

# COMMON TRANSACTION FORM

**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. **Website:** www.edelweissmf.com

DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code	Employee Unique Identification Number (EUIIN)*	Sub-Broker Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt	CTF
Bonanza - 0186	ARN		Internal Code				

\*Investors should mention the EUIIN 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 EUIIN box has been intentionally left blank by me/us as this is an "execution-only" transaction without any interaction or advice by the employee/relationship manager/sales person of the above distributor or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor and the distributor has not charged any advisory fees on this transaction".

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'

Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

1 Folio No. / Application No. \_\_\_\_\_ 1st /Sole Unit Holder Name \_\_\_\_\_

2 KYC Compliant (Mandatory) Yes  (Please submit proof if not submitted earlier) No  (Please submit KYC application form)

3 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)

### Schemes offered by Edelweiss Mutual Fund:

Equity Schemes	Debt Schemes
Edelweiss Absolute Return Fund	Edelweiss Liquid Fund
Edelweiss Diversified Growth Equity Top 100 (E.D.G.E Top 100) Fund	Edelweiss Ultra Short Term Bond Fund
Edelweiss ELSS Fund	Edelweiss Debt and Corporate Opportunities Fund
Edelweiss Select Midcap Fund	Edelweiss Short Term Income Fund
Edelweiss Equity Enhancer Fund	Edelweiss Gilt Fund
Edelweiss Arbitrage Fund	

4 ADDITIONAL PURCHASE

Cheque/ DD No. \_\_\_\_\_ Cheque Date \_\_\_\_\_ Cheque/ DD Amount (₹) \_\_\_\_\_

DD Charges ₹ \_\_\_\_\_ Net Amount ₹ \_\_\_\_\_ Net Amount in words (₹) \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch and City \_\_\_\_\_

5  NORMAL REDEMPTION

Amount: ₹ \_\_\_\_\_ OR No. of Units: \_\_\_\_\_ OR All Units:  [Please ✓]

6  NORMAL SWITCH

To Sc \_\_\_\_\_

Frequency \_\_\_\_\_ Amount ₹ \_\_\_\_\_ OR No. of Units: \_\_\_\_\_ OR All Units:  [Please ✓]

Dividend Sweep to Scheme \_\_\_\_\_

*\*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund*

7 CHANGE OF CONTACT DETAILS

Tel No. \_\_\_\_\_ Residence \_\_\_\_\_ Office \_\_\_\_\_

Fax \_\_\_\_\_ Mobile \_\_\_\_\_ E-Mail \_\_\_\_\_

8 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.

9 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.

✂

ACKNOWLEDGEMENT SLIP (To be filled by the investor) Folio No/ Application No: \_\_\_\_\_

Received from Mr./ Ms. \_\_\_\_\_

Scheme \_\_\_\_\_

Additional Purchase: Cheque No. \_\_\_\_\_ Drawn on \_\_\_\_\_ Dated \_\_\_\_\_ ₹ \_\_\_\_\_

Redemption  Switch Amount (₹)/ Units \_\_\_\_\_  Change of Contact Details  Change of Bank Account

For Office use (Signature of receiving authority) \_\_\_\_\_ Date of receipt/ Time of Receipt: \_\_\_\_\_