

## Key Information Memorandum (KIM) and Common Application Form

**Continuous Offer of Units of ₹ 10 per Unit at NAV based prices, subject to applicable Loads except for Edelweiss Liquid Fund & Edelweiss Low Duration Fund for which per Unit price is ₹ 1000**

### EQUITY SCHEMES

#### Edelweiss Large Cap Fund

An open ended equity scheme predominantly investing in large cap stocks

#### Edelweiss Large & Mid Cap Fund

An open ended equity scheme investing in both large cap and mid cap stocks

#### Edelweiss Flexi-Cap Fund

An open ended dynamic equity scheme investing across large cap, mid cap, small cap stocks.

#### Edelweiss Mid Cap Fund

An open ended equity scheme predominantly investing in mid cap stocks

#### Edelweiss Small Cap Fund

An open ended scheme predominantly investing in small cap stocks

#### Edelweiss ELSS Tax saver Fund

An open ended equity linked saving scheme with a statutory lock in of 3 years and tax benefit

#### Edelweiss Recently Listed IPO Fund

An open ended equity scheme following investment theme of investing in recently listed 100 companies or upcoming Initial Public Offer (IPOs)

#### Edelweiss Focused Fund

An open-ended equity scheme investing in maximum 30 stocks across market capitalization

#### Edelweiss Multi Cap Fund

An open-ended equity scheme investing across large cap, mid cap, small cap stocks

### HYBRID SCHEMES

#### Edelweiss Arbitrage Fund

An open ended scheme investing in arbitrage opportunities

#### Edelweiss Equity Savings Fund

An Open ended scheme investing in equity, arbitrage and debt

#### Edelweiss Balanced Advantage Fund

An open ended dynamic asset allocation fund

#### Edelweiss Aggressive Hybrid Fund

An open ended hybrid scheme investing predominantly in equity and equity related instruments)

#### Edelweiss Multi Asset Allocation Fund

An open-ended scheme investing in Equity, Debt, Commodities and in units of REITs & InvITs

### DEBT SCHEMES

#### Edelweiss Overnight Fund

An open-ended debt scheme investing in overnight securities

#### Edelweiss Liquid Fund

An open-ended liquid scheme

#### Edelweiss Banking and PSU Debt Fund

An open ended debt scheme predominantly investing in Debt Instruments of Banks, Public Sector Undertakings, Public Financial Institutions and Municipal Bonds.

#### Edelweiss Money Market Fund

An open ended debt scheme investing in money market instruments

#### Edelweiss Government Securities Fund

An open ended debt scheme investing in government securities across maturity

#### NAME OF MUTUAL FUND

##### Edelweiss Mutual Fund

Edelweiss House,  
Off C.S.T. Road, Kalina,  
Santacruz (E), Mumbai 400 098  
www.edelweissmf.com

#### TRUSTEE:

##### Edelweiss Trusteeship Company Limited

(CIN: U67100MH2007PLC173779)  
Registered Office & Corporate Office:  
Edelweiss House,  
Off. C.S.T Road, Kalina,  
Mumbai 400 098

#### SPONSOR:

##### Edelweiss Financial Services Limited

Edelweiss House, Off. C.S.T Road,  
Kalina, Mumbai - 400 098  
www.edelweissfin.com

#### INVESTMENT MANAGER:

##### Edelweiss Asset Management Limited

(CIN: U65991MH2007PLC173409)  
Registered Office & Corporate office:  
Edelweiss House,  
Off. C.S.T Road, Kalina,  
Mumbai 400098  
www.edelweissmf.com

#### REGISTRAR:

##### KFin Technologies Limited

Unit - Edelweiss Mutual Fund  
Karvy Selenium Tower B,  
Plot No 31 & 32,  
Gachibowli, Financial District,  
Nanakramguda, Serilingampally,  
Hyderabad - 500 032,  
Tel: 040-67161500

### INVESTORS SHOULD NOTE THAT:

This Key Information Memorandum (KIM) sets forth the information, which a prospective investor ought to know before investing. For further details of the Scheme/Mutual, due diligence certificate by the AMC, Key Personnel, investors' rights & services, risk factors, penalties & pending litigations etc. investors should, before investment, refer to the Scheme Information Document and Statement or Additional Information available free of cost at any of the Investor Service Centers or distributors or from the website www.edelweissmf.com

The Scheme particulars have been prepared in accordance with Securities and Exchange Board of India (Mutual Funds) Regulations 1996, as amended till date, and filed with Securities and Exchange Board of India (SEBI). The units being offered for public subscription have not been approved or disapproved by SEBI, nor has SEBI certified the accuracy or adequacy of this KIM

This KIM is dated October 31, 2023.



TOLL FREE  
1800 425 0090



NON TOLL FREE  
+91-40-23001181



SMS  
IQ to 5757590



WEBSITE  
www.edelweissmf.com



EMAIL: INVESTORS  
emfhelp@edelweissmf.com



LIKE US  
@EdelweissMutualFunds



FOLLOW US:  
@EdelweissAMC

Please read Product Labelling 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 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.

**1** **APPLICANT INFORMATION (Mandatory)** TO BE FILLED IN BLOCK LETTERS\* APPLICANTS FROM CANADA WILL NOT BE ACCEPTED (Refer Instruction No. II)

**Name of Sole /1st Applicant\***  
(Name as per PAN Card Only) Mr. Ms. M/s.

CKYC

PAN\* Date of Birth/Date of Incorporation\* D D M M Y Y Y Y Mobile

Mobile No. pertains to ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian in case of a minor ☐ POA ☐ PMS ☐ Custodian

Email ID

Email ID pertains to ☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian in case of a minor ☐ POA ☐ PMS ☐ Custodian

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. Please register your Mobile No & Email Id with us to get instant transaction alerts via SMS & Email. ☐ 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)

TAX STATUS (Applicable for First / Sole Applicant)									
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FIIs	<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 _____		

[illegible]

ADDRESS																													
																				City									
State															Country										Pin				
Resi.										Office										Fax									

**MANDATORY PROOF OF DATE OF BIRTH FOR MINORS (ANY ONE) & RELATIONSHIP PROOF**

☐ Birth Certificate    ☐ Marksheet (HSC/ICSE/CBSE)    ☐ School Leaving Certificate    ☐ Passport    ☐ Others \_\_\_\_\_

OVERSEAS APPLICANT DETAILS																									
Address (Mandatory for NRI/FII applicant*)																									
Country																									
Zip Code																									
		For NRI applicants <input type="checkbox"/> Indian <input type="checkbox"/> Overseas																							

[illegible]

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment  
Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
vide Cheque No \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount (₹) \_\_\_\_\_ Drawn on  
Bank and Branch \_\_\_\_\_  
*Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)*

Application No:

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

<b>Edelweiss -</b>	(Scheme)		
	(Plan)	(Option)	(Sub-Option)
(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)			
IDCW (Transfer) to Scheme		Plan	Option

## 8 SYSTEMATIC TRANSACTION REGISTRATION DETAILS

SIP	STP	SWP
Scheme: Edelweiss -	Source Scheme:	Scheme:
Plan	Target Scheme:	
Option		
Sub-Option		
Installment amount (in figures):	Amount (in figures):	Amount (in figures):
Installment amount (in words):	Amount (in words):	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:		
SIP Period: From Date To Date	STP Period: From Date To Date	SWP 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)	

## 9 NOMINATION DETAILS\* (Mandatory) (Refer instruction no. IX)

☐ I/We wish to nominate as under:

Sr. No.	Name of Nominee (Name as per PAN Card Only)	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian/Nominee Signature
1.					DD/MM/YYYY		
2.					DD/MM/YYYY		
3.					DD/MM/YYYY		

☐ I/We DO NOT wish to nominate

**Declaration for Nomination** (to be signed by all unitholders including joint holders, irrespective of more of holding): I / We do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund 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 holders, my / our legal heirs would need to submit all the requisite documents issued by court or such other competent authority, based on the value of the assets held in the mutual fund folio.

**Declaration for Investment:** 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).

**Applicable to NRI only:** 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)

☐ Repatriation ☐ Non Repatriation

**Applicable if resident / citizen of a member state of European Union protected under GDPR**

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](http://www.edelweissfin.com). Please see the tick marks in the relevant boxes below that will apply to me:

- 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.  
☐ YES ☐ NO
- I wish to receive marketing information from Edelweiss Group (\*) ☐ YES ☐ NO
- 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 (\*) ☐ Newsletter ☐ Email ☐ Text message ☐ Telephone call ☐ Not interested

## SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
DATE : ____/____/____ PLACE : _____		

**2 POWER OF ATTORNEY (POA)** *If investment is being made by a Constitutional Attorney, please submit notarised copy of POA*

[illegible]

### 3 KYC DETAILS (Mandatory - Refer Instruction No X for details)

OCCUPATION (Please tick ✓)							
First Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<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"/> Listed Company	<input type="checkbox"/> Others _____	
Second Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<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"/> Listed Company	<input type="checkbox"/> Others _____	
Third Applicant	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife	<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"/> Listed Company	<input type="checkbox"/> Others _____	

[illegible]

For Individuals			
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For Non-Individual Investors (Companies, Trust, Partnership etc.)**

Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration) ☐ Yes ☐ No

Foreign Exchange/Money Charger Services ☐ Yes ☐ No      Gaming/Gambling/Lottery/Casino Services ☐ Yes ☐ No      Money Lending/Pawning ☐ Yes ☐ No

We are falling under **“Non-Profit Organization” [NPO]** which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). ☐ Yes ☐ No

If yes, please quote Registration No. of **Darpan portal** of Niti Aayog

If not, please register immediately and confirm with the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable.

**4 FATCA/CRS DETAILS** *Non Individual Investors should mandatory fill separate FATCA/CRS details form* (Refer Instruction No.XIV)

Sole / First Applicant / Guardian			2nd Applicant			3rd Applicant		
Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____		
#Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc.								
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.		

## 5 BANK ACCOUNT DETAILS (Refer Instruction No. IV)

Account No.																Account Type [Please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR				
Bank Name																									
Branch Add.																									
Pin						IFSC CODE											MICR CODE								

6	PAYMENT DETAILS
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Mode of Payment [Please ✓] <input type="checkbox"/> RTGS/NEFT/Fund Transfer <input type="checkbox"/> DD <input type="checkbox"/> Cheque <input type="checkbox"/> AOTM <input type="checkbox"/> KOTM										Cheque No.				Date									
Gross Amount (₹)										Net Amount (₹)										DD Charges (₹)			
Bank Details: <input type="checkbox"/> Same as above (Please tick ✓ if yes)										<input type="checkbox"/> Different from above (Please tick ✓ if it is different from above and fill in the details below)													
Bank/Branch & City										LEI No.													
Account No.										Account Type [Please ✓] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR													
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.																							

**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)

[illegible]

Edelweiss -	(Scheme)		
	(Plan)	(Option)	(Sub-Option)
(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)			
IDCW (Transfer) to Scheme		Plan	Option

## 8 INVESTMENT DETAILS

Investment Details for STeP In Facility	Investment Details for STeP Out Facility
<b>Source Scheme</b>	<b>Source Scheme</b>
Edelweiss	Edelweiss
Plan : <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan : <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option : <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment)	Option : <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment)
<b>Target Scheme</b>	<b>Target Scheme</b>
Edelweiss	Edelweiss
Plan : <input type="checkbox"/> Regular <input type="checkbox"/> Direct	Plan : <input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option : <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment)	Option : <input type="checkbox"/> Growth <input type="checkbox"/> IDCW (Payout) <input type="checkbox"/> IDCW (Reinvestment)
Investment / Opted Amount	Investment / Opted Amount
(Minimum investment amount is ₹ 1 Lakh)	(Minimum investment amount is ₹ 1 Lakh)
Triggers (Fall in % of NAV) : <input type="checkbox"/> 2% OR <input type="checkbox"/> 3%	Trigger Option : <input type="checkbox"/> Single OR <input type="checkbox"/> Perpetual
Choose Plan : <input type="checkbox"/> 6 Months (16% of invt amt per month) OR <input type="checkbox"/> 12 Months (7.25% of invt amt per month)	Triggers For Resident Individual : (Select any one) <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
	Triggers For Non-Resident Individual : (Select any one) <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%

## 9 NOMINATION DETAILS\* (Mandatory) (Refer instruction no. IX)

☐ I/We wish to nominate as under:

Sr. No.	Name of Nominee	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian/Nominee Signature
1.					DD/MM/YYYY		
2.					DD/MM/YYYY		
3.					DD/MM/YYYY		

☐ I/We DO NOT wish to nominate

**Declaration for Nomination** (to be signed by all unitholders including joint holders, irrespective of more of holding): I / We do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund 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 holders, my / our legal heirs would need to submit all the requisite documents issued by court or such other competent authority, based on the value of the assets held in the mutual fund folio.

**Declaration for Investment:** 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).

**Applicable to NRI only:** 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)

☐ Repatriation ☐ Non Repatriation

**Applicable if resident / citizen of a member state of European Union protected under GDPR**

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](http://www.edelweissfin.com). Please see the tick marks in the relevant boxes below that will apply to me:

- 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.  
☐ YES ☐ NO
- I wish to receive marketing information from Edelweiss Group (\*) ☐ YES ☐ NO
- 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 (\*) ☐ Newsletter ☐ Email ☐ Text message ☐ Telephone call ☐ Not interested

SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
DATE : ____/____/____ PLACE : _____		

## 2 KYC DETAILS (Mandatory - Refer Instruction No X for details)

OCCUPATION (Please tick ✓)

☐ Business    ☐ Service    ☐ Professional    ☐ Agriculturist    ☐ Housewife    ☐ Student    ☐ Defence  
☐ Bureaucrat    ☐ Forex Dealer    ☐ Unlisted Company    ☐ Body Corporate    ☐ Listed Company    ☐ Others \_\_\_\_\_

GROSS ANNUAL INCOME (Please tick ✓)

☐ Below 1 Lac    ☐ 1-5 Lacs    ☐ 5-10 Lacs    ☐ 10-25 Lac    ☐ > 25 Lacs - 1 Crore    ☐ > 1 Crore

## For Individuals

I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3 FATCA/CRS DETAILS** *Non Individual Investors should mandatory fill separate FATCA/CRS details form* (Refer Instruction No.XV)

(Refer Instruction No.XV)

Place & Country of Birth : \_\_\_\_\_ / \_\_\_\_\_

#Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc.

Country #	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]
1.		
2.		
3.		

**4 POWER OF ATTORNEY (POA)** *If investment is being made by a Constitutional Attorney, please submit notarised copy of POA*

[illegible]

**5** **EDELWEISS RETIREMENT PLAN** **Choice of Scheme/Plan/Option** *For SIP Investment Auto-Debit Form is mandatory* (Refer Instruction No.VI)

(Refer Instruction No.VI)

Equity Scheme :	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<a href="#">Growth Option</a>
Debt Scheme :	<input type="checkbox"/> Regular	<input type="checkbox"/> Direct	<a href="#">Growth Option</a>
Select Option :	<input type="checkbox"/> Auto Option (Default) <input type="checkbox"/> My Custom Option		

### Details of My Custom Option

Investment	Age	Equity Allocation in %
Starting		
Ending		

**FOR SIP INVESTMENT** (Please refer Terms & Condition to check minimum investment required)

Installment Period : From Date		<div style="display: flex; justify-content: space-between; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">Y</div> </div>
Amount Per Installment :	Amount in words :	
<b>1st Installment Cheque Details : Cheque / DD No.</b>		<b>Amount (₹)</b>
Drawn on Bank & Branch : _____		

I/We hereby authorize Edelweiss Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing / Auto Debit for collection of SIP Payments.

**Note:** Please allow 1 month Auto Debit to register and start

## Frequency Details [Please ✓]

Monthly SIP										Quarterly SIP									
DATE	D	D	M	M	Y	Y	Y	Y	Preferred Debit Date (Any date except last three dates of month)	DATE	D	D	M	M	Y	Y	Y	Y	Preferred Debit Date (Any date except last three dates of month)

SIP Top-up (Optional) Top-up Amount ₹  SIP Top-up Frequency : ☒ Yearly  
 (The amount should be in multiples of ₹1 only)



**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)

[illegible]

**6 UMRN DETAILS**

Use Existing One Time Debit Mandate (In case of multiple registered OTM's the last created UMRN Number will be the default option)

UMRN No.

Bank Name

Account No.

**7 BANK ACCOUNT DETAILS (Redemption Purpose)**

(Refer Instruction No.IV)

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

Bank Name

Branch Add

Pin  IFSC CODE  MICR CODE

**8 NOMINATION DETAILS\* (Mandatory) [Refer instruction no. IX]**

☐ I/We wish to nominate as under:

Sr. No.	Name of Nominee	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian Signature
1.					DD/MM/YY		
2.					DD/MM/YY		
3.					DD/MM/YY		

☐ I/We DO NOT wish to nominate

**Declaration for Nomination** (to be signed by all unitholders including joint holders, irrespective of more of holding): I / We do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund 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 holders, my / our legal heirs would need to submit all the requisite documents issued by court or such other competent authority, based on the value of the assets held in the mutual fund folio.

**Declaration for Investment:** 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).

**Applicable to NRI only:** 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)

☐ Repatriation ☐ Non Repatriation

**Applicable if resident / citizen of a member state of European Union protected under GDPR**

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](http://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. YES ☐ NO ☐

2) I wish to receive marketing information from Edelweiss Group (\*) ☐ YES ☐ 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 (\*) ☐ Newsletter ☐ Email ☐ Text message ☐ Telephone call ☐ Not interested

**SIGNATURE (s)**

<input type="text"/>	<input type="text"/>	<input type="text"/>
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

DATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE : \_\_\_\_\_

## Instructions

1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again unless there is change in either of bank account details, maximum amount or maximum period. New OTM will replace existing OTM.
2. Investors OTM will get registered at Folio level only.
3. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed form with their name mentioned.
4. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter sent to the updated mobile number and email id.
5. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
6. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Edelweiss Mutual Fund.
7. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format. Mandate period should not exceed 40 years from start date.
8. Tick on the respective option to select your choice of action and instruction.
9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
10. Please mention the Name of Bank and Branch, IFSC/ MICR Code and also provide an original cancelled copy of the cheque of the same bank account registered in One Time Mandate.
11. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
12. Maximum duration for enrollment is 40 years. An investor has option to choose the "End Date" of the SIP for maximum of 40 years from the start date.
13. Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.

**Declaration:** I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our afore mentioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/Direct Debit/SI from time to time.

**Authorisation to Bank:** This is to inform that I/We have registered for NACH (Debit Clearing)/Direct Debit/SI facility and that the payment towards my/our investments in the Schemes of Edelweiss Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of Edelweiss Asset Management Company Limited, Investment Manager to Edelweiss Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/Direct Debit/SI.



TOLL FREE  
1800 425 0090



WEBSITE  
[www.edelweissmf.com](http://www.edelweissmf.com)



EMAIL  
[emfhelp@edelweissmf.com](mailto:emfhelp@edelweissmf.com)



LIKE US  
[@EdelweissMutualFund](https://www.facebook.com/EdelweissMutualFund)



FOLLOW US  
[@EdelweissAMC](https://twitter.com/EdelweissAMC)

**Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.**

## TERMS and CONDITIONS

### Terms and condition of the Retirement Plan ("the Facility") is as follows:

1. **Eligible Scheme:** All open-ended schemes of Edelweiss Mutual Fund which are open for subscription except Edelweiss ELSS Tax saver Fund, Edelweiss ETF – Nifty 50, Edelweiss ETF – Nifty 50 and Edelweiss ETF – Nifty 100 Quality 30.

2. **Eligible Investor:** This Facility is only available to Individual investors including NRIs (except minor) subject to various conditions stated in the Scheme Information Document of the respective Schemes.

3. **Options:** Investors have the option to choose amongst following two options under the Facility:

a) **Auto Option:** Under this Option, investor can invest in a pre-defined asset allocation between select open ended debt and equity schemes of the fund. The asset allocation will be as per the age of the investor at the time of initial investment. Further, the investment portfolio/asset allocation will auto-rebalance between the chosen open ended debt and equity schemes at an interval of every 5 years starting from the age of 40 years of the investor. However, the first rebalancing shall trigger only on the completion of the 4th year from the date of initial investment and, accordingly, subsequent slab of rebalancing shall be applicable. Asset allocation under the Auto Option shall be as follows:

Age	Allocation in Equity Scheme (%)	Allocation in Fixed Income Scheme (%)	Auto Rebalancing the corpus
Upto 30	80	20	
31	79	21	
32	78	22	
33	77	23	
34	76	24	
35	75	25	
36	74	26	
37	73	27	
38	72	28	
39	71	29	
40	70	30	70% Equity 30% Fixed Income
41	69	31	
42	68	32	
43	67	33	
44	66	34	
45	65	35	65% Equity 35% Fixed Income
46	64	36	
47	63	37	
48	62	38	
49	61	39	
50	60	40	60% Equity 40% Fixed Income
51	59	41	
52	58	42	
53	57	43	
54	56	44	
55	55	45	55% Equity 45% Fixed Income
56	54	46	
57	53	47	
58	52	48	
59	51	49	
60	50	50	50% Equity 50% Fixed Income

Note : Under Auto Option the asset allocation will remain static till investor completes 30 years of age.

b) **My Custom Option:** Under this Option, the investor has the choice to enter his/her current age and define the desired asset allocation between open ended debt and equity schemes in which he/she wish to invest during the tenure of the Facility. The investor has to also specify the total tenure of the Facility at the time of initial investment, however, the minimum investment period under this Facility is 5 years from the date of initial investment. Thus, the asset allocation will gradually change over the tenure of the Facility as per investor's selection and defined formula which is as follows -

**Yearly fall in equity allocation = (Starting Year Equity Allocation - End Year Equity Allocation) / (Tenure of SIPs in years)**

4. **Default Option:** If investor fails to select between the 'Auto Option' or 'My Custom Option', the 'Auto Option' shall be considered as Default Option under this Facility. All investment shall be in the Growth Option of the respective Scheme.

5. **Minimum Age:** Minimum age of investor to opt for this Facility is 18 years.

6. **Change in asset allocation:** Change in asset allocation will be carried out on the basis of Date of Birth of the investor. Accordingly, the change in asset allocation will be triggered on 1st Business Day of the Birth Month. Under Auto Option, First-In-First-Out (FIFO) method shall be used for rebalancing purposes.

7. **Minimum Investment / Frequency / Minimum Installment under the Facility** shall be as follows:

#### a. Auto Option

Minimum Investment Amount	Frequency	Minimum no. of Investments
₹ 2500	Monthly	60
₹ 6000	Quarterly	20

#### b. My Custom Option

Equity Allocation	Minimum Monthly Investment	No. of Installments	Minimum Quarterly Investment	No. of Installments
Below 5%	Not Allowed	-	Not Allowed	-
5% - 10%	₹ 10,000	60	₹ 10,000	20
10% - 25%	₹ 5,000	60	₹ 6,000	20
25% - 75%	₹ 2,000	60	₹ 6,000	20
75% - 90%	₹ 5,000	60	₹ 6,000	20
90% - 95%	₹ 10,000	60	₹ 6,000	20
Above 95%	Not Allowed	-	Not Allowed	-

Note : Default Frequency shall be Monthly under both the Options

8. First time investors in this Facility will be required to submit the 'Retirement Plan - Investment Form' along with a cheque in the name of Edelweiss Retirement Plan.

9. This Facility cannot be opted under the existing investments. Investors who wish to avail this Facility will have to start fresh SIP(s) under a new folio number.

10. This Facility will not be available to investors/unit holders who opt to hold the units in demat mode.

11. Registration under the Facility will be completed within 30 days from the date of submission of the relevant Forms.

12. Any request for discontinuing the Facility should be submitted 10 working days prior to the next SIP installment date. Further, post processing of the redemption / switch-out / discontinuation, the Facility shall be cancelled along with the SIP.

13. SIP tenure of investment will be up to 60 years of investors age by default. However investor can cancel the SIP investment after 60 incremental installments. Incase the SIP is cancelled before 60 Installments the life cycle based on asset allocation will be discontinued.

# Know Your Customer (KYC) Application Form | Individual



## Important Instructions:

- Fields marked with "\*" are mandatory fields.
- Tick " " wherever applicable.
- Please fill the form in English and BLOCK letters.
- Please fill the date in DD-MM-YY format.
- For particular section update, please tick ( ) in the box section number and strike off the sections not required to be updated.
- Please read section wise detailed guide
- List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- List of two character ISO 3166 country codes is available at the end.
- CKYC number of applicant is mandatory for update application.
- The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

## For office use only

(To be filled by financial institution)

Application Type\* ☐ New ☐ Update

CKYC Number (KIN) Number  (Mandatory for KYC update request)

Account Type\* ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

## 1. Personal Details (Please refer instruction A at the end)

<input type="checkbox"/> Name* (Same as ID proof)	Prefix <input type="text"/>	First Name <input type="text"/>	Middle Name <input type="text"/>	Last Name <input type="text"/>
Maiden Name	<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	
PAN*	<input type="text"/>			
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

## 2. PROOF OF IDENTITY AND PERMANENT ADDRESS\* (Please refer instruction B at the end)

I Certified copy of Officially valid document (OVD) or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number  Passport Expiry Date
- ☐ B-Voter ID Card
- ☐ C-Driving Licence  Driving Licence Expiry Date
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*

## PHOTO\*



Signature /Thumb Impression across photo without covering the face

## Address [For other than resident Individual, please mention Overseas Address]

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
State/U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

## 3. CURRENT/CORRESPONDENCE ADDRESS DETAILS (Please refer instruction B at the end)

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ A-Passport Number
- ☐ B-Voter ID Card
- ☐ C-Driving Licence
- ☐ D-NREGA Job Card
- ☐ E-National Population Register Letter
- ☐ F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
- ☐ Deemed Proof of Address – Document Type code

## Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
State/U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

**4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided) (Please refer instruction C at the end)

Tel. (Off)  -  Tel. (Res)  -  Mobile  -    
Email ID

**5. Remarks** (If any)

**6. 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 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 and to download the information from CKYCR.
- I am providing the consent to MF/RTA/SEBI registered intermediary to share this KYC data/ applicable Aadhaar XML data with KRA and share the data to other Participating intermediaries as mandated by PMLA Act/ Rules/ SEBI guidelines.

Signature/Thumb Impression of Applicant

Date:    -    -     Place:

**7. Attestation / For Office Use only**

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process  
☐ Equivalent e-document ☐ Video Based KYC

KYC documents verification carried out by (Refer instruction E)

Date:    -    -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

In-Person Verification (IPV) carried out by (Refer instruction F)

Date:    -    -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

[Institution Stamp]

## Instruction / Check list / Guidelines for filling individual KYC Application Form

### General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [E].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above.
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
7. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
8. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

### A. Clarification / Guidelines on filling 'Personal Details' section

1. Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

### B. Clarification / Guidelines on filling 'Current Address details' section

1. In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR.
2. PoA to be submitted only if the submitted PoI does not have current address or address as per PoI is invalid or not in force.
3. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
4. In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
5. In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
6. List of documents for 'Deemed Proof of Address'

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.
7.	Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
8.	"Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
9.	"Digital KYC process" has to be carried out as stipulated in the PML Rules, 2005.

### C. Clarification / Guidelines on filling 'Contact details' section

1. Email/ Mobile is mandatory for upload into KRA system and please provide.
2. Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
3. Do not add '0' in the beginning of Mobile number.

### D. Clarification on Minor

1. Guardian details are optional for minors above 10 years of age for opening of bank account only.
2. However, in case guardian details are available for minor 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

### E. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

### F. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

### G. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.

## List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State/U.T	Code	State/U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarkhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

## List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	MZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire   Code d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion   Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao   Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy   Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

**Central KYC Registry | Know Your Customer (KYC) Application Form | Legal Entity/Other than Individuals**
**Important Instructions:**

- A. Fields marked with '\*' are mandatory fields.  
 B. Tick '✓' wherever applicable.  
 C. Please fill the date in DD-MM-YYYY format.  
 D. Please fill the form in English and in BLOCK letters.  
 E. KYC number of applicant is mandatory for update application.  
 F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 G. List of two-character ISO 3166 country codes is available at the end.  
 H. Please read section wise detailed guidelines/instructions at the end.  
 I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

(To be filled by financial institution)

Application Type\*

☐ New

☐ Update

KYC Number

(Mandatory for KYC update request)

☐ **1. Entity Details\*** (Please refer instruction A at the end)

☐ Name\*

Entity Constitution Type\*

☐ Others (Specify)

(Please refer instruction B at the end)

Date of Incorporation/Formation\*

Date of Commencement of Business

Place of Incorporation/Formation\*

Country of Incorporation/Formation\*

TIN or Equivalent Issuing Country

PAN\*

TIN/GST Registration Number

☐ **2. PROOF OF IDENTITY (POI)\*** (Please refer instruction B at the end)

☐ Officially valid document(s) in respect of person authorised to transact

☐ Certificate of Incorporation/Formation

☐ Registration Certificate

Regn Certificate No.

☐ Memorandum and Articles of Association

☐ Partnership Deed

☐ Trust Deed

☐ Resolution of Board/Managing Committee

☐ Power of Attorney granted to its manager, officers or employees to transact on its behalf

☐ Activity proof – 1 (For Sole Proprietorship Only)

☐ Activity proof – 2 (For Sole Proprietorship Only)

☐ **3. ADDRESS** (Please see instruction C at the end)

☐ **3.1 Registered Office Address/Place of Business\***
**Proof of Address\***
☐ Certificate of Incorporation/Formation

☐ Registration Certificate

☐ Other Document

Line 1\*

Line 2

Line 3

City/Town/Village\*

District\*

Pin/Post Code\*

State/U.T Code\*

ISO 3166 Country Code\*

☐ **3.2 Local Address in India (If different from above)\***

Line 1\*

Line 2

Line 3

City/Town/Village\*

District\*

Pin/Post Code\*

State/U.T Code\*

ISO 3166 Country Code\*

☐ **4. Contact Details** (All communications will be sent to Mobile number/Email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off)

Fax

Mobile

Email ID

Mobile

Email ID

☐ **5. Number of Related Persons**  (Please fill Annexure A-2 for each related persons & also refer instruction E at the end)

Signature/Thumb Impression of Authorised Person(s)

KYC documents verification carried out by

Institution details

[illegible]

--

\_\_\_\_\_

[Institution Stamp]

[Employee Signature]

[Institution Stamp]

Annexure A2 | Legal Entity | Other than Individuals  
Central KYC Registry | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A. Fields marked with "\*" are mandatory fields.  
B. Tick '✓' wherever applicable.  
C. Please fill the date in DD-MM-YY format.  
D. Please fill the form in English and in BLOCK letters.  
E. KYC number of applicant is mandatory for update application.  
F. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
G. List of two-character ISO 3166 country codes is available at the end.  
H. Please read section wise detailed guidelines/instructions at the end.  
I. For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

<b>For office use only</b> (To be filled by financial institution)	Application Type* KYC Number	<input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Delete	(Mandatory for KYC update and delete request)
---	---------------------------------	--	---

1. Details of Related Person\* (Please refer instruction E at the end)

<input type="checkbox"/> Addition of Related Person	<input type="checkbox"/> Deletion of Related Person	<input type="checkbox"/> Update Related Person Details
---	---	--

KYC Number of Related Person (if available\*)  (If KYC number is available, only 'Related Person Type' & 'Name' is mandatory)

Related Person Type\* ☐ Director ☐ Promoter ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor  
☐ Beneficiary ☐ Authorised Signatory ☐ Beneficial Owner ☐ Power of Attorney Holder ☐ Other (Please specify)

DIN (Director Identification Number)  (Mandatory if Related Person Type is Director)

1.1 Personal Details (Please refer instruction E at the end)

	Prefix	First Name	Middle Name	Last Name
--	--------	------------	-------------	-----------

Name\* (Same as ID proof)

Maiden Name

Father / Spouse Name\*

Mother Name

Date of Birth\*  DD -  MM -  YY  YY

Gender\* ☐ M- Male ☐ F- Female ☐ T- Transgender

Nationality\* ☐ IN- Indian ☐ Others (ISO 3166 Country Code  )

PAN\*

1.2 Proof of Identity and Address\* (Please refer instruction E at the end)

- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/> Driving Licence Expiry Date <input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YY <input type="text"/> YY
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>

☐ PHOTO\*



Address

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin/Post Code*	<input type="text"/>
City/Town/Village*	<input type="text"/>
State/U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

1.3 Current Address Details (Please refer instruction E at the end)

- ☐ Same as above mentioned address (In such cases address details as below need not be provided)

- I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> A-Passport Number	<input type="text"/>
<input type="checkbox"/> B-Voter ID Card	<input type="text"/>
<input type="checkbox"/> C-Driving Licence	<input type="text"/>
<input type="checkbox"/> D-NREGA Job Card	<input type="text"/>
<input type="checkbox"/> E-National Population Register Letter	<input type="text"/>
<input type="checkbox"/> F-Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> E-KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>
IV <input type="checkbox"/> Deemed PoA	
V <input type="checkbox"/> Self-Declaration	

**Address**

Line 1*																					
Line 2																					
Line 3																City/Town/Village*					
District*						Pin/Post Code*						State/U.T Code*			ISO 3166 Country Code*						

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

Tel. (Off)			-			Tel. (Res)			-			Mobile			-		
Email ID																	

**2. 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 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. I also providing consent to MF/AMC/KRA to share this KYC data with CKYCR, download the information from CKYCR, and other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines

[Signature/Thumb Impression]

Date: DD - MM - YYYY Place:

Signature/Thumb Impression of Applicant

**6. Attestation / For Office Use only**

Documents Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification  
☐ Digital KYC Process ☐ Equivalent e-document

**KYC documents verification carried out by**

Date: DD - MM - YYYY  
Emp. Name  
Emp. Code  
Emp. Designation  
Emp. Branch

[Employee Signature]

**Institution details**

Name  
Code

[Institution Stamp]

## Central KYC Registry | Instructions / Check list / Guidelines for filling Legal Entity / Other than Individuals KYC Application Form

### A. Clarification / Guidelines on filling 'Entity Details' section

#### 1. Entity Constitution Type

A – Sole Partnership	H – Trust	O – Artificial Juridical Person
B – Partnership Firm	I – Liquidator	P – International Organisation or
C – HUF	J – Limited Liability Partnership	Agency/Foreign Embassy or Consular Office, etc.
D – Private Limited Company	K – Artificial Liability Partnership	Q – Not Categorized
E – Public Limited Company	L – Public Sector Banks	R – Others
F – Society	M – Central/State Government Department or Agency	S – Foreign Portfolio Investors
G – Association of Persons (AOP)/Body of Individuals (BOI)	N – Section 8 Companies (Companies Act, 2013)	

### B. Clarification / Guidelines on filling 'Proof of Identity [POI]' section

- Activity Proof – 1 and Activity Proof – 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India in this regard.
- Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
- Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
- 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
- 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
- KYC requirements for Foreign Portfolio Investors (FPIs) will be as specified by the concerned regulator from time to time.

### C. Clarification/Guidelines for filling Proof of Address [PoA] section

- State/U.T Code and Pin/Post Code will not be mandatory for overseas addresses.
- Certified copy of document or equivalent e-document to be submitted.

### D. Clarification/Guidelines for filling 'Related Person Details' section

- Please mention two-digit 'country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

### E. Clarification/Guidelines for filling 'Related Person Details' section

- Personal Details
  - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Proof of Address [PoA]
  - PoA to be submitted only if the submitted PoI does not have an address or address as per PoI is invalid or not in force.
  - State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.
  - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
  - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
- If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related' are required.
- Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents while uploading on CKYCR.

### F. Provision for capturing signature of multiple authorised persons is to be made by the RE.

### G. List of people authorized to attest the documents after verification with the originals:

- Authorised officials of Asset Management Companies (AMC).
- Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
- KYD compliant mutual fund distributors.
- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
- In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
- Government authorised officials who are empowered to issue Apostille Certificates.

#### General instructions:

- Self-Certification of documents is mandatory.
- Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
- If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If current & permanent addresses are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.

## List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code
Andaman & Nicobar	AN
Andhra Pradesh	AP
Arunachal Pradesh	AR
Assam	AS
Bihar	BR
Chandigarh	CH
Chhattisgarh	CG
Dadra and Nagar Haveli	DN
Daman & Diu	DD
Delhi	DL
Goa	GA
Gujarat	GJ
Haryana	HR

State/U.T	Code
Himachal Pradesh	HP
Jammu & Kashmir	JK
Jharkhand	JH
Karnataka	KA
Kerala	KL
Lakshadweep	LD
Madhya Pradesh	MP
Maharashtra	MH
Manipur	MN
Meghalaya	ML
Mizoram	MZ
Nagaland	NL
Orissa	OR

State/U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
Telangana	TS
Tripura	TR
Uttar Pradesh	UP
Uttarakhand	UA
West Bengal	WB
Other	XX

## List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Åland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire   Code d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion   Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao   Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy   Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		

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