10 Lacs	10-25 Lacs	Defence Bureaucrat Forex Dealer	Society/Club AOP/B
>25 Lacs-1 crore	>1 crore	Unlisted Company Body Corporat	
Net-worth in (Mandator	y for Non-Individuals) ₹	Public Sector Private Sector Listed Company Others	
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	Others Please Specify
Name of 3rd Applicant	Mr. Ms.		
Gross Annual Income [plea		Occupation [please ✓]	Legal Status [please √]
Below 1 Lac	1-5 Lacs	Business Service Professional	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 Dealer	
	y for Non-Individuals) ₹	Unlisted Company Body Corporat Public Sector Private Sector	
		Listed Company Others Please Specify	Bank Trust
as on DD/MM/	YYYY (Not older than 1 year)	Politically Exposed Person (PEP)	Company/Body Corporate
		For Individual Yes No	Others Please Specify
		Related to PEP Yes No	
DECLARATION AND SI			
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immediately. In case any	or the above mormation is found to	be raise of unit de of misleading of misrepresenting l	ann aware that i may be neid liable for it.
e(s)			
Signature(s)			
ug			
S I			
Sole	e/1st Applicant/Guardian / sed Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory











FATCA AND CRS: DETAILS AND DECLARATION FORM MANDATORY FOR NON-INDIVIDUAL INVESTORS



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. Website: www.edelweissmf.com

APPLICANT D	ETAILS		South Gujarat ARN: 54854
Applicant Name:			
PAN		Application	1 No.
Folio Nos			

INCORPORATION and TAX RESIDENCY DETAILS(Mandatory)

Place	of Incorporation:	Cou	ntry of Incorporation:		Date of Incorporation:
	ity a tax resident of any ☐ Yes y other than India?	□ No	(If yes, please provide country/ies in associated Tax ID number below)	which the en	tity is a resident for tax purposes and the
	Country of Tax Residency		TIN or equivalent number [%]	Identificati	on Type
1.					
2.					
3.					
4.					
	e the Entity's Country of Incorporation ied U.S. Person (as per definition E5), ple		5		(refer definition D4)

⁶ In case Tax Identification Number is not available, kindly provide its functional equivalent .

In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Entity Identification Number or GIIN, etc.

FATCA and CRS DETAILS (Mandatory)

(Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a, (please tick as appropriate) Financial Institution (Refer definition A) or Direct reporting NFE (Refer definition B)	GIIN
If the entity is a financial institution,	plied for t required to apply for - please specify 2 digits sub-category (refer definition C) t obtained – Non-participating FI

PART B (please fill Any One as appropriate, to be filled by NFEs other than Direct Reporting NFEs)

Is the Entity a publicly traded company?	Yes [] (If yes, please specify any one stock exchange on which the stock is regularly traded)
(that is, a company whose shares are regularly traded on an established securities market) (Refer definition D1)	Name of stock exchange
Is the Entity a related entity of a publicly traded company?	Yes [] (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded) Name of listed company
(a company whose shares are regularly traded on an established securities market) (Refer definition D2)	Name of relation: Subsidiary of the Listed Company OR Controlled by a Listed Company Name of stock exchange OR Controlled by a Listed Company
Is the Entity an Active NFE?	Yes Also provide UBO Form
(Refer definition D3)	Nature of Business
	Please specify the sub-category of Active NFE (Mention code - refer D3)
Is the Entity a Passive NFE?	Yes 🗌 🔹 Also provide UBO Form
(Refer definition E2)	Nature of Business
I/We acknowledge and confirm that the information	

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 of the application form,

including FATCA and CRS 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 are true, correct, and complete.

Date :

Place :

For Further Information:









WEBSITE www.edelweissmf.com

Authorized Signatories[with Company/Trust/Firm/Body Corporate seal]



land	latory	y for Non-individu	al Applicant/	Investor) To b	e filled in BLC	OCK LETTE	RS (Please st	rike off sect:	ion(s) that i	Mandatory for Non-individual Applicant/Investor) To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)	e)		(Mutual Fund	al Fund
ਦ	Part I:	Part I: Applicant/Investor details:	letails:									South Gujarat ARN: 54854	RN: 54854	
	Investo	Investor Name:												
	Investo	Investor PAN:		Folio No.:			Applice	Application No.:						
2	Part II	Part II: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]	s subsidiary co	mpany [Part III D	Details NOT APPI	ICABLE]								
	// (I)	(I) I/ We hereby declare that Our company is	ur company is	a Listed Com	a Listed Company listed on recognized stock	ognized stock	exchange in India		a subsidiary of the Listed Company		olled by a Li	controlled by a Listed Company		
	(ii) Det ^The d€	(ii) Details of Listed Company ^A . Stock Exchange on which listed	Stock Exchang	Stock Exchange on which listed any to be provided in case the applican	nt/investor is a subsid	iary company.		Secu	Security ISIN					
m	Part II	Part III: Category [Please 🗸]:												
	Ν	Unlisted Company Par	Partnership Firm	LLP Uninco	Unincorporated association / body of individuals	n / body of i		Public Charitable Trust		Religious Trust Private Trus	t/ Trust crea	Private Trust/ Trust created by a Will Others	s.i	[please] [specify]
4	Part IV	Part IV: Non-individuals other than Listed Company / its subsidiary company	her than Listed	Company / its s	ubsidiary compa	hu								
	Please the give	Please list below each controlling person, confirming ALL countries of tax residency / permanent the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatories.	ng person, confir ed as additional s	ming ALL countrie: theet(s) duly signed	s of tax residency / d bv Authorized Si	rmanent tories.	lddress / citizensl	hip and ALL Tax I	dentification Nu	address / citizenship and ALL Tax Identification Numbers for EACH controlling person. If the given rows are not sufficient, required information in	g person. If 1	he given rows are not	sufficient, required	information in
			2222											
	S.No.	Name of UBO [Mandatory]	Country of Tax Residency	PAN / Taxpayer Identification Number / Equivalent ID Number	Document Type (Refer Instruction 4)	Percentage of beneficial interest	Controlling person type Code (Refer Instruction 5)	Place & Country of Birth	Date of Birth [dd-mm-yyyy]	Address & Contact details [include City, Pincode, State, Country]	Gender [Male, Female, Others]	Father's Name	Nationality	Occupation
				MANDATORY	ATORY		_	[]	MAI	NDATORY, IF	MANDATORY, IF PAN NOT PROVIDED -		[
														Service
	1													Business
	I													Others
														Service
	2													Business
														Others
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	m													Business
														Others
														Service
	4													Business
														Others
														Service
	ß													Business Others
_ N		Part V: Declaration												
		AMa acknowladge and c	onfirm that the	information provid	are/si evode per	pue env								
	000	1 yes activity were and communication into the monitoring provided active share use and correct to the bases of mylour knowledge and belief and provided after necessary consultation with tax professionals.	ay/our knowledg ssionals.	e and belief and	provided after n	ecessary								
	L/ FAI	I / We have understood the information requirements of the application form, including FATCA and CRS requirements, terms and conditions (read along with instructions and	e information recents, terms and c	quirements of the conditions (read al	application form, i long with instruct	ncluding ons and						Place:		
	sch	scheme related documents) and hereby accept the same and further confirm that the	is) and hereby ac	ccept the same an	d further confirm	that the	Authori	ized Signatories	[with Company	Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]	te seal]			
		וווטוווומנוטון מטמומפט מעווופלטא טון נוווא וטוווו מופ נושב, נטוופני, מווע נטווומופרי,	ii in siin in shi ai	ו מופ נו מפי נטו ופרוי	and complete.									