

COMMON TRANSACTION FORM



Sponsor: Edelweiss Financial Services Limited. **Trustee Company:** Edelweiss Trusteeship Company Limited. **Investment Manager:** Edelweiss Asset Management Limited.
Tower 3, Wing B, Ground Floor, Kohinor City Mall, Kohinor City, Kiroi Road, Kurla (W), Mumbai - 400070. **Website:** www.edelweissmf.com

DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E - Code	RIA Code	Registrar/Bank Serial No.	Date & Time of Receipt
ARN-162751	ARN	Internal Code	Identification No. (EUIIN)*		Only for Direct Investments		CTF

*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 please mention 'Direct' in the column 'Name & Distributor Code'

1 Folio No. / Application No. _____ 1st /Sole 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)

Schemes offered by Edelweiss Mutual Fund:

Equity Schemes	Debt Schemes
Edelweiss Absolute Return Fund	Edelweiss Liquid Fund
Edelweiss Top100 Fund	Edelweiss Bond Fund
Edelweiss ELSS Fund	Edelweiss Balanced Advantage Fund
Edelweiss Mid and Small Cap Fund	Edelweiss Short Term Income Fund
Edelweiss Prudent Advantage Fund	Edelweiss Corporate Debt Opportunities Fund
Edelweiss Arbitrage Fund	Edelweiss Government Securities Fund
Edelweiss Equity Savings Advantage Fund	Edelweiss Banking and PSU Debt Fund
Edelweiss Equity Opportunities Fund	Edelweiss Treasury Fund
Edelweiss Tax Advantage Fund	

3 ADDITIONAL PURCHASE

Cheque/ DD No. _____ Cheque Date _____ Cheque/ DD Amount (₹) _____
DD Charges ` _____ Net Amount ` _____ Net Amount in words (₹) _____
Bank Name: _____ Branch and City _____

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 _____ To Scheme _____ Plan _____ Option _____
Frequency _____ Amount ` _____ OR No. of Units: _____ OR All Units: [Please ✓]

Dividend Sweep to Scheme _____

6 FATCA/CRS/KYC Additional Details (Non Individual Investors should mandatory fill separate FATCA/CRS/KYC Additional details and UBO form)

Sole / First Applicant / Guardian			2nd Applicant			3rd Applicant			POA		
Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY	Place & Country of Birth	PLACE	COUNTRY

#Please indicates all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type e.g.: TIN etc.

Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type
1			1			1		
2			2			2		
3			3			3		

Name of 1st Applicant Mr. Ms. _____ PAN _____

Gross Annual Income [please ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <i>Please Specify</i>	Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others <i>Please Specify</i>
For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No		

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: _____

Name of 2nd Applicant		Mr.	Ms.	PAN	
Gross Annual Income [please ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore		Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <small>Please Specify</small>		Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FI's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others <small>Please Specify</small>	
For Individual Investor*		Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of 3rd Applicant		Mr.	Ms.	PAN	
Gross Annual Income [please ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore		Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others <small>Please Specify</small>		Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FI's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others <small>Please Specify</small>	
For Individual Investor*		Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No			

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.

"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"