

SIM - Special Investment Mandate Form

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

Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited. Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400098

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code	Employee Unique Identification Number (EUN)*	Sub-Broker Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt	SIMF WB055955
	ARN		Internal 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 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'

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

Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

2 TRANSACTION CHARGES (Please ✓) (Default option Existing Investor) (Refer Instruction No. XII)

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

In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

3 EXISTING UNIT HOLDER INFORMATION / EXISTING ZERO BALANCE FOLIO NO. If you have existing folio, please fill in section 2 and proceed to section 8. (Refer Instruction No. XI)

Folio No. _____ Name of First Applicant _____

4 Mandatory * PAN Please attach certified PAN copy (Refer Instruction No. V) **Know Your Customer (KYC)** (Refer Instruction No. X)

1st Applicant /Guardian P A N N U M B E R Yes (Please submit proof) Yes (Please submit KYC Application Form)

5 APPLICANT INFORMATION (Refer Instruction No. II) to be filled in BLOCK LETTERS* Applications from residents of USA and Canada will not be accepted

Name of Sole /1st Applicant Mr. Ms. M/s. Others (Please Specify) _____ Date of Birth (DOB)^ / Date of Incorporation D D M M Y Y _____

In case of Minor - Parent/ Legal Guardian Name of 1st Applicant /Contact person (in case of non individual applicant) _____ Relationship with Minor/ Designation _____

^Mandatory proof of Date of Birth for Minors (Any One) Birth Certificate School Leaving Certificate Passport Mark sheet issued by Higher Secondary Board / ICSE / CBSE Others Please Specify _____

Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address _____

City _____ State _____ Country I N D I A Pin Code _____

Contact Details of Sole / First Applicant Email ID (In BLOCK Letters) _____ Mobile No. _____ Tel. No. STD Code Res. Office Fax _____

Email ID & Mobile No. are essential to enable us to communicate with you better

Overseas Address (mandatory for NRI/FII applicant*) Country _____ Zip Code _____ Address for correspondence (for NRI applicants) Indian Overseas

E-MAIL COMMUNICATION (Refer Instruction No. III) [please ✓]

I/we wish to receive the following document via email in lieu of physical document(s) Account Statement / News Letter / Annual Report / Other Statutory Information Yes No

Gross Annual Income [please ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore Net-worth in (Mandatory for Non-Individuals) ₹ _____ as on DD / MM / YYYY (Not older than 1 year)	Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify _____ For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others Please Specify _____
---	---	---

FATCA INFORMATION (1st Applicant/Non-Individual)* (Refer Instruction No. XVI)

Country of Birth/Registration: _____ Country of Citizenship/ Nationality: India USA Others (please specify) _____
 Country of Tax Residency: India USA Others (please specify) _____ Tax Reference Number: _____

Mandatory for Non-Individual Investor Is the entity involved/providing any of the following services Yes No [(Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV)]

♦ For Foreign Exchange / Money Changer Services Yes No ♦ Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) Yes No
 ♦ Money Lending / Pawning Yes No

Mode of Holding* [please ✓] Single Joint Any one or survivor(s)

Name of 2nd Applicant Mr. Ms. _____ PAN _____ Gross Annual Income [please ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify _____ For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others Please Specify _____
---	---	---

FATCA INFORMATION (2nd Applicant)*

Country of Birth: _____ Country of Citizenship/ Nationality: India USA Others (please specify) _____
 Country of Tax Residency: India USA Others (please specify) _____ Tax Reference Number: _____

ACKNOWLEDGEMENT SLIP To be filled in by the investor

Received from: Mr. / Ms. / M/s _____ an application for allotment Scheme _____ Plan _____ Option _____

vide Cheque No _____ Dated ____/____/____ Amount (₹) _____ Drawn on Bank and Branch _____

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

Application No: SIMF WB055955	Collection Center's Stamp & Receipt Date and Time
---	---

Name of 3rd Applicant	Mr.	Ms.							PAN		
Gross Annual Income [please ✓]*			Occupation* [please ✓]				Legal Status* [please ✓]				
<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> FII's	<input type="checkbox"/> Society/Club	
<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore			<input type="checkbox"/> House Wife	<input type="checkbox"/> Student	<input type="checkbox"/> Defence	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> AOP/BOI	<input type="checkbox"/> NRI/PIO	<input type="checkbox"/> FI	<input type="checkbox"/> HUF
				<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Body Corporate		<input type="checkbox"/> Minor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Bank	<input type="checkbox"/> Trust
				<input type="checkbox"/> Listed Company	<input type="checkbox"/> Others			<input type="checkbox"/> Company/Body Corporate	<input type="checkbox"/> NPO		
				For Individual Investor*	Politically Exposed Person (PEP)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Others	<i>Please Specify</i>		

FATCA INFORMATION (3rd Applicant)*

Country of Birth: _____ Country of Citizenship/ Nationality: India USA Others (please specify) _____
Country of Tax Residency: India USA Others (please specify) _____ Tax Reference Number: _____

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

POA Name	Mr.	Ms.							PAN	
FATCA INFORMATION										
Country of Birth: _____			Country of Citizenship/ Nationality: <input type="checkbox"/> India <input type="checkbox"/> USA				Others (please specify) _____			
Country of Tax Residency: <input type="checkbox"/> India <input type="checkbox"/> USA			Others (please specify) _____				Tax Reference Number: _____			

7 BANK ACCOUNT DETAILS* (Refer Instruction No. IV for multiple bank registration)

A/c Type [please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	
Account No	Bank Name					
Branch Address						
Pin	IFSC Code			MICR Code		

8 INVESTMENT DETAILS FOR SIM (Refer Instruction No. VI)

'Prepaid' SIP Investment Details* (Refer Instruction No. VI a) [please ✓]	Invest in (Gross Amount) Plan: <input type="checkbox"/> Existing <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout	Fall In (both benchmarks can be selected) <input type="checkbox"/> CNX Nifty <input type="checkbox"/> 0.50% <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> CNX Mid-Cap <input type="checkbox"/> 0.50% <input type="checkbox"/> 1% <input type="checkbox"/> 2%	Switch <input type="checkbox"/> 5% or <input type="checkbox"/> 10% of the investment amount to Ratio equalling to 100 in case more than 1 scheme is selected 1) <input type="checkbox"/> Edelweiss Diversified Growth Equity Top 100 (E.D.G.E. Top 100) Fund (Ratio _____) 2) <input type="checkbox"/> Edelweiss Emerging Leaders Fund (Ratio _____) 4) Edelweiss ELSS Fund (Ratio _____) 3) <input type="checkbox"/> Edelweiss Absolute Return Fund* (Ratio _____) 5) <input type="checkbox"/> Edelweiss Value Opportunities Fund (Ratio _____) <input type="checkbox"/> Edelweiss Emerging Leaders Fund
	₹25,000 - 18,00,000: ₹ <u>Specify amount</u> > ₹18,00,000: ₹ <u>Specify amount</u>		<input type="checkbox"/> Existing Plan <input type="checkbox"/> Direct Plan
	Dividend Sweep to Scheme _____	<input type="checkbox"/> Growth <input type="checkbox"/> Bonus	<input type="checkbox"/> Dividend <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Sweep
			Plan _____ Option _____

*Switch from Edelweiss Absolute Return Fund (being a Source Scheme) to Edelweiss Absolute Return Fund (being a designated Target Scheme) is not applicable.
^^Default Option ^Trigger for switch from Edelweiss Liquid Fund will be activated post completion of exit load period, if any. *Applicable exit load will be levied on switch.
Dividend Reinvestment Facility is not available under Edelweiss ELSS Fund

OR

Switch on Arbitrage Investment Details* (Refer Instruction No. VI b) [please ✓]	Edelweiss Liquid Fund Plan: <input type="checkbox"/> Existing <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth^^ <input type="checkbox"/> Dividend Payout	On the occurrence of trigger the entire unit balance will be switched to Edelweiss Arbitrage Fund
	Amount ₹ _____	<input type="checkbox"/> Regular Plan <input type="checkbox"/> Direct Plan
	Dividend Sweep to Scheme _____	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Bonus <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Sweep
		Plan _____ Option _____

^^Default Option

OR

INVESTMENT DETAILS

GAIN SWITCHING MECHANISM Investment Details* (Refer Instruction No. VI c) [please ✓]	Invest in (Gross Amount) Plan: <input type="checkbox"/> Existing <input type="checkbox"/> Direct Option: <input type="checkbox"/> Growth <input type="checkbox"/> Dividend Payout	Switch the Gains* if NAV increases by <input type="checkbox"/> One Time <input type="checkbox"/> Perpetual <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%	To Schemes <input type="checkbox"/> Edelweiss Absolute Return Fund <input type="checkbox"/> Edelweiss Arbitrage Fund <input type="checkbox"/> Edelweiss Liquid Fund <input type="checkbox"/> Edelweiss Short Term Income Fund
	<input type="checkbox"/> Edelweiss Absolute Return Fund <input type="checkbox"/> Edelweiss Diversified Growth Equity Top 100 Fund <input type="checkbox"/> Edelweiss Select Midcap Fund <input type="checkbox"/> Edelweiss Value Opportunities Fund Invest Amount: ₹25,000 and above	<input type="checkbox"/> Existing Plan <input type="checkbox"/> Direct Plan	Dividend Sweep to Scheme _____
	<input type="checkbox"/> Growth <input type="checkbox"/> Dividend* <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bonus <input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Sweep	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Plan _____ Option _____

Trigger to be done only on completion of 1 year OR if the Exit load of source Scheme is over, whichever is later
The dividend frequency Daily, Weekly, Fortnightly, Monthly & Monthly Reinvestment, Monthly Payout, Monthly Sweep Facility is only available under Edelweiss Liquid Fund. Default Option under Edelweiss Liquid Fund shall be Dividend Option /Daily Dividend Reinvestment Facility

9 PAYMENT DETAILS (Refer Instruction No. VII)

Mode of Payment [please ✓]	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	Cheque No.	Date	D	D	M	M	Y	Y	
Gross Amount (₹)	DD Charges (₹)		Net Amount (₹)									
Bank /Branch & City												
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				

CHECKLIST (Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public.)

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

10 NOMINATION DETAILS* (Refer Instruction No. IX)

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

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

11 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(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 dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated 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 resident(s) of United States 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(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

	Signature(s)																
<table border="1" style="width: 100%;"> <tr> <td>Date</td> <td>D</td> <td>D</td> <td>M</td> <td>M</td> <td>Y</td> <td>Y</td> </tr> <tr> <td>Place</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Date	D	D	M	M	Y	Y	Place							Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
Date	D	D	M	M	Y	Y											
Place																	

For Detailed Instructions on Filling the Application Form please refer to Page no. 44.