

Sponsor: Edelweiss Financial Services Limited. **Trustee Company:** Edelweiss Trusteeship Company Limited. **Investment Manager:** Edelweiss Asset Management Limited. Edelweiss Asset Management Limited. Tower 3, Wing B, Ground Floor, Kohinoor City Mall, Kohinoor City, Kiroi Road, Kurla (W), Mumbai - 400070

EUIN DECLARATION FORM

To,
Edelweiss Mutual Fund

I / We hereby refer to my / our following application for subscription of Units in the Scheme(s) of Edelweiss Mutual Fund where the Employee Unique Identity Number (EUIN) of the Distributor / Sub-Distributor was left blank / wrongly mentioned:

Application No.	Folio No.	First Unit Holder's Name

Transaction Details:

Name of the Scheme(s)			Transaction Date	Amount
Scheme	Plan	Option	DD MM YYYY	₹

Execution only Transaction Declaration (To be signed by the Investors as per mode of holding):

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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

Signature(s):

First/Sole Applicant
Second Applicant
Third Applicant

Date:

OR **Distributor Details** (to be signed by the Distributor):

ARN Code*

Sub-broker ARN Code

Broker Internal Code
(As allotted by ARN holder)

EUIN

*Existing ARN code cannot be changed.

Signature with ARN Name & Seal

Date:

Note:

1. This declaration must be submitted within 30 days from the date of application / transaction.
2. Declaration must be signed by all applicants in case mode of holding is joint.
3. A separate declaration must be furnished for each separate transaction / application.