

# NFO Form - Edelweiss US Technology Equity Fund of Fund

(An open ended fund of fund scheme investing in JPMorgan Funds – US Technology Fund)

Start Date : 14th February, 2020  
 End Date : 28th February, 2020  
 Reopening Date : On or before 16th March, 2020

Please read Product Labelling available on front page and instructions before filing this form (all points marked \* are mandatory)



APPLICATION NO. <b>UTEF</b>
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**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.

**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.**

### DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code INTERNAL CODE	Employee Unique IDENTIFICATION NO. (EUIN)	E-Code	RIA CODE <sup>^</sup> ONLY FOR DIRECT INVESTMENT
ARN -	ARN -				

\*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 in-appropriateness, 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'.

<sup>^</sup>I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

SIGNATURE (s)	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

### TRANSACTION CHARGES (PLEASE ✓) (Default option Existing Investor) (Refer Instruction No.XIII)

I am a First Time Investor in Mutual Funds  I am an 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.

EXISTING INVESTOR'S FOLIO NUMBER	INVESTMENT TYPE (Please tick any one)	MODE OF HOLDING
(If you have an existing folio with KYC validated, please mention here and skip to section 5) <input type="text"/>	<input type="checkbox"/> LUMP SUM <input type="checkbox"/> SIP WITH CHEQUE <input type="checkbox"/> LUMP SUM WITH SIP	(In case of Demat Purchase Mode of Holding should be same as in Demat Account) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)

UNIT HOLDING OPTION	NSDL DP ID NO.:	Client ID:
<input type="checkbox"/> Physical Mode <input type="checkbox"/> Demat Mode	<input type="checkbox"/> CDSL Beneficiary A/C No.	
<b>Please Note</b> - Please attach copy of Client Master List. Demat Account detail of first / sole holder (Name should be as demat account)		

### 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  Mr. Ms. M/s.

PAN  KYC No.  Date of Birth

Mobile No.  Email ID

I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick (✓) any one from the below options) -  
 Self  Spouse  My dependents  My Childrens

**Please note:** In the event that the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

**GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)**

Mr. Ms. M/s.

Relationship with Minor/Designation

PAN  Date of Birth  KYC No.

Address

CITY

STATE  COUNTRY  PIN

RESI.  OFF.  FAX

**SECOND APPLICANT** Mr. Ms. M/s.

Date of Birth

PAN  KYC No.  Mobile No.

**THIRD APPLICANT** Mr. Ms. M/s.

Date of Birth

PAN  KYC No.  Mobile No.



### ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Received from: Mr. / Ms. / M/s. \_\_\_\_\_ an application for allotment  
 Scheme **Edelweiss US Technology Equity Fund of Fund** Plan :  Direct plan  Regular Plan Option : **Growth**  
 vide Cheque No. \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount (₹) \_\_\_\_\_ Drawn on  
 Bank and Branch \_\_\_\_\_

Application No:

Collection Center's Stamp & Receipt Date and Time

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

**TAX STATUS (Applicable for First / Sole Applicant)**

Resident Individual  FIIs  NRI - NRO  HUF  Club / Society  PIO  Body Corporate  Minor  Government Body  Trust  NRI - NRE  
 Bank & FI  Sole Proprietor  Partnership Firm  QFI  Provident Fund  Others \_\_\_\_\_

**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  Indian  Overseas

**E-MAIL COMMUNICATION [Please ✓]**

Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below:  
 Annual Report  Abridged Annual Report  Other Statutory Information

**2 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 _____	

**GROSS ANNUAL INCOME (Please tick ✓)**

First Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lac	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore
	Net worth (Mandatory for Non - Individuals) ₹ _____ as on DDMMYYYY [Not older than 1 year]					
Second Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore OR Net Worth _____
Third Applicant	<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> > 25 Lacs - 1 Crore	<input type="checkbox"/> > 1 Crore OR Net Worth _____

For Individuals				For Non-Individual Investors (Companies, Trust, Partnership etc.)	
	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"/>	Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Exchange / Money Charger Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
				Money Lending / Pawning	<input type="checkbox"/> Yes <input type="checkbox"/> No

**3 FATCA/CRS DETAILS Non Individual Investors should mandatory fill separate FATCA/CRS details form**

(Refer Instruction No.XVII)

Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA		
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.		

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

POA NAME Mr. Ms. M/s. \_\_\_\_\_ PAN \_\_\_\_\_

**5 NOMINATION DETAILS\***

I/We hereby nominate the under mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be valid discharge by the AMC/Mutual Fund/Trustee Company.

Name of Nominee	Date of Birth (If Nominee is minor)	Allocation (%)	Name of Legal Guardian/Parent (If Nominee is minor)	Relationship with Nominee	Address of Nominee/ Legal Guardian

**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)

Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FIIs	PIO
Resolution/ Authorisation to invest		✓	✓	✓		✓		✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓	
Memorandum & Articles of Association		✓							
Trust Deed						✓			
Bye-laws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate									✓
Notarised POA					✓				
Proof of Address									✓
Copy of PAN Card / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓

