COMMON TRANSACTION FORM
(including OTM)
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
Ideas create, values protect

APPLICATION NO.
CTF

Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra. **Website:** www.edelweissmf.com

DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code INTERNAL CODE	Employee Unique IDENTIFICATION NO. (EUIN)	E-Code	RIA CODE^ ONLY FOR DIRECT INVESTMENT
ARN - ARN-272753	ARN -		E513200		

FOR OFFICE USE ONLY	
Registrar/Bank Serial No.	Date & Time of Receipt

***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".**

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'.

^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.

SIGNATURE(s)			
	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

1
Folio No. / Application No. ____________

Sole/1st Unit Holder Name ____________

2 SCHEME DETAILS Choice of Scheme /Plan / Option [Please ✓]

Scheme/Plan/Option/Facility **Edelweiss-** Scheme ____ Plan ____ Option/Facility ____

(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy)

3 ADDITIONAL PURCHASE

Bank Options ☐ Cheque/DD ☐ RTGS/NEFT ☐ Transfer ☐ OTM UMRN/Instrument No. ____ UTR No. (in case of RTGS / NEFT) ____

Bank Name ____________ Branch ____________

₹ (in figures) ____________ ₹ (in words) ____________

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT

☐ NSDL ☐ CDSL Depository Participant Name ____________

Depository Participant (DP) ID ____________ Beneficiary Account Number ____________

Note: 1) In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency. 2) Bank details need to be provided if transaction is through OTM mode, if no bank details are mentioned or no OTM mandate is registered for the given bank details then default bank mandate under OTM facility.

4 ☐ NORMAL REDEMPTION

Amount: ₹ ____________ OR No. of Units: ____________ OR All Units: ☐ [Please ✓]

For investors who have registered for Multiple Bank Accounts facility# in the above folio:
The redemption should be processed into the following bank account as per the payout mechanism indicated by me/us (This bank account has already been registered in the folio):

Name of the Bank: ____________ Branch: ____________

Account No.: ____________ Account Type: ____________ Bank City: ____________

Important Note: If the bank account mentioned above is different from those already registered in your folio OR if the bank account details are not filled above, the redemption will be processed into the "Default" bank account registered for the aforesaid folio. Edelweiss Mutual Fund Asset Management Ltd. will not be liable for any loss arising to the unitholder(S) due to the credit of redemption proceeds into any of the bank accounts registered with us for the aforesaid folio.

5 ☐ NORMAL SWITCH

From Scheme ____ Scheme ____ Plan ____ Option ____

To Scheme ____ Scheme ____ Plan ____ Option ____

Amount ₹ ____________ OR No. of Units: ____________ OR All Units: ☐ [Please ✓]

Dividend Sweep to Scheme ____________

6 CHANGE OF CONTACT DETAILS

Tel No. ____ Residence ____ Office ____ Fax ____

Mobile ____ E-Mail ____________

7 CHANGE OF BANK DETAILS*

Bank Name ____________ Account No. ____________

Branch & Address ____________ City ____________

PIN ____________ Payment Location ____________ A/c Type: ☐ SB ☐ CA ☐ NRE ☐ NRO ☐ FCNR

IFSC Code ____________ 9 Digit MICR No. ____________

Preferred mode of payment: Electronic Credit/RTGS/NEFT/ECS (ECS only for dividend payout).

*Mandatory – Please attach cancelled original cheque / self certified copy of blank cheque / self certified Bank Statement / first page of the Bank Pass book (bearing account number and first unit holder name on the face of the cheque/ Bank Pass Book/ Bank Statement) is required as an incremental additional document in case of: a) Registration of the investor's Bank Mandate at the time of investment b) Subsequent change in the investor's Bank Mandate.

8 DECLARATION

I/We have read and understood the contents of the Statement of Additional Information (SAI) & respective Scheme Information Document (SID) and Key Information Memorandum (KIM), and Addendums. I/We agree to abide by the terms, conditions, rules & regulations of the Scheme(s)as applicable from time to time. Amount invested/to be invested in the Schemes is derived through legitimate sources.

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.

SIGNATURE/S			
	Sole/ 1st Holder	2nd Holder	3rd Holder

In case of Joint Holding, all unit holders must sign this form.

"In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request form' and submit the same at the Point of Service of any KYC Registration Agency"