

# NFO - Edelweiss Income Plus Arbitrage Active Fund of Funds

(An open-ended fund of funds scheme investing in units of actively managed debt oriented mutual fund schemes and actively managed arbitrage mutual fund schemes.)

NFO Start Date: 3rd July, 2025 | NFO Close Date: 15th July, 2025 | Reopening Date: On or before 29th July, 2025



## EDELWEISS MUTUAL FUND

**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. KYC is mandatory for all investors.

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 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'.  
^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
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1 Application for ☐ Lumpsum ☐ Lumpsum with SIP

2 Existing Investor's Folio Number (please mention folio here and skip to section 9)  Mode of Holding ☐ Single ☐ Joint ☐ Anyone or Survivor (Default) (In case of Demat Purchase Mode of Holding should be same as in Demat Account)

3 Unit Holding Option ☐ Physical Mode ☐ Demat Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode.  
Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.  
NSDL DP ID No. Beneficiary Account No.  I N  CDSL Target ID No.   
Enclosures (Please tick any one box): ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

4 First Applicant Details (\*\*Mandatory fields) (Refer Instruction No.II)

Name of Sole /1st Applicant\*\* (Name as per PAN Card Only) Mr. Ms. M/s.   
PAN\*\*  CKYC No.  Date of Birth/Incorporation\*\*

Guardian details (In case First / Sole Applicant is Minor) / Contact Person - Designation / POA Holder (In case of Non-Individual Investors)  
(Name as per PAN Card Only) Mr. Ms. M/s.   
Guardian's Relationship With Minor: ☐ Father ☐ Mother ☐ Court Appointed Guardian  
Proof of Date of Birth and Guardian's Relationship with Minor: ☐ Birth Certificate ☐ Passport ☐ Others   
PAN\*\*  CKYC No.  Date of Birth/Incorporation\*\*

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   
Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)  
☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ None of the above

5 Second Applicant Details

Second Applicant\*\* (Name as per PAN Card Only) Mr. Ms. M/s.   
Date of Birth\*\*  PAN\*\*  CKYC No.   
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

6 Third Applicant details

Third Applicant\*\* (Name as per PAN Card Only) Mr. Ms. M/s.   
Date of Birth\*\*  PAN\*\*  CKYC No.   
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



### ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment  
Scheme **Edelweiss Income Plus Arbitrage Active Fund of Funds** 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 & Receipt Date and Time

7 Power Of Attorney (POA) Holder details (If investment is being made by Constitutional Attorney, please submit notarized copy of POA)

	Name	Date of Birth								PAN							
First Applicant POA Name	Mr. /Ms./M/s	D	D	M	M	Y	Y	Y	Y								
Second Applicant POA Name	Mr. /Ms./M/s	D	D	M	M	Y	Y	Y	Y								
Third Applicant POA Name	Mr. /Ms./M/s	D	D	M	M	Y	Y	Y	Y								

8	Contact Details of Sole / First Applicant - (Correspondence Address) ##
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### Please note that your address details will be updated as per your KYC records with CKYC / KRA **Overseas Address** (Mandatory for NRI Applicants)

**Overseas Address** (Mandatory for NRI Applicants)

[illegible]

<b>First Holder</b>	<b>Mobile No.</b> <input type="text"/>	(For Receiving Transaction Alerts via SMS)	<b>Office</b> <input type="text"/>	<b>Residence</b> <input type="text"/>
	<b>Mobile No. provided pertains to:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS			
	<b>Email ID (CAPITAL letters only)</b> <input type="text"/>			
	<b>Email ID provided pertains to:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS			

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.

☐ 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)

<b>Second Holder</b>	<b>Mobile No.</b> <input type="text"/>	(For Receiving Transaction Alerts via SMS)	<b>Office</b> <input type="text"/>	<b>Residence</b> <input type="text"/>
	<b>Mobile No. provided pertains to:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS			
	<b>Email ID (CAPITAL letters only)</b> <input type="text"/>			
	<b>Email ID provided pertains to:</b> <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS			

Third Holder	Mobile No.	<input type="text"/>	(For Receiving Transaction Alerts via SMS)	Office	<input type="text"/>	Residence	<input type="text"/>			
	Mobile No. provided pertains to:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> A Guardian in case of a minor	<input type="checkbox"/> POA	<input type="checkbox"/> Custodian	<input type="checkbox"/> PMS
	Email ID (CAPITAL letters only)	<input type="text"/>								
	Email ID provided pertains to:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent children	<input type="checkbox"/> Dependent Sibling	<input type="checkbox"/> Dependent Parents	<input type="checkbox"/> A Guardian in case of a minor	<input type="checkbox"/> POA	<input type="checkbox"/> Custodian	<input type="checkbox"/> PMS

9 **FOR LUMP SUM/NEW SIP-INVESTMENT DETAILS\*** Choice of Scheme/Plan/Option For SIP Investment Auto-Debit Form is mandatory (Refer Instruction No.VI)

(Refer Instruction No.VI)

Scheme Name	<b>Edelweiss Income Plus Arbitrage Active Fund of Funds</b>		
	<i>(Plan)</i>	<i>(Option)</i>	<i>(Sub-Option)</i>
(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)			
IDCW (Transfer) to Scheme		Plan	Option

<b>10</b>	<b>SYSTEMATIC TRANSACTION REGISTRATION DETAILS</b> (Please submit the filled in standalone OTM form to make future transaction through OTM.)
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SIP			
Scheme: <b>Edelweiss Income Plus Arbitrage Active Fund of Funds</b> Plan _____ Option _____ Sub-Option _____			
Installment amount (in figures): _____ Installment amount (in words): _____			
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			Preferred SIP date: _____ (For Monthly & Quarterly only)
Debit Date:		SIP Period:	<div>From Date</div> <div>To Date</div>

11	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 (₹)			
<b>Bank Details:</b> <input type="checkbox"/> Same as below (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													
UMRN No.										Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM													

**Note - The cheque should be drawn in favor of 'Edelweiss Income Plus Arbitrage Active Fund of Funds'**

[illegible]

12	Bank Account Details mandatory for Redemption/IDCW/Refunds, if any	(Refer Instruction No. IV)
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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			

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

<b>13</b>	<b>FATCA &amp; CRS Details</b> <i>For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form (Refer Instruction No.XV)</i>
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# Please indicate all Countries in which you are a resident for tax purpose, associated Tax payer Identification Number and it's Identification type eg. TIN etc.

Is the applicant(s)/ guardian's Country of Tax Residency other than India? <input type="checkbox"/> Yes (If Yes, below details are mandatory) <input type="checkbox"/> No								
Sole / First Applicant / Guardian			Second Applicant			Third Applicant		
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.		
Place of Birth _____			Place of Birth _____			Place of Birth _____		
Country of Birth _____			Country of Birth _____			Country of Birth _____		
Country of Nationality _____			Country of Nationality _____			Country of Nationality _____		
In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. % In case Tax Identification Number is not available, kindly provide its functional equivalent								

14	Additional KYC Details	(Refer Instruction No.X)
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Occupation	Business	Service	Professional	Agriculturist	Housewife	Student	Defence	Bureaucrat	Forex Dealer	Unlisted Company	Body Corporate	Listed Company	Others
First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Gross Annual Income Details			Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lac	> 25 Lacs - 1 Crore	> 1 Crore	NET-WORTH in ₹			Date	
First Applicant			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____ (in figures)			DD/MM/YYYY	
Second Applicant			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____ (in figures)			DD/MM/YYYY	
Third Applicant			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____ (in figures)			DD/MM/YYYY	
Guardian			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ _____ (in figures)			DD/MM/YYYY	
PEP DETAILS						First Applicant		Second Applicant		Third Applicant		Guardian	
Are you a Politically Exposed Person (PEP)						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to a Politically Exposed Person (PEP)						<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Kindly complete the investment application by filling below mentioned details on the next page.**

- \* Nomination
- \* Investment Declaration

**Nomination Details\* (Mandatory)**

(Refer instruction no. IX)

☐ I/We hereby nominate the following person(s) who shall receive all the assets held in my/our account/folio in the event of my/our demise, as trustee and on behalf of my/our legal heir(s)

**Name of First Nominee**

Nominee's relationship with the Investor\*  Allocation\*\*

Mobile No.\*  Email\*

Address\*

Identity Number\*\*\*  DOB of Nominee\*\*\*\*

Guardian Details\*\*\*\*

**Name of Second Nominee**

Nominee's relationship with the Investor\*  Allocation\*\*

Mobile No.\*  Email\*

Address\*

Identity Number\*\*\*  DOB of Nominee\*\*\*\*

Guardian Details\*\*\*\*

**Name of Third Nominee**

Nominee's relationship with the Investor\*  Allocation\*\*

Mobile No.\*  Email\*

Address\*

Identity Number\*\*\*  DOB of Nominee\*\*\*\*

Guardian Details\*\*\*\*

\*\* If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division/fraction of %, shall be transferred to the first nominee mentioned in the nomination form.

\*\*\* Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI/OCI/PIO, Passport number is acceptable.

\*\*\*\* to be furnished only in following conditions / circumstances:

- Date of Birth (DOB): please provide, only if the nominee is minor.
- Guardian Details: It is optional for you to provide, if the nominee is minor.

	Name(s) of holder(s)	Name & Address of Witness	Witness Signature#
Sole / First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

# Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

- 1) I/We want the details of my/our nominee/s to be printed in the statement of holding, provided to me/us by the AMC as follows; (please tick any one, as appropriate)
- ☐ Name of nominee(s) ☐ Nomination: Yes / No
- 2) This nomination shall supersede any prior nomination made by me / us, if any.

☐ 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 hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF 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 holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / Demat account.

**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.edelweissfn.com](http://www.edelweissfn.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	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT	DATE : ____ / ____ / ____
				PLACE _____

## INSTRUCTIONS TO INVESTORS FOR FILLING UP THE COMMON APPLICATION FORM

### I. GENERAL INSTRUCTIONS

- Please read the Key Information Memorandum, Scheme Information Document (SID) and Statement of Additional Information (SAI) containing the terms of offer carefully before investing. In the SID your attention is particularly drawn to the risk factors of investing in the Scheme and also the sections "Who can't invest" and "Important note on Anti Money Laundering, KYC & investor protection".
- Applications from residents of Canada will not be accepted.
- All applicants are deemed to have accepted the terms subject to which the offer is being made and bind themselves to the terms upon signing the Application Form and tendering the payment.
- Application Form should be filled legibly in ENGLISH in BLOCK letters using Black or Dark Blue ink. Incomplete application forms are liable to be rejected. Please refer to the checklist at the end of the application form to ensure that the requisite details and documents have been provided in order to avoid unnecessary delays and / or rejection of your application.
- Please strike out any section that is not applicable. Correction/Cancellation on any of the mandatory information should be countersigned by the investor.
- Aadhar can be accepted as a valid document for proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments.

### II. APPLICANT INFORMATION

- Name should be given in full without any abbreviations as per PAN Card only for the First, Second, Third Holder(s), POA, Nominee and Guardian. Preferably write exactly as it appears in your Bank Account or as it appears in the incorporation document as the case may be.
- Name, Date of birth of the Minor, Name of Parent/Legal Guardian and relationship with minor is mandatory for investment on behalf of Minor applicant.
- Date of Birth/Date of Incorporation and PAN No is mandatory for the First, Second, Third Holder(s), POA, Nominee and Guardian.
- Name of the Contact Person, email and Telephone No. should be mentioned in case of investments by Company, Body Corporate, Trust, Society, FII and other non-individual applicants.
- The signature should be in English or in any of the Indian languages. Thumb Impressions must be attested by a magistrate or a notary public or a special executive magistrate under his/her official seal. Application by minor should be signed by the guardian. In case of H.U.F., the Karta should sign on behalf of the H.U.F.
- The designated Investor Service Center/ Collection Center will affix time stamp/ manual stamp and return the acknowledgement slip from the application form, to acknowledge receipt of the Application. No separate receipt will be issued for the application money.
- Please fill in all the fields to prevent rejection of your Application Form. Please refer to the checklist provided at the end of the Application Form to ensure that the necessary details and attachments are made available. The application complete in all respects along with the cheque/ fund transfer instructions must be submitted to the nearest designated Investor Service Center/Collection Center. Applications which are incomplete, invalid in any respect or not accompanied by cheque or fund transfer instructions for the amount payable are liable to be rejected.
- Investors must write the Application Form number / Folio number on the reverse of the cheques accompanying the Application Form.
- Direct application - Investors are requested to mention the correct distributor Code in the Application Form. In case, the investor is directly applying, then they should clearly mention "DIRECT" in the column mentioned Name and Distributor Code, in all such cases where applications are not routed through any distributor/agent/broker. In cases where unit holder uses a pre-printed Broker Code, unit holder should cancel the ARN No/ Broker Code, write "DIRECT" in the said column and it should also be counter signed by the First unit holder.
- In case of NRI investment, complete postal address should be stated. P.O. Box address alone is not sufficient. NRIs/ FIIs should necessarily state their overseas address failing which application may be rejected. In addition, Indian address should be stated for correspondence.
- Investment through constituted Attorney should necessarily be signed by the constituted Power of Attorney holder.
- Some additional details are required for validating your identity for certain transactions / Communications. Hence please fill the parent's name in case of first applicant and date of birth of all unit holders.
- Please provide email ID & Mobile Number, this will help us send investment / product related communication and resolve any queries more promptly.
- In the event the application has more than one investor and the mode of holding is not specified in the application form, the default option for holding would be considered to be "anyone or survivor". However, in all such cases, communications, proceeds of all IDCW payouts/redemption will be paid to the first named holder.

### III. EMAIL COMMUNICATION

Account Statement will be sent to Unit holders by Post /Courier for NFO/1st time investment in any of the Scheme. Subsequent Account Statements/Newsletters / Annual Reports / Other statutory information (as permitted under SEBI (Mutual Funds) Regulations, 1996) will be sent to each Unit holder by e-mail. Investors are requested to provide their e-mail address for the same and this will also help us resolve your queries more promptly. Unitholders who have provided email id will be sent all communications/ reports as mentioned above by email only and no physical communications will be sent. Any change in the e-mail address should be communicated to nearest designated Investor Services. EMF/Registrars are not responsible for e-mail not reaching the investor and for all consequences thereof. Should the Unit holder experience any difficulty in accessing the electronically delivered documents, the AMC will arrange for the same through physical mode on receipt of request for the same. It is deemed that the Unitholder is aware of all security risks including possible third party interception of the documents and contents of the documents becoming known to third parties.

### IV. BANK ACCOUNT DETAILS

It is mandatory to attach cancelled original cheque / self certified copy of blank cheque / self certified Bank Statement / first page of the Bank Pass book (bearing account number and first unit holder name on the face of the cheque/ Bank Pass Book/ Bank Statement) is required as an incremental additional document in case of: a. Registration of the investor's Bank Mandate at the time of investment b. Subsequent change in the investor's Bank Mandate.

SEBI Regulations have made it mandatory for investors to mention the Bank Name & address of branch and bank Account Number in their Investment application form in order to protect the interest of investors from fraudulent encashment of cheques. For registering multiple bank account please fill separate Form for Registering/ Adding Multiple Bank Accounts. Individuals / HUF can register upto 5 bank accounts and Non Individuals upto 10 bank accounts. For further information please refer SAI.

### V. PAN DETAILS

It is mandatory for all investors to quote their Permanent Account Number (PAN) (except MICRO SIP Investments) and submit certified copy of the PAN card issued by the Income Tax Department, irrespective of the amount of investment, while making an application for Purchase of Units. In case of joint holding, PAN details of all holders should be submitted. In case the application is on behalf of minor, PAN details of the Guardian must be submitted. Investors residing in the state of Sikkim are exempt from the mandatory requirement of PAN proof submission; however sufficient documentary evidence shall have to be submitted for verifying that they are residents of the State of Sikkim. Applications without the aforesaid details are liable to be rejected without any reference to the investors.

Investment through Systematic Investment Plans (SIPs) upto ₹50,000/- (aggregate of installments in a rolling 12 months period or in a financial year i.e. April – March) per year per investor shall be exempt from the requirement of PAN. In case of PAN Exempt cases PAN Exempt KYC Reference Number (PEKRN) is Mandatory.

### VI. INVESTMENT DETAILS

Investors should indicate the Option for which the application is made. In case Investors wish to opt for both the Options, separate Application form will have to be filled. In case applications are received where option/ sub-option for investment is not selected the default option/ Sub option as prescribed in SID will be applicable. Investors have the option to sweep their IDCW in any other Open-ended Scheme of the Fund at the applicable NAV based prices, irrespective of minimum application amount and eligibility requirements of the scheme in which such IDCW is being invested.

If the scheme name on the application form and on the payment instrument are different, the application will be processed and units allotted at applicable NAV of the scheme mentioned in the application / transaction slip duly signed by investor(s).

### VII. MODE OF PAYMENT

- As per AMFI best practice guidelines on 'Risk mitigation process against third party cheques in mutual fund subscriptions', Edelweiss Mutual Fund shall not accept applications for subscriptions with third party payment instruments with effect from November 15, 2010. For further information please refer SAI.
- Investors may make payment by cheque payable locally in the city where the application form is submitted at AMC/Kfintech ISC's or electronic mode such as RTGS/NEFT directly to Mutual Fund Collection account
- The cheque should be drawn on any bank which is situated at and is a member/ sub member of the bankers clearing house. Cheque drawn on the bank not participating in the clearing house will not be accepted.
- Payment through Stock invest, outstation cheques and cash will not be accepted.
- The cheque should be drawn in favor of "Edelweiss Income Plus Arbitrage Active Fund of Funds" and should be crossed 'Account Payee Only'.
- Returned cheques will not be presented again for collection and the accompanying application will be rejected.
- Single cheque for investments in multiple Schemes and multiple cheques for investments in Single Scheme will not be accepted.
- If the dividend amount under IDCW payout option is less than or equal to ₹ 250/-, the same will be reinvested. (Except in case of Edelweiss ELSS Tax saver Fund).
- In case of investment through electronic mode (RTGS/ Transfer letter), you are requested to contact the nearest AMC/ Kfintech ISC for the Bank Account Number to which the purchase/additional purchase amount is to be credited.
- NRI / FII's  
Repatriation basis: - Payments by NRIs/FIIs may be made by way of cheques drawn on non-resident external accounts payable at par and payable at the cities where the Investor Service Centers are located.  
Non-Repatriation basis:- NRIs investing on a non repatriable basis may do so by issuing cheques drawn on Non-Resident Ordinary (NRO) account payable at the cities where the Investor Service Centers are located.
- In case of payment through electronic mode (RTGS/NEFT or Transfer Letter), need to provide the bank acknowledgement copy along with purchase application.

### VIII. PAYMENT OF REDEMPTION /IDCW

Investors are requested to provide the following details along with the mandatory requirement of bank account details (bank, branch address, account type and account no.) in the application form for electronic fund transfer (EFT) of IDCW / redemption amount to the unit holders bank account. AMC will automatically extend this facility to all unit holders in case the bank account as communicated by the unit holder is with any of the bank providing EFT facility.

a. The 11 digit IFSC (Indian Financial System) Code b. The 9-digit MICR (Magnetic Ink Character Recognition) number appearing next to the cheque number in the cheque leaf (Please attach copy of the cancelled cheque for verification) Based on the above information AMC will enable secure transfer of your redemption and dividend payouts via the various electronic mode of transfers (RTGS / NEFT / Direct Credit mode that are available in the banking system).

This facility of EFT is safe and fast and eliminates the potential risk of loss of instruments in transit through physical mode. The Mutual Fund, however, reserves the right to issue a cheque / demand draft to unit holders residing at locations where this facility is not available.

"If the remittance is delayed or not affected for reasons of incomplete or incorrect information, AMC cannot be held responsible". For validation of IFSC/ MICR code, investor to attach the cancelled cheque/copy of cheque (PSU banks account holders to provide the front page of pass book along with cheque copy). If these documents are not provided the fund will not be responsible consequent delay in receipt of payment. Fund is also not responsible for bankers delay.

### IX. NOMINATION DETAILS

- Nomination or declaration to Opt-out of nomination is mandatory for all the folios/accounts, where the mode of holding is single or the folio/account is opened by an individual without any joint holding. New subscriptions received from individuals without nomination will be rejected.
- The nomination can be made only by individuals holding units on their own behalf singly or jointly. Non-Individuals including Society, Trust, Body Corporate, Partnership Firm, Karta of Hindu Undivided Family, holder of Power of Attorney cannot nominate. If the units are held jointly, all joint holders must sign against the nomination.
- Nomination is not allowed for folios/accounts opened in the name of minors.
- A minor can be nominated against a folio/account. In such case, the Date of Birth of the minor nominee is mandatory, the guardian details such as name and address can be optional. The Guardian of the minor nominee can be the investor and/or any other holder registered in the folio/account or a person other than the holder of that folio/account. Nomination can also be in favour of the Central Govt, State Govt, a local authority, any person designated by virtue of his office or a religious charitable trust.
- The Nominee cannot be a trust (other than a religious or charitable trust), society, body corporate, partnership firm, Karta of HUF or a Power of Attorney holder. A non-resident Indian can be a Nominee subject to the exchange controls in force, from time to time.
- Nomination stands rescinded upon transfer of units or cancellation of nomination.
- The nomination facility extended under the Scheme is subject to existing laws.



## INSTRUCTIONS TO INVESTORS FOR FILLING UP THE COMMON APPLICATION FORM

AMC shall, subject to production of such evidence which in their opinion is sufficient, proceed to effect the payment / transfer to the Nominee(s) in the event of demise of the unit holder. Transfer of units / payment to the nominee(s) of the sums shall discharge Edelweiss Mutual Fund / Edelweiss AMC of all liability towards the estate of the deceased unit holder and his / her / their successors / legal heirs. Transmission of units in favour of the Nominee/s, will be as the below mentioned scenario in case the folio is registered with one and/or more joint holder/s:

Event	Transmission of Account / Folio to
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion. The surviving holder(s) shall inherit the assets as owners.
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

- h. Cancellation of nomination can only be made only by those individuals who hold units on their own behalf singly or jointly and who made the original nomination. (Please note that if one of the Joint Holders die, the other surviving holders cannot cancel or change the nomination.)
- i. Nomination shall be registered only if the form is filled in completely.
- j. Nomination will be updated at folio/account level and not at scheme level.
- k. Nomination can be made for maximum of 3 nominees. In case of multiple nominees, the percentage of allocation / share in favour of each of the nominees should be indicated against their name and such allocation / share should be in whole numbers without any decimals making a total of 100 percent. In the event of unit holders not indicating the percentage of allocation / share for each of the nominees, the Mutual Fund / the AMC, by invoking default option shall settle the claim equally amongst all the nominees.
- l. The investor(s) who nominate is / are deemed to have read and understood the provisions of Regulation 29 A of SEBI (Mutual Funds) Regulations, 1996, read with SEBI circular dated January 10, 2025 and February 28, 2025 and / or any amendments thereto or any rules / regulations framed in pursuance thereof governing the nomination facility and agree/s to be bound by the same.
- m. Fresh nominee registrations will override older nominations under the folio.

### X. PREVENTION OF MONEY LAUNDERING AND KNOW YOUR CUSTOMER (KYC)

According to SEBI Guidelines under 'The Prevention of Money Laundering Act, 2002', Mutual Funds are required to follow enhanced know your customer (KYC) norms. Further, SEBI has also notified SEBI (KYC Registration Agency) Regulations, 2011 on December 23, 2011 with a view to bring uniformity in KYC requirements for the securities market and to develop a mechanism for centralization of the KYC records. Accordingly the following procedures shall apply:

- SEBI has introduced a common KYC Application Form for all the SEBI registered intermediaries viz. Mutual Funds, Portfolio Managers, Depository Participants, Stock Brokers, Venture Capital Funds, Collective Investment Schemes, etc. New Investors are therefore requested to use the common KYC Application Form and carry out the KYC process including IPV with any SEBI registered intermediaries including mutual funds. The KYC Application Forms are also available on our website [www.edelweissmf.com](http://www.edelweissmf.com).
- The Fund shall perform the initial KYC of its new investors and may undertake enhanced KYC measures commensurate with the risk profile of its investors in line with the aforementioned circulars/circulars issued by SEBI in this regard from time to time. The Fund shall upload the details of the investors on the system of the KYC Registration Agency ("KRA"). The Registrar & Transfer Agent of the Fund viz. KFin Technologies Private Limited ("Kfintech") may also undertake the KYC of the investors on behalf of the Fund. On receipt of the KYC documents from the Fund, the KRA shall send a letter to the investor within SEBI stipulated timelines, confirming the details thereof.
- Once the investor has done KYC with a SEBI registered intermediary, the investor need not undergo the same process again with another intermediary but can submit the letter/acknowledgment issued by the KRA.
- It is mandatory for intermediaries including mutual funds to carry out IPV of its new investors. The IPV carried out by any SEBI registered intermediary can be relied upon by the Fund. Edelweiss Asset Management Limited and NISM/AMFI certified distributors who are Know Your Distributor (KYD) compliant are authorized to undertake the IPV for mutual fund investors. Further, in case of any applications received directly (i.e. without being routed through the distributors) from the investors, the Fund may rely upon the IPV (on the KYC Application Form) performed by the scheduled commercial banks.
- Existing KYC compliant investors of the Fund can continue to invest as per the current practice. However, existing investors are also urged to comply with the new KYC requirements including IPV as mandated by SEBI.
- Application Form not accompanied by KYC Application Form or letter / acknowledgment issued by KRA may be rejected by the Fund. The KYC compliance status will be validated with the records of the KRA. AMC reserves the right to call for any additional information from the investors/applicant/reject applications/ subsequent application in order to fulfill the requirements of PMLA norms prescribed by SEBI/PMLA Regulation from time to time.

### XI. PURCHASE/REDEMPTION OF UNITS THROUGH STOCK EXCHANGE INFRASTRUCTURE

Investors can purchase and redeem units of the schemes on Mutual Fund Services System (MFSS) of the National Stock Exchange of India Ltd. (NSE) and on the BSE Stock Exchange Platform for Allotment and Repurchase of Mutual Funds (BSE STAR MF System) of Bombay Stock Exchange Ltd. (BSE).

Please refer Scheme Information Document(s) of the Scheme(s) for further details.

### XII. INVESTMENTS UNDER THE ZERO BALANCE FOLIO

For Investments under the zero balance folio, signatures on the transaction slip would be required as per the mode of holding.

ZERO balance folio is for opening folio only.

- XIII. Investors already holding a folio in Edelweiss Mutual Fund can provide their existing Folio Number and Name of applicants(s) corresponding to the said folio. It is the responsibility of the Investor to ensure correctness of such details provided. The personal details and Bank Account details as registered in the existing folio number as provided would apply to the said investment and the registered details would prevail over any conflicting information furnished in this form. Edelweiss Asset Management Limited reserves the right to assign any of the existing Folio Number of the investor against multiple applications and / or subsequent purchases under this new application form lodged, with identical mode of holding and address and such other criteria and integrity checks as may be determined by the Edelweiss Asset Management Limited from time to time.

### XIV. EMPLOYEE UNIQUE IDENTIFICATION NUMBER (EUID):

SEBI has made it compulsory for every employee/ relationship manager/ sales person of the distributor of Mutual Fund products to quote the EUID obtained by him/her from AMFI in the Application Form. EUID, particularly in advisory transactions, would assist in

addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing Mutual Fund products are also required to obtain and quote EUID in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUID is correctly filled up in the Application Form.

However, if your distributor has not given you any advice pertaining to the investment, the EUID box may be left blank. In this case, you are required to provide a duly signed declaration to this effect. Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder and the EUID of the Sales Person (if any) in the EUID space.

### XV. FATCA DETAILS:

The Foreign Account Tax Compliance Act is a United States (US) federal law, aimed at prevention of tax evasion by US Citizens and Residents ("US Persons") through use of offshore accounts. The FATCA provisions were included in the HIRE Act enacted by the US legislature. FATCA is designed to increase compliance by US taxpayers and is intended to bolster efforts to prevent tax evasion by the US taxpayers with offshore investments.

As per SEBI circular no. CIR/MIRSD/2/2014 dated June 30, 2014, the Government of India and the US have reached an agreement in substance on the terms of an Inter-Governmental Agreement ("IGA") to implement the FATCA provisions, which have become globally applicable from July 1, 2014. FATCA requires enhancement of due diligence processes by the Foreign Financial Institutions ("FFI") so as to enable identification of US reportable accounts.

The Fund/ Edelweiss Asset Management Limited ("the AMC") are likely to be classified as a FFI under the FATCA provisions, in which case the Fund /the AMC would be required, from time to time, to (i) undertake necessary due diligence process by collecting information/ documentary evidence of the US/non US status of the investors; (ii) disclose/report information as far as may be legally permitted about the holdings/investment returns pertaining to reportable accounts to the US Internal Revenue Service and/or such Indian authorities as may be specified under FATCA or other applicable laws and (iii) carry out such other activities as prescribed under the FATCA provisions, as amended from time to time.

FATCA due diligence will have to be directed at each investor/unit holder (including joint investors) and on being identified as a reportable person/specified US person, all the folios will be reported. Further, in case of folio with joint investors, the entire account value of investment portfolio will be attributable under each such reportable person. Investors/Unit holders would therefore be required to furnish such information to the Fund/AMC, from time to time, in order to comply with the reporting requirements stated in the IGA and/or circulars/guidelines issued by SEBI/AMFI in this regard.

The impact of FATCA is relevant not only at the point of on-boarding of the investors but also throughout the life cycle of the investor account / folio with the Fund. Hence investor(s) should immediately intimate the Fund/AMC, in case of any change in the FATCA related information provided by them at the time of initial subscription.

The Fund/AMC reserves the right to reject any application or compulsorily redeem the units held directly or beneficially in case the applicant/investor fails to furnish the relevant information and/or documentation or is found to be holding units in contravention of the FATCA provisions.

Investors are advised to consult their tax advisors to understand the FATCA requirements and its implications in relation to their investment.

### XVI. CENTRAL KYC RECORDS REGISTRY (CKYCR):

The Government of India vide their Notification dated November 26, 2015 authorised the Central Registry of Securitisation Asset Reconstruction and Security Interest of India (CERSAI) to act as and to perform the functions of the Central KYC Records Registry under the said rules, including receiving, storing, safeguarding and retrieving the KYC records under the Prevention of MoneyLaundering Act, 2002. SEBI required all the market intermediaries to update/upload KYC details of the new customer/investors (not KYC-KRA compliant) on CERSAI's online platform. CERSAI is a centralized repository of KYC records of customers/investors in the financial sector with uniform KYC norms and inter-usability of the KYC records across the sector with an objective to reduce the burden of producing KYC documents and getting those verified every time when the customer/ investors creates a new relationship with a financial entity. Central KYC (CKYC) will store all the customer/investor information at one central server that is accessible to all the financial institutions. After opening a KYC account under the CKYC, customer/investor will get a 14-digit identification number ("KYC Number") and that the same may be quoted by the investor wanting to invest in mutual funds. Further, the Mutual Fund/AMC is required to check whether the PAN of the investor has been updated in CKYCR. In case the PAN has not been updated, the Mutual Fund/AMC shall collect a self certified copy of the investor's PAN card and update/upload the same in CKYCR. In case the Investor uses the old KRA KYC form for updating of any KYC information, such investor shall be required to provide additional/missing information only by using the supplementary CKYC form or fill the new "CKYC form".

### XVII. BENEFICIAL OWNERSHIP DETAILS (UBO):

Under the Prevention of Money Laundering Act, 2005 ("PMLA"), all intermediaries including mutual funds are required to obtain sufficient information from their clients in order to identify and verify the persons who beneficially own or control the account. SEBI circular dated January 24, 2013 on identification of Beneficial Ownership has prescribed a uniform approach to be followed for determination of beneficial owners. A 'Beneficial owner' is defined as a natural person/s who ultimately own, control or influence a client and/or persons on whose behalf a transaction is being conducted, which includes persons who exercise ultimate effective control over a legal person or arrangement.

All categories of investors except individuals, company listed on a stock exchange or majority owned subsidiary of such company, are requested to provide details about beneficial ownership in the Application Forms for all their investments. The Fund reserves the right to reject applications/restrict further investments or seek additional information from investors who have not provided the requisite information on beneficial ownership. In the event of change in beneficial ownership, investors are requested to immediately update the details with the Fund/Registrar.

### XVIII. NPO INSTRUCTIONS:

- a) As per Prevention of Money-laundering (Maintenance of Records) Amendment Rules, 2023 dated Mar 07, 2023,
  - i. Definition of Non-Profit Organization (NPO) has been revised. "Non-profit organization" means any entity or organization, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), that 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).
  - ii. Controlling ownership interest % has been revised from 25%/15% to 10% for Corporate/ Trust respectively to consider as an Ultimate Beneficiary Owner (UBO).
- b) As per new PML amendment, every Banking Company or Financial Institution or intermediary has to ensure that the NPO, it is servicing gets registered on the DARPAN Portal, if not already registered. New accounts / folios will not be created for NPOs by the Mutual Funds, without such registration. Visit NGO Darpan website - <https://ngodarpan.gov.in/> for DARPAN registration.

# SIP ENROLLMENT CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)  
(all points marked \* are mandatory)



## EDELWEISS MUTUAL FUND

APPLICATION NO.

**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.

1 DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EJIN)		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 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'

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

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* (Name as per PAN Card only)			
PAN*		Date of Birth/Date of Incorporation*	D D M M Y Y Y Y
CKYC No.			

3 INVESTMENT DETAILS		Edelweiss Income Plus Arbitrage Active Fund of Funds	Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) IDCW (Reinvestment) Facility is not available under Edelweiss ELSS Tax saver Fund				
IDCW (Transfer) to Scheme				
Installment Period : From Date D D M M Y Y Y Y To Date 5 yrs or 10 yrs or D D M M Y Y Y Y (SIP period should not exceed 40 years)				
Amount Per Installment :		Amount in words :		
1st Installment Cheque Details : Cheque / DD No.		Amount (₹)		
Drawn on Bank & Branch :				
Photo ID Proof number in case of Micro SIP of 1st Applicant 2nd Applicant 3rd Applicant				
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. <b>Note:</b> Please allow 1 month Auto Debit to register and start				

Frequency Details [Please ✓]				
<input type="checkbox"/> Daily SIP	<input type="checkbox"/> Weekly SIP	<input type="checkbox"/> Fortnightly SIP	<input type="checkbox"/> Monthly SIP	<input type="checkbox"/> Quarterly SIP
All Business Day	<input type="checkbox"/> 7th, 14th, 21st, 28th of any month	<input type="checkbox"/> 10th and 25th	DATE : / / Preferred Debit Date (Any date except last three dates of month)	DATE : / / Preferred Debit Date (Any date except last three dates of month)
SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount				
Top-up Cap Maximum SIP Amount ₹		SIP Top-up Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Top-up Cap (Refer Instruction No.26)		

4 UMRN DETAILS		(Refer Instruction No.9)
<input type="checkbox"/> Use Existing AOTM	<input type="checkbox"/> Use Existing KOTM	UMRN No.
Bank Name		Bank Account No.

5 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')*		DATE : / /	PLACE :
I / We declare that the particulars furnished here are correct. I / We authorise Edelweiss Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Edelweiss Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in EDELWEISS MUTUAL FUND by debit to my /our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Edelweiss Mutual Fund using this facility.			
SIGNATURE (s)			
SOLE / FIRST APPLICANT		SECOND APPLICANT	THIRD APPLICANT

### One Time Mandate Registration Form/ Debit Mandate Form NACH/Direct Debit

	UMRN	OFFICE USE ONLY	Date	D D M M Y Y Y Y	
Utility Code	CITI00002000000037		<input checked="" type="checkbox"/> Create	<input checked="" type="checkbox"/> Modify	<input checked="" type="checkbox"/> Cancel
Sponsor Bank Code	CITI000PIGW		I/We authorize Edelweiss Mutual Fund		
To debit (✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others	Bank A/c No.			
With Bank			IFSC/MICR		
an amount of Rupees			₹		
Debit Type		<input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	
Reference Folio No./App No.			Email ID		

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the user entity / corporate or the bank where I have authorized the debit.

From	D D M M Y Y Y Y	Maximum period of validity of this mandate is 40 years only.			
To	D D M M Y Y Y Y				
Maximum period of validity of this mandate is 40 years only.					
Phone No.		1. Name as in bank records	2. Name as in bank records	3. Name as in bank records	

## 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, who have not registered for OTM facility, may fill the OTM form and submit duly signed form with their name mentioned.
3. 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.
4. 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.
5. 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.
6. 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.
7. Tick on the respective option to select your choice of action and instruction.
8. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
9. 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.
10. 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.
11. 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.
12. Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.
13. Name should be as per PAN Card only.

**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.



## TERMS AND CONDITIONS

1. Please refer to the Key Information Memorandum (KIM), Statement of Additional Information (SAI) and Scheme Information Document (SID) for Applicable NAV, Risk Factors, Load and other information of the Scheme / Plan before investing.
2. Complete Application form and SIP OTM Form along with the first investment cheque should be submitted to the AMC / KfinTech ISC's.
3. Investors can give a cheque for the first Installment. The first cheque should be drawn on the same bank account which is to be registered for NACH. Alternatively, the cheque may be drawn on any bank, for which investor should provide a photocopy of the cheque or cancelled cheque of the bank/branch for which NACH is to be registered.
4. First SIP cheque and subsequent SIP installments via NACH should be of the same amount.
5. If any chosen day falls on a non business day, unit allotment is subject to credit realization of funds.
6. Incorrect / Incomplete applications are liable to be rejected.
7. Investors OTM will get registered at Folio level only.
8. Investors SIP/Purchase transactions are liable to get rejected if the purchase amount exceeds the maximum amount limit mentioned on the OTM mandate. New OTM will be replaced only if mandate amount and/or period is higher than existing OTM.
9. SIP request under existing registered OTM will start within 12 calendar days.
10. OTM instructions will take a minimum of one month for registration with the bank and hence the first debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in Scheme Information Document (SID) .
11. You can choose to discontinue this facility by giving 10 days written notice to any of AMC/ Registrar Investor Service centers.
12. Top-up: After completion of the tenure, in case the investor wants to continue his SIP investment for another tenure with the existing folio, then the investor has to submit a duly filled & signed SIP through OTM Mandate.
13. Request for change in bank mandate to be submitted atleast 30 business days before the due date of next SIP installment.
14. The bank account provided for OTM (Debit) should be in the list of banks participating in NACH .
15. MICR code or IFSC code should be mandatory filled on OTM mandate, MICR code starting and / or ending with 000 are not valid for OTM.
16. The investor agrees to abide by the terms and conditions of NACH facility of NPCI & Auto Debit as applicable at the time of investment and as may be modified from time to time.
17. The investor undertakes to keep sufficient funds in the account till the date of execution of the debit. The investor hereby declares that the particulars given overleaf are correct and complete. If the date of debit to the investors account happens to be a non Business day allotment of Units will happen as per the terms and conditions listed in the concerned Scheme Information Document (SID). The Fund, its registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay is caused , in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, change of government policies, unavailability of banks computer system , force majeure events or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
18. Investors will not hold Edelweiss AMC, its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific sip date due to the local holidays or any other reason.
19. Edelweiss AMC reserves the right to reject any application without assigning any reason thereof.
20. Please refer SID for minimum SIP investment amount under each Schemes.
21. Please refer the Key Information Memorandum (KIM) and Scheme Information Document (SID) of the respective Scheme for applicable NAV, risk factors, load (exit/entry) and other information on the respective Scheme before investing.
22. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
23. As per Prevention of Money Laundering Act 2002, it is mandatory for all investors to be KYC compliant. For more details please refer point XI on "Instructions to Investor for Filling up the Application Form.
- 24. Instructions for Systematic Investment Plan (SIP) Top-up**
  1. SIP Top-up Facility is not available under Micro SIPs
  2. SIP Top-up is a facility wherein an investor who wishes to enrol for SIP, has an option to increase the amount of the SIP installment by a fixed amount at pre-defined intervals i.e. half yearly and yearly. The SIP Top-up amount should be filled in the SIP Enrolment Form itself.
  3. Please refer scheme information document of respective scheme for minimum top-up amount.
  4. The SIP Top-up option is only available for monthly SIP.
  5. In case the top-up frequency is not indicated under Monthly SIP, it will be considered as half yearly interval.
  6. Top-up cap is the maximum amount beyond which the Top-up amount is capped.
  7. The OTM Maximum amount should include the Top Up amount also.

**BLANK**

ASBA APPLICATION FORM
Edelweiss Income Plus Arbitrage Active Fund of Funds

NFO Start Date : 3rd July, 2025 | NFO Close Date : 15th July, 2025
Please read Product Labelling available on the Front 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-400098, Maharashtra.

1 DISTRIBUTOR INFORMATION
Name & Distributor Code, Sub-Broker Code, Employee Unique Identification Number (EUN)\*, ARN
FOR OFFICE USE ONLY
SCSB, SCSB IFSC Code, Syndicate Member Stamp & Code, SCSB Branch Sr. No.
Name & Code, 11 Digit Code, Name & Code
Investors should mention the EUN 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 EUN 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'.
All sections to be filled in English and in BLOCK LETTERS.
All columns marked \* are mandatory.

2 APPLICANT INFORMATION TO BE FILLED IN BLOCK LETTERS\*
Name of Sole/1st Applicant, Mr., Ms., M/s., Others (Please Specify)
In case of Minor - Parent/Legal Guardian Name of 1st Applicant / Contact person (in case of non individual applicant)
Relationship with Minor/Designation
PAN of First Applicant/Guardian

3 BANK ACCOUNT DETAILS FOR BLOCKING OF FUNDS\*
A/c. Type [please check], SB, Current, NRO, NRE, FCNR
Account No, Bank Name, Branch, Branch Address, City, Pin, IFSC Code, MICR Code

4 DEMAT ACCOUNT DETAILS\*
Please ensure that the sequence of names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.
National Securities Depository Limited, Depository participant Name, DP ID No., I, N, Beneficiary Account No.
Central Securities Depository Limited, Depository participant Name, Target ID No.
Enclosures (Please tick any one box): Client Master List (CML), Transaction cum Holding Statement, Cancelled Delivery Instruction Slip (DIS)
The details provided by investors in the application form should be same as the details registered with the DP. In case of any conflict, details registered with the DP will prevail. In case of incorrect details, the application would be rejected and investment amount refunded, within 5 business days from the NFO closure.

5 INVESTMENT & PAYMENT DETAILS\*
Edelweiss Income Plus Arbitrage Active Fund of Funds
Subscription Amount (₹), Amount in words

6 DECLARATION AND SIGNATURE(S)
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 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 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 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 authorise this 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 folio(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 KYC norms. I/We hereby, further agree that the Fund can directly credit all the dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars above are correct.
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.
Applicable to investors who have not opted for nomination facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Edelweiss Mutual Fund. I/We confirm that I am/We are not US Person(s) as defined under the laws of United States or resident(s) 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.

ASBA ACKNOWLEDGEMENT SLIP
(To be filled in by the investor)
New Fund Offer Open on : 3rd July, 2025
New Fund Offer Closes on : 15th July, 2025
Received from Mr./Ms./M/s. an application for allotment
scheme Edelweiss Income Plus Arbitrage Active Fund of Funds Plan Option
Bank Name, Branch Name, Total Amount to be blocked ₹ (Figures), Total Amount to be blocked ₹ (Words)
SCSB Receipt
Signature Stamp and Date

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

**ASBA AUTHORISATION :** 1) I/We hereby undertake that I/We am/are an ASBA Investor as per the applicable provisions of the SEBI (Issue of Capital and Disclosure Requirements), Regulations 2009 ('SEBI Regulations') as amended from time to time. 2) In accordance with ASBA process provided in the SEBI Regulations and as disclosed in this application, I/We authorize (a) the SCSB to do all necessary acts including blocking of application money towards the Subscription of Units of the Scheme, to the extent mentioned above in the "SCSB/ASBA Account details" or unblocking of funds in the bank account maintained with the SCSB specified in this application form, transfer of funds to the Bank account of the Scheme / Edelweiss Mutual Fund on receipt of instructions from the Registrar and Transfer Agent after the allotment of the Units entitling me/us to receive Units on such transfer of funds, etc. (b) Registrar and Transfer Agent to issue instructions to the SCSB to remove the block on the funds in the bank account specified in the application, upon allotment of Units and to transfer the requisite money to the Scheme's account / Bank account of Edelweiss Mutual Fund. 3) In case the amount available in the bank account specified in the application is insufficient for blocking the amount equivalent to the application money towards the Subscription of Units, the SCSB shall reject the application. 4) If the DP ID, Beneficiary Account No. or PAN furnished by me/us in the application is incorrect or incomplete or not matching with the depository records, the application shall be rejected and the Edelweiss Mutual Fund or Edelweiss Asset Management Company Limited or Edelweiss Trusteeship Company Limited or SCSBs shall not be liable for losses, if any.

<table border="1"> <tr> <td>Date</td> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>Place</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	Date	D	D	M	M	Y	Y	Y	Y	Place																		Signature(s)			
Date	D	D	M	M	Y	Y	Y	Y																							
Place																															
	Signature of First Bank Account Holder	Signature of Second Bank Account Holder	Signature of Third Bank Account Holder																												

ASBA Forms should be submitted only with an authorized branch of designated SCSBs. Copy of acknowledgement receipt of the ASBA form issued by SCSB should be submitted with the NFO form to Edelweiss Mutual Fund or its Registrar, Karvy.

### INSTRUCTIONS FOR FILLING ASBA APPLICATION FORM

- Please visit [www.sebi.gov.in/cms/sebi/data/attachdocs/1365051213899.html](http://www.sebi.gov.in/cms/sebi/data/attachdocs/1365051213899.html) or [www.nseindia.com](http://www.nseindia.com) for list of currently available Self Certified Syndicate Banks (SCSB) offering ASBA facility with their designated branches.
- The investor shall submit the ASBA Form at the Bank branch of SCSB, which is designated for the purpose and the investor must be holding a bank account with such SCSB. Investors should check with their bank branch to confirm whether the branch is offering ASBA facility.
- ASBA Application Form will not be accepted by any of the offices of Edelweiss Mutual Fund or its Registrar & Transfer Agent, i.e. KFin Technologies Pvt. Ltd.
- An ASBA investor shall submit a duly filled up **ASBA Application form, physically or electronically**, to the SCSB with whom the bank account to be blocked, is maintained.
  - In case of **ASBA application in physical mode**, the investor shall submit the ASBA Form at the Bank branch of SCSB, which is designated for the purpose and the investor must be holding a bank account with such SCSB.
  - In case of **ASBA application in electronic form**, the investor shall submit the ASBA Form either through the internet banking facility available with the SCSB, or such other electronically enabled mechanism for subscribing to units of Mutual Fund Scheme authorising SCSB to block the subscription money in a bank account.
- Investors shall correctly mention the Bank Account number in the ASBA Application Form and ensure that funds equal to the subscription amount are available in the bank account maintained with the SCSB before submitting the same to the designated branch.
- Upon submission of an ASBA Form with the SCSB, whether in physical or electronic mode, investor shall be deemed to have agreed to block the entire subscription amount specified and authorized the Designated Branch to block such amount in the Bank Account.
- On the basis of an authorisation given by the account holder in the ASBA application, the SCSB shall block the subscription money in the Bank Account specified in the ASBA application. The subscription money shall remain blocked in the Bank Account till allotment of units under the scheme or till rejection of the application or incase of winding up of scheme, as the case may be.
- If the Bank Account specified in the ASBA application does not have sufficient credit balance to meet the subscription money, the ASBA application shall be rejected by the SCSB.
- The ASBA Form should not be accompanied by cheque, demand draft or any mode of payment other than authorisation to block subscription amount in the Bank Account.
- Investor is required to submit a copy of the acknowledgement receipt of the ASBA Form (as submitted with SCSB) along with the NFO Application Form to Edelweiss Mutual Fund or any of its official point of acceptance.
- Edelweiss Mutual Fund or its Registrar, Karvy shall not be liable for any negligence or mistake committed by the SCSBs.
- All grievances relating to the ASBA facility may be addressed to the AMC/RTA to the issue, with a copy to the SCSB, giving full details such as name, address of the applicant, subscription amount blocked on application, bank account number and the designated Branch or the collection centre of the SCSB where the ASBA Form was submitted by the Investor.
- ASBA facility extended to investors shall operate in accordance with the SEBI guidelines in force from time to time.

# AUTO SWITCH FACILITY ENROLMENT FORM

(Applicable during NFO period only)



## EDELWEISS MUTUAL FUND

APPLICATION NO.

**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. KYC is mandatory for all investors.

### 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 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'.

^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
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### 1 INVESTOR DETAILS

Existing Folio Number  PAN/PEKRN (1st Applicant)   
Name of Sole /1st Applicant   
(Name as per PAN Card Only)

### 2 SCHEME DETAILS (Refer instructions)

#### SWITCH-OUT SCHEME DETAILS

Switch Out Scheme Name (Please ✓ choice of Scheme)	<input type="checkbox"/> Edelweiss Money Market Fund	<input type="checkbox"/> Edelweiss Liquid Fund
Plan (Please ✓ choice of Plan):	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option:	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW-Reinvestment <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW-Transfer Frequency: _____	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW-Reinvestment <input type="checkbox"/> IDCW-Payout <input type="checkbox"/> IDCW-Transfer Frequency: _____

#### SWITCH-IN SCHEME DETAILS

Switch In Scheme Name: **EDELWEISS INCOME PLUS ARBITRAGE ACTIVE FUND OF FUNDS**

Plan (Please ✓ choice of Scheme): ☐ Regular ☐ Direct Option: ☐ Growth ☐ IDCW-Reinvestment ☐ IDCW-Payout ☐ IDCW-Transfer

IDCW (Transfer) to Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_

Switch Amount: ₹ \_\_\_\_\_ (in figures) OR No. of Units: \_\_\_\_\_ OR All Units: ☐ (Please ✓)

I have read and understood the terms & conditions of Auto Switch Facility.

### 4 DECLARATION AND SIGNATURE

I/We have read and understood the contents of the Statement of Additional Information (SAI) & respective Scheme Information Document (SID) and Key Information Memorandum (KIM), and Addendums. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme(s) as applicable from time to time. Amount invested/to be invested in the Schemes is derived through legitimate sources. 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.

#### SIGNATURE

Sole/First Applicant/ Guardian	Second Applicant	Third Applicant
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DATE : \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PLACE \_\_\_\_\_



### ACKNOWLEDGEMENT SLIP FOR AUTO SWITCH APPLICATION FORM

(To be filled in by the Unitholder)

Folio No.

Received from: Mr. / Ms. / M/s \_\_\_\_\_

Auto Switch : ₹ \_\_\_\_\_ (in figures)

From Scheme: ☐ Edelweiss Money Market Fund ☐ Edelweiss Liquid Fund Plan: ☐ Regular ☐ Direct

Option: ☐ Growth ☐ IDCW-Re-investment ☐ IDCW-Payout ☐ IDCW-Transfer

To Scheme: **Edelweiss Income Plus Arbitrage Active Fund of Funds** Plan \_\_\_\_\_ Option \_\_\_\_\_

Collection Center's Stamp & Receipt Date and Time

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