

# APPLICATION FORM

**Edelweiss Arbitrage Fund** (An Open Ended Equity Scheme)

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

New Fund Offer Opens On: June 12, 2014  
New Fund Offer Closes On: June 20, 2014



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: <b>WB048841</b>
	Name & Distributor Code	Sub-Broker Code AFN	Employee Unique Identification Number (EJIN)*	Sub-Broker Code Internal Code	E- Code	Registrar/ Bank Serial No.	Date & Time of Receipt	

\* Investors should mention the EJIN 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 EJIN 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".

Upright 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

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

**2 EXISTING UNIT HOLDER INFORMATION / EXISTING ZERO BALANCE FOLIO NO.** If you have existing folio, please fill in section 2 and proceed to section 10. (Refer Instruction No. XIII)

Folio No.	Name of First Applicant
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**3 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.

**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 <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
2nd Applicant	P A N N U M B E R	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
3rd Applicant	P A N N U M B E R	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (Please submit KYC Application Form)
POA Holder	P A N N U M B E R	Yes <input type="checkbox"/> (Please submit proof)	Yes <input type="checkbox"/> (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* \_\_\_\_\_

Name of 2nd Applicant Mr. Ms. \_\_\_\_\_ DOB D D M M Y Y

Name of 3rd Applicant Mr. Ms. \_\_\_\_\_ DOB D D M M Y Y

<b>Mode of Holding* [please ✓]</b> <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Any one or survivor(s) (Default option is "Any one or survivor(s)" in case of more than one applicant)	<b>Occupation* [please ✓]</b> <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"/> Politically Exposed Person <input type="checkbox"/> Dealers in High Value Commodities <input type="checkbox"/> Others <i>Please Specify</i> (Traders in Precious Metals, Jewellery & Antique Dealers)	<b>Legal Status* [please ✓]</b> <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"/> Others <i>Please Specify</i>
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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

*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

**6 POWER OF ATTORNEY (POA)**

POA Name Mr. Ms. \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Pin Code \_\_\_\_\_

*If investment is being made by a Constitutional Attorney, please submit notarised copy of POA*

**7 BANK ACCOUNT DETAILS\* (Refer Instruction No. IV)**

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

**ACKNOWLEDGEMENT SLIP** To be filled in by the investor

New Fund Offer Opens On: June 12, 2014  
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Application No: **WB048841**

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment  
Scheme **EDELWEISS ARBITRAGE FUND** Plan \_\_\_\_\_ Option \_\_\_\_\_  
vide Cheque No \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount ( ` ) \_\_\_\_\_ Drawn on  
Bank and Branch \_\_\_\_\_

Collection Center's Stamp & Receipt Date and Time
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*Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)*

