

Declaration from Residents of United States of America for investment in Mutual Fund(s)



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 - 400 098, Maharashtra. | **Website:** www.edelweissmf.com

Date :

Investor Details	
Folio/Application No.	
Name of First Applicant	
Name of Guardian (In case of Minor)	
Name of Second Applicant	
Name of Third Applicant	

I/We, hereby unequivocally and irrevocably declare, accept the statements, all of which I/We am/are fully knowledgeable about, as follows:

- I/We am/are a Non Resident Indian(s) (NRI) / Person(s) of Indian Origin (PIO) as per the extant laws of the Republic of India currently residing in the United States of America.
- I/We understand and agree that Edelweiss Mutual Fund, Edelweiss Asset Management Limited have neither filed any of their scheme related documents / constitution documents nor have registered the units of the schemes of Edelweiss Mutual Fund in any jurisdiction other than the Republic of India. The same has also been clearly mentioned in scheme related documents/ constitution documents.
- I/We have not been communicated/ solicited/marketed/advertised about making any investment(s) in the scheme(s) of Edelweiss Mutual Fund either by way of (a) any physical means (including but not limited to any advertisement, article, notice or other communication published in any newspaper, magazine or similar media, seminar, meeting, press conference, mailings, billboards or (b) any electronic means (including but not limited to a television/radio broadcast, internet, social media, electronic mails) in a jurisdiction of which I am a resident by any person(s) including Edelweiss Mutual Fund, Edelweiss Asset Management limited or their respective directors, trustees, employees, agents, assigns.
- I/We confirm that by applying for subscription to the schemes of Edelweiss Mutual Fund, I/We are not in any non-compliance, violation or in irregularity with any/all extant laws (of any jurisdiction) applicable to me/us and that I/We have not been barred/prohibited from accessing the capital markets under any order/ruling/judgement/decreed etc. in any jurisdiction.
- I/We understand and acknowledge that Edelweiss Mutual Fund, Edelweiss Asset Management Limited reserves the right to reject or accept any investments and may redeem any investments already made, at their sole discretion and as they may deem fit without assigning any reasons.
- I/we hereby authorize Edelweiss Mutual Fund, Edelweiss Asset Management Limited or their respective directors, trustees, employees, agents, assigns to disclose, share or remit in any form/manner/mode any information pertaining to the investment(s) being made by me/us to any Indian or foreign statutory, regulatory, judicial, quasi-judicial authority/ agency without any intimation to me/us.
- I/we here by declare that I/we are fully aware of the implications (legal, compliance, regulatory and tax related) of making such investment and I/we am/are taking this investment decision based on the advice of tax consultant(s) and legal counsel.
- I/we hereby declare that the said investment(s) is being made by me/us under my/our free will and volition and no person (directly or indirectly) whatsoever has made any communication/solicitation/advertisement/marketing(active/passive) to me/us for making such investment.
- In case of any inconsistency being found between the information being provided by me/us in the application form provided by me/us for making investments and the information contained herein, the contents of this declaration shall prevail.
- In case the duration of stay in India is greater than 45 days from last immigration ARRIVAL-IN stamp in India, In Person Verification by Client Experience Officer of AMC is mandatory.

Date:	Signatures		
Place:			
	Sole/1st Applicant/Guardian Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

SECTION FOR IN PERSON VERIFICATION (In Person Verification to be carried out by Client Experience Officer of AMC)			
Date:	Time:		
Employee Name			
Employee Code		Employee Signature	
Employee Branch			



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