

SUPPLEMENTARY KNOW YOUR CLIENT (KYC) FORM

The Application Form should be completed in English and in **BLOCK LETTERS** only.
All information required below is 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

Bonanza - 0186

1 APPLICANT INFORMATION

Name of Sole /1st Applicant Mr. Ms. M/s. Others (Please Specify)

In case of Minor - Parent/ Legal Guardian Name of 1st Applicant
Relationship with Minor

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"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <i>Please Specify</i>	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"/> Others <i>Please Specify</i>
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		

Mandatory for Non-Individual Investor	Is the entity involved/providing any of the following services <input type="checkbox"/> Yes <input type="checkbox"/> No
	♦ For Foreign Exchange / Money Changer Services <input type="checkbox"/> Yes <input type="checkbox"/> No ♦ Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates) <input type="checkbox"/> Yes <input type="checkbox"/> No ♦ Money Lending / Pawning <input type="checkbox"/> Yes <input type="checkbox"/> No

2 Name of 2nd Applicant Mr. Ms.

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"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <i>Please Specify</i>	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"/> Others <i>Please Specify</i>
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		

3 Name of 3rd Applicant Mr. Ms.

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"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <i>Please Specify</i>	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"/> Others <i>Please Specify</i>
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		

4 DECLARATION AND SIGNATURE(S)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting I am aware that I may be held liable for it.

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