

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		
Name & Distributor Code#	Sub-Broker Code	E-Code	Registrar/Bank Serial No.	Date of Receipt	Time of Receipt
ARN-97821					
#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'					

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 (Please ✓)

<input type="checkbox"/> Edelweiss Liquid Fund (ELF) <input type="checkbox"/> Edelweiss Ultra Short Term Bond Fund			<input type="checkbox"/> Edelweiss Short Term Income Fund		
<input type="checkbox"/> Retail <input type="checkbox"/> Institutional <input type="checkbox"/> Super Institutional (Applicable for ELF only)			<input type="checkbox"/> Retail Plan <input type="checkbox"/> Institutional Plan		
<input type="checkbox"/> Growth <input type="checkbox"/> Dividend Reinvestment <input type="checkbox"/> Dividend			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend		
<input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly Payout <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Monthly Sweep			<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout		
<input type="checkbox"/> Edelweiss ELSS Fund <input type="checkbox"/> Edelweiss Gilt Fund <input type="checkbox"/> Edelweiss Select Midcap Fund			<input type="checkbox"/> E.D.G.E. Top 100 Fund <input type="checkbox"/> Edelweiss Equity Enhancer Fund		
<input type="checkbox"/> Edelweiss Absolute Return Fund <input type="checkbox"/> Edelweiss Monthly Income Plan(EMIP)			<input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C		
<input type="checkbox"/> Growth <input type="checkbox"/> Dividend <input type="checkbox"/> Monthly Dividend (Applicable for EMIP only)			<input type="checkbox"/> Growth <input type="checkbox"/> Dividend		
<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Sweep			<input type="checkbox"/> Reinvestment <input type="checkbox"/> Payout <input type="checkbox"/> Sweep		
Dividend Sweep to Scheme _____ Plan _____ Option _____					

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** ☐ **EXPIRY DAY TRIGGER REDEMPTION**

Amount: ₹ _____ OR No. of Units: _____ OR All Units: ☐ [please ✓]

6 ☐ **NORMAL SWITCH** ☐ **EXPIRY DAY TRIGGER SWITCH**

To Scheme _____ Plan _____ Option _____
 Frequency _____ Amount ₹ _____ OR No. of Units: _____ OR All Units: ☐ [please ✓]

7 CHANGE OF ADDRESS/OTHER DETAILS (KYC COMPLIANT INVESTORS TO SUBMIT CHANGE OF ADDRESS DETAILS TO CVL POINT OF SERVICE)

Add1 _____ Add2 _____ City _____
 PIN _____ State _____ 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 ☐ I would like to receive PIN form to view account information online [please ✓]

10 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/✓	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 _____ Plan _____ Option _____

☐ Additional Purchase: Cheque No. _____ Drawn on _____ Dated _____ ₹ _____

☐ Redemption ☐ Switch Amount (₹)/ Units _____ ☐ Change of Address/Contact Details ☐ Change of Bank Account

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

TOLL FREE
1800 425 0090



NON TOLL FREE
+91 40 23310090



SMS
IQ to 5757590



WEBSITE
www.edelweissmf.com



EMAIL : INVESTORS
investor.amc@edelcap.com



08PFO7M