

SPECIAL FEATURES FORM - STP/SWP

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



Edelweiss
Ideas create, values protect

MUTUAL
FUND

APPLICATION NO.

Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra.

STP

SWP

1 DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT

*Investors should mention the EUIN of the person who has advised the investor. If left blank, the fund will assume following declaration by the investor "I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".
Upfront commission shall be paid directly by the investor to the AMFI registered Distributors based on the investors' assessment of various factors including the service rendered by the distributor. For Direct investments, please mention 'Direct' in the column 'Name & Distributor Code'

SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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All sections to be filled in English and in BLOCK LETTERS. Use this form if you are making a one time investment. For SIP investment use the separate SIP Form. All columns marked * are mandatory.

2 UNITHOLDER INFORMATION																								
Folio No. (For Existing Unit Holders)																								
Sole / 1st Unit Holder																								
PAN					Date of Birth										Mobile No.									
					D D M M Y Y Y Y																			
Aadhaar No.										CKYC No.														

3 TRANSACTION CHARGES [Please ✓]	
<input type="checkbox"/> I am First Time Investor in Mutual Funds	<input type="checkbox"/> I am Existing Investor in Mutual Funds
In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.	

4 SCHEME DETAILS (STP/SWP from Scheme)				
Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) Dividend Reinvestment Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings)				

SCHEMES OFFERED BY EDELWEISS MUTUAL FUND :

Equity Schemes	Debt Schemes
Edelweiss Arbitrage Fund	Edelweiss Liquid Fund
Edelweiss Balanced Advantage Fund	Edelweiss Low Duration Fund
Edelweiss Large Cap Fund	Edelweiss Short Term Fund
Edelweiss Long Term Equity Fund (Tax Savings)	Edelweiss Banking and PSU Debt Fund
Edelweiss Multi-Asset Allocation Fund	Edelweiss Corporate Bond Fund
Edelweiss Large & Mid Cap Fund	Edelweiss Dynamic Bond Fund
Edelweiss Equity Savings Fund	Edelweiss Government Securities Fund
Edelweiss Mid Cap Fund	
Edelweiss Multi-Cap Fund	

5 FREQUENCY DETAILS				
<input type="checkbox"/> Daily (STP)	<input type="checkbox"/> Weekly (STP)	<input type="checkbox"/> Fortnightly (STP)	<input type="checkbox"/> Monthly (STP/SWP)	<input type="checkbox"/> Quarterly (STP/SWP)
All Business Day	7th, 14th, 21st, 28th of any month	10th, 25th	Any date except last 3 days of month Date : ___/___/___	Any date except last 3 days of month Date : ___/___/___

6 SYSTEMATIC TRANSFER PLAN (STP) DETAILS (NOT APPLICABLE FOR ELSS SCHEME)	
To Scheme _____	Option _____
STP Period : From Date ___/___/___	To Date <input type="checkbox"/> Perpetual (99 years) (Default) or <input type="checkbox"/> 10yrs or <input type="checkbox"/> 5 yrs or ___/___/___
Amount Per Installment : _____	Amount (in words) _____

7 SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (NOT APPLICABLE FOR ELSS SCHEME) (Only Monthly and Quarterly Options Available)	
Amount Per Withdrawal : _____	Amount in words : _____
SWP Period : From Date ___/___/___	To Date ___/___/___ or Perpetual (99 years) (Default) <input type="checkbox"/>

8 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')*	
DATE : ___/___/___	PLACE : _____
Having read and understood the contents of Statement of Additional Information (SAI), Scheme Information Document (SID) of the Scheme(s), I/We hereby apply to the Trustees of Edelweiss Mutual Fund for units of Scheme(s) of Edelweiss Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the Scheme(s). I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.	
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.	
For NRIs/FIIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRNR Account. (Please ✓) (Including amount of transactions made in future)	
<input type="checkbox"/> Repatriation <input type="checkbox"/> Non Repatriation	

SIGNATURE (s)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT
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