Declaration for Ultimate Beneficial Ownership [UBO]

(Mandatory for Non-individual Applicant/Investor)

To be filled in BLOCK LETTERS (Please strike off section(s) that is/are not applicable)

Edelweiss Mutual Fund

1 Part I: Applicant/Investor details:

Investor Name:

Investor PAN:

2 Part II: Listed Company / its subsidiary company [Part III Details NOT APPLICABLE]

(i) I/ We hereby declare that -

- ☐ Our company is a Listed Company listed on recognized stock exchange in India
- ☐ Our company is a subsidiary of the Listed Company
- ☐ Our company is controlled by a Listed Company

(ii) Details of Listed Company^

Stock Exchange on which listed_____ Security ISIN _____

^The details of holding/parent company to be provided in case the applicant/investor is a subsidiary company.

3 Part III: Non-individuals other than Listed Company / its subsidiary company

(I) Category [✓ applicable category]:

- ☐ Unlisted Company
- ☐ Partnership Firm
- ☐ Limited Liability Partnership Company
- ☐ Unincorporated association / body of individuals
- ☐ Public Charitable Trust
- ☐ Religious Trust
- ☐ Private Trust
- ☐ Trust created by a Will
- ☐ Others _____ [please specify]

(ii) Details of Ultimate Beneficiary Owners:

(In case the space provided is insufficient, please provide the information by attaching separate declaration forms)

Sr. No.	Name of UBO [Mandatory]	PAN or any other valid ID proof for those where PAN is not applicable# [Mandatory]	Position / Designation [to be provided wherever applicable]	Applicable Period	UBO Code [Mandatory] [Refer instruction 3]	KYC (Yes/No) [Please attach KYC acknowledgment copy] [Refer instruction 2]

#Attached documents should be self-certified by the UBO and certified by the Applicant/Investor Authorized Signatory/ies.

4 Part IV: Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In the event any of the above information is/are found to be false/incorrect and/or the declaration is not provided, then the AMC/Trustee/Mutual Fund shall reserve the right to reject the application and/or reverse the allotment of units and the AMC/Mutual Fund/Trustee shall not be liable for the same. I/We hereby authorize sharing of the information furnished in this form with all SEBI Registered Intermediaries and they can rely on the same. In case the above information is not provided, it will be presumed that applicant is the ultimate beneficial owner, with no declaration to submit. I/We also undertake to keep you informed in writing about any changes/modification to the above information in future and also undertake to provide any other additional information as may be required at your end.

Authorized Signatories [with Company/Trust/Firm/Body Corporate seal]

Date: D D M M Y Y Y Y Place: