NFO - Edelweiss Consumption Fund

(An open-ended equity scheme following consumption theme)

NFO Start Date: 31st January, 2025 | NFO Close Date: 14th February, 2025 | Reopening Date: On or before 03rd March, 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-169080	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN) E334451		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 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** D D M M Y Y Y Y

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** D D M M Y Y Y Y

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** D D M M Y Y Y Y PAN** CKYC No.

6 Third Applicant details

Third Applicant** (Name as per PAN Card Only) Mr. Ms. M/s.

Date of Birth** D D M M Y Y Y Y PAN** CKYC No.

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	

EDELWEISS MUTUAL FUND

ACKNOWLEDGEMENT SLIP
To be filled in by the investor

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

Scheme **Edelweiss Consumption Fund** 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

8 Contact Details of Sole / First Applicant - (Correspondence Address)

##Please note that your address details will be updated as per your KYC records with CKYC / KRA

City/ Town

State

Country Pin

Overseas Address (Mandatory for NRI Applicants)

City/ Town

State

Country Pin

First Holder

Mobile No. (For Receiving Transaction Alerts via SMS) Office Residence

Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Email ID (CAPITAL letters only)

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Second Holder

Mobile No. (For Receiving Transaction Alerts via SMS) Office Residence

Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Email ID (CAPITAL letters only)

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Third Holder

Mobile No. (For Receiving Transaction Alerts via SMS) Office Residence

Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Email ID (CAPITAL letters only)

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

9 FOR LUMPSUM/NEW SIP-INVESTMENT DETAILS* Choice of Scheme/Plan/Option

For SIP Investment Auto-Debit Form is mandatory (Refer Instruction No.VI)

Scheme Name **Edelweiss Consumption Fund**

(Plan) *(Option)* *(Sub-Option)*

(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)

IDCW (Transfer) to Scheme Plan Option

10 SYSTEMATIC TRANSACTION REGISTRATION DETAILS

SIP

Scheme: **Edelweiss Consumption Fund** Plan _____ Option _____ Sub-Option _____

Installment amount (in figures): _____ Installment amount (in words): _____

Frequency: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly Preferred SIP date: _____ (For Monthly & Quarterly only)

Debit Date: SIP Period: From Date To Date

Note - Please submit separate SIP cum OTM Debit mandate form along with NFO application form to register SIP.

11 Payment Details

Mode of Payment [Please ✓] ☐ RTGS/NEFT/Fund Transfer ☐ DD ☐ Cheque ☐ AOTM ☐ KOTM Cheque No. Date D D M M Y Y Y Y

Gross Amount (₹) Net Amount (₹) DD Charges (₹)

Bank Details: ☐ Same as below *(Please tick (✓) if yes)* ☐ 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 ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

UMRN No.

Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM

Note - The cheque should be drawn in favor of 'Edelweiss Consumption Fund'

12 Bank Account Details mandatory for Redemption/IDCW/Refunds, if any

(Refer Instruction No. IV)

Account No. Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ 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.

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

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

13 FATCA & CRS Details *For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form* *(Refer Instruction No.XV)*

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? ☐ Yes *(If Yes, below details are mandatory)* ☐ 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.		
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)*

Occupation	Business	Service	Professional	Agriculturist	Housewife	Student	Defence	Bureaucrat	Forex Dealer	Unlisted Company	Body Corporate	Listed Company	Others
First Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
Second Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
Third Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
Guardian	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____

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	☐	☐	☐	☐	☐	☐	₹ (in figures)	DD/MM/YYYY
Second Applicant	☐	☐	☐	☐	☐	☐	₹ (in figures)	DD/MM/YYYY
Third Applicant	☐	☐	☐	☐	☐	☐	₹ (in figures)	DD/MM/YYYY
Guardian	☐	☐	☐	☐	☐	☐	₹ (in figures)	DD/MM/YYYY

PEP DETAILS	First Applicant	Second Applicant	Third Applicant	Guardian
Are you a Politically Exposed Person (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are you related to a Politically Exposed Person (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

15 Nomination Details* *(Mandatory)* *(Refer instruction no. IX)*

☐ **I/We wish to nominate as under:**

Sr. No.	Name of Nominee (Name as per PAN Card Only)	PAN	Allocation (%)	Relationship with Investor	Nominee Date of Birth	Guardian Name (in case of minor)	Guardian/Nominee Signature
1.					DD/MM/YYYY		
2.					DD/MM/YYYY		
3.					DD/MM/YYYY		

☐ **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 do hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund 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 holders, my / our legal heirs would need to submit all the requisite documents issued by count or such other competent authority, based on the value of the assets held in the mutual fund folio.

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.edelweissfin.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: _____