

Please read Product Labelling available on the Front Inside Cover Page and instructions before filling this form (all points marked * are mandatory)



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 -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT
<p>*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”.</p> <p>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’.</p> <p>^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.</p>					
SIGNATURE (s)					
	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT		

1	Application for	<input type="checkbox"/> Lumpsum	<input type="checkbox"/> Lumpsum with SIP/STP/SWP	<input type="checkbox"/> SIP without cheque	<input type="checkbox"/> Zero Balance Folio
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2	Existing Investor's Folio Number (please mention folio here and skip to section 5)	<div style="border: 1px solid black; width: 100%; height: 30px; margin: 0 auto;"></div>	Mode of Holding	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default) (In case of Demat Purchase Mode of Holding should be same as in Demat Account)
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3	Unit Holding Option <input type="checkbox"/> Physical Mode <input type="checkbox"/> 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. <input type="text" value="I"/> <input type="text" value="N"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										CDSL Target ID No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Enclosures (Please tick any one box) : <input type="checkbox"/> Client Master List (CML) <input type="checkbox"/> Transaction cum Holding Statement <input type="checkbox"/> Cancelled Delivery Instruction Slip (DIS)													

4 First Applicant Details (**Mandatory fields) (Refer Instruction No.II)

[illegible]

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: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian																					
Proof of Date of Birth and Guardian's Relationship with Minor: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passport <input type="checkbox"/> Others _____																															
PAN**										CKYC No.												Date of Birth/Incorporation**		D	D	M	M	Y	Y	Y	Y

Tax Status^ (Applicable for First / Sole Applicant)									
<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Fils	<input type="checkbox"/> NRI - NRO	<input type="checkbox"/> HUF	<input type="checkbox"/> Club / Society	<input type="checkbox"/> PIO	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Minor	<input type="checkbox"/> Government Body	
<input type="checkbox"/> Trust	<input type="checkbox"/> NRI - NRE	<input type="checkbox"/> Bank & FI	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> QFI	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Others		
Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)									
<input type="checkbox"/> Foreign Exchange / Money Changer Services	<input type="checkbox"/> Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Money Lending / Pawning	<input type="checkbox"/> None of the above						

5 Second Applicant Details

[illegible]

6	Third Applicant details
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[illegible]

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								



To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

Name of the Investor Mr/Ms/M/s : Application No:

Investment details						
Scheme	Plan	Option	Purchase Amount	Instrument No	Date	Drawn on Bank
Edelweiss	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Growth <input type="checkbox"/> IDCW-Reinvestment <input type="checkbox"/> IDCW-Pavout <input type="checkbox"/> IDCW-Transfer	₹ (in figures)			

Please note: All purchases are subject to realization of cheque and as per applicable load structure (please refer Scheme Information Document)

Collection Center's Stamp & Receipt Date and Time

##Please note that your address details will be updated as per your KYC records with CKYC / KRA										Overseas Address (Mandatory for NRI Applicants)										
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>										<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>										
City/Town <div></div>										City/Town <div></div>										
State <div></div>										State <div></div>										
Country <div></div> Pin <div></div>										Country <div></div> Pin <div></div>										
First Holder	Mobile No. <div></div> (For Receiving Transaction Alerts via SMS)										Office <div></div> Residence <div></div>									
	Mobile No. provided pertains to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS																			
	Email ID (CAPITAL letters only) <div></div>																			
	Email ID provided pertains to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS																			
Second Holder	Mobile No. <div></div> (For Receiving Transaction Alerts via SMS)										Office <div></div> Residence <div></div>									
	Mobile No. provided pertains to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS																			
	Email ID (CAPITAL letters only) <div></div>																			
	Email ID provided pertains to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS																			
Third Holder	Mobile No. <div></div> (For Receiving Transaction Alerts via SMS)										Office <div></div> Residence <div></div>									
	Mobile No. provided pertains to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS																			
	Email ID (CAPITAL letters only) <div></div>																			
	Email ID provided pertains to: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent children <input type="checkbox"/> Dependent Sibling <input type="checkbox"/> Dependent Parents <input type="checkbox"/> A Guardian in case of a minor <input type="checkbox"/> POA <input type="checkbox"/> Custodian <input type="checkbox"/> PMS																			

9	Investment Details - (Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)	(Refer Instruction No. VI)
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Scheme: Edelweiss **Plan:** ☐ Regular ☐ Direct **Option:** ☐ Growth ☐ IDCW-Reinvestment ☐ IDCW-Payout ☐ IDCW-Transfer

Frequency: _____ IDCW (Transfer) to Scheme _____ Plan _____ Option _____

10	Systematic Transaction Registration Details
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SIP			STP			SWP		
Scheme: Edelweiss - _____			Source Scheme: _____			Scheme: _____		
_____ Plan _____			Target Scheme: _____					
Option _____ Sub-Option _____								
Installment amount (in figures): _____			Amount (in figures): _____			Amount (in figures): _____		
Installment amount (in words): _____			Amount (in words): _____			Amount (in words): _____		
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly			Frequency: <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly		
Preferred SIP date: _____ (For Monthly & Quarterly only)			Preferred STP date: _____ (For Monthly & Quarterly only)			Preferred SWP date: _____ (For Monthly & Quarterly only)		
Debit Date: _____								
SIP Period:	From Date	To Date	STP Period:	From Date	To Date	SWP Period:	From Date	To Date
(SIP period should not exceed 40 years)			(For monthly and quarterly SIP/STP/SWP select any date except 29th, 30th and 31st)					

11	Payment Details
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Mode of Payment [Please <input checked="" type="checkbox"/> RTGS/NEFT/Fund Transfer <input type="checkbox"/> DD <input type="checkbox"/> Cheque <input type="checkbox"/> AOTM <input type="checkbox"/> KOTM		Cheque No.					Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Gross Amount (₹)						Net Amount (₹)					DD Charges (₹)								
Bank Details: <input type="checkbox"/> Same as below (Please tick (✓) if yes) <input type="checkbox"/> 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 <input checked="" type="checkbox"/>] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR													
UMRN No.						<i>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.</i>													

12	Bank Account Details mandatory for Redemption/IDCW/Refunds, if any	(Refer Instruction No. IV)
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Account No.		Account Type [Please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> 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.

[illegible]

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

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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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ (in figures)	DD/MM/YYYY
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ (in figures)	DD/MM/YYYY
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ (in figures)	DD/MM/YYYY
Guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	₹ (in figures)	DD/MM/YYYY

PEP DETAILS	First Applicant	Second Applicant	Third Applicant	Guardian
Are you a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to a Politically Exposed Person (PEP)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

15

Nomination Details* (Mandatory)

(Refer instruction no. IX)

☐ I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

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 hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF 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 holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / Demat. account

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.edelweissfn.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 _____