

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
	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 <input type="checkbox"/> (Please submit proof if not submitted earlier) No <input type="checkbox"/> (Please submit KYC application form)			
3	SCHEME DETAILS Choice of Scheme /Plan / Option [Please ✓]			

Scheme/Plan/Option/Facility	Edelweiss-	Scheme	Plan	Option/Facility
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(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 Diversified Growth Equity Top 100 (E.D.G.E Top 100) Fund Edelweiss ELSS Fund Edelweiss Select Midcap Fund Edelweiss Equity Enhancer Fund Edelweiss Arbitrage Fund	Edelweiss Liquid Fund Edelweiss Ultra Short Term Bond Fund Edelweiss Debt and Corporate Opportunities Fund Edelweiss Short Term Income Fund Edelweiss Gilt 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 Scheme _____ Plan _____ Option _____
 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 _____ Plan _____ Option _____

☐ 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: _____