bharat Bond Exchange Traded Fund

NFO Open Date: 14th July, 2020
NFO Close Date: 17th July, 2020
Scheme re-opens for continuous sale and repurchase not later than 30th July, 2020

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

Please read the instructions before filling up the form. All sections to be completed in ENGLISH in black / blue coloured ink and in BLOCK LETTERS.

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

1 SCHEME SELECTION (For multiple schemes fill separate forms)

☐ **BHARAT Bond ETF – April 2025** **OR** ☐ **BHARAT Bond ETF – April 2031**

2 DEMAT ACCOUNT DETAILS (Mandatory) (Please enclose the latest Client Master List (CML)/Demat account statement)

NSDL: Depository Participant (DP) ID (NSDL only) I N | Beneficiary Account Number (NSDL only) | CDSL: Depository Participant (DP) ID (CDSL only)

3 INVESTOR CATEGORY (Please tick any one) (Refer Instruction No.VII)

☐ Retail Individual Investors ☐ Retirement Funds ☐ Qualified Institutional Buyers (QIB) ☐ Non-Institutional Investors

4 APPLICANT(S) DETAILS (Investor Names Sequence should exactly matched with Demat Account Sequence) (Refer Instruction No.II)

Name of Sole/ First Applicant* Mr. Ms. M/s.

Name of Second Applicant* Mr. Ms. M/s.

Name of Third Applicant* Mr. Ms. M/s.

PAN of 1st Applicant | PAN of 2nd Applicant | PAN of 3rd Applicant

Name of Guardian (in case First/Sole applicant is minor) **/ Contact Person - Designation / PoA Holder** Mr. Ms. M/s. | **PAN of Guardian/PoA Holder**

Relationship with Minor applicant: ☐ Natural guardian ☐ Court appointed guardian *** Names should be as available in Demat Account**

5 INVESTMENT AND PAYMENT DETAILS

Amount invested Rs. | Cheque/DD No. | Cheque/DD Date D D M M Y Y Y Y

Account No. | Account Type ☐ Savings ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Bank Name | IFSC Code

The cheque / demand draft should be crossed **"Account Payee Only"**.
Cheque should be in favor of as mentioned below.

Scheme Name	Cheque Favouring
Bharat Bond ETF - April 2025	Bharat Bond ETF - April 2025
Bharat Bond ETF - April 2031	Bharat Bond ETF - April 2031

6 TAX STATUS [Please tick (✓)]

☐ Resident Individual ☐ NRI ☐ Partnership Firm ☐ Government Body ☐ Foreign Portfolio Investor ☐ QFI
☐ On behalf of Minor ☐ Foreign National ☐ Company ☐ AOP/BOI ☐ Defence Establishment ☐ NON Profit Organization/Charities
☐ HUF ☐ Body Corporate ☐ Private Limited Company ☐ FII ☐ Public Limited Company ☐ Bank ☐ Financial Institution
☐ Financial Institution ☐ Trust/Society/NGO ☐ Limited Partnership (LLP) ☐ Sole Proprietorship ☐ Others (please specify) _____

7 CORRESPONDENCE DETAILS OF SOLE/FIRST APPLICANT: Correspondence Address (Please provide full address)

Pin

Tel./Mobile | Email

8 FOR SWITCH

Folio No. : | Amount : ₹

From Scheme : **Edelweiss**

To Scheme : ☐ **BHARAT Bond ETF – April 2025** ☐ **BHARAT Bond ETF – April 2031**

Switch can be submitted only in amount where Source scheme units are held in Physical mode. The pattern of Holding in the to transferor scheme should match with the Demat account mentioned in this application.

9 INVESTOR(S) DECLARATION & SIGNATURE(S)

I/We have read, understood and hereby agree to abide by the Scheme Information Document/Key Information Memorandum of the Scheme(s)as well as the terms & conditions, rules and regulations of SEBI, AMFI, Prevention of Money Laundering Act, 2002 and such other regulations as may be applicable to me/us from time to time. I/we hereby confirm that I/we have complied with all the provisions of KYC/CKYC as well as FATCA/CRS and have submitted the details/disclosures to the Depository Participant with whom I/we hold my/our Demat Account. Edelweiss Asset Management Limited can rely on the KYC/FATCA related details provided by me to Depository Participant. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We declare that the amount invested in the Scheme(s) is through legitimate sources only and is not designed for the purpose of contravention or evasion of any Act, Regulations or any other applicable laws enacted by the Government of India or any Statutory Authority. The ARN holder has disclosed to me/us 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(s) is being recommended to me/us. I/We hereby confirm that the information/documents provided by me/us in this Application Form are true, correct and complete in all respect. I/We hereby agree and confirm to inform AMC promptly in case of any changes. I/We am/are interested in receiving promotional material from the AMC via email, SMS, telecall, etc. **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. **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 setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on www.edelweissfin.com. I hereby agree to provide my express consent to Edelweiss 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

SIGNATURE (s)	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT	DATE : ____ /____ /_____ PLACE : _____

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bharat Bond Exchange Traded Fund

ACKNOWLEDGEMENT SLIP

To be filled in by the investor

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Received from: Mr. / Ms. / M/s_____

Scheme ☐ **BHARAT Bond ETF – April 2025** ☐ **BHARAT Bond ETF – April 2031** Amount _____

Cheque/DD No._____ dated _____ Bank _____

Collection Center's Stamp & Receipt Date and Time