COMMON TRANSACTION FORM

Edelweiss Mutual Fund

Sponsor: Edelweiss Capital Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited.
Corporate Office: 5th Floor, One Indiabulls Centre, Tower 1, 841, Senapati Bapat Marg, Elphinstone Road, Mumbai – 400 013 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

#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 for investment Amount of Rs. 50,000 and above) Yes ☐ (Please submit proof if not submitted earlier) No ☐ (Please submit KYC application form)

3 **SCHEME DETAILS** (Please)

☐ Edelweiss Liquid Fund
☐ Retail ☐ Institutional ☐ Super Institutional
☐ Growth | ☐ Dividend Reinvestment: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly | ☐ Dividend: ☐ Payout ☐ Sweep ☐ Monthly

☐ Edelweiss Short Term Bond Fund
☐ Retail ☐ Institutional
☐ Growth | ☐ Dividend: ☐ Reinvestment ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly | ☐ Payout ☐ Sweep ☐ Monthly

☐ Edelweiss Gilt Fund
☐ Growth | ☐ Dividend ☐ Reinvestment ☐ Payout ☐ Sweep

☐ Edelweiss ELSS Fund ☐ Edelweiss Absolute Return Equity Fund
☐ Growth | ☐ Dividend ☐ Reinvestment ☐ Payout ☐ Sweep

☐ E.D.G.E. Fund ☐ Edelweiss NIFTY Enhancer Fund
☐ Plan A ☐ Plan B ☐ Plan C
☐ Growth | ☐ Dividend ☐ Reinvestment ☐ Payout ☐ Sweep

Dividend Sweep to Scheme _____ Plan _____ Option _____

4 **ADDITIONAL PURCHASE**

Cheque/ DD No._____ Cheque Date_____ Cheque/ DD Amount (Rs.)_____
DD Charges Rs. _____ Net Amount Rs. _____ Net Amount in words (Rs.) _____
Bank Name: _____ Branch and City_____

5 ☐ **NORMAL REDEMPTION** ☐ **EXPIRY DAY TRIGGER REDEMPTION**

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

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

To Scheme _____ Plan _____ Option_____
Frequency_____ Amount: Rs._____ 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 cheque / copy of blank cheque to validate the bank account details. Additionally, please submit 1st page of Bank passbook or copy of the bank account statement. In case of incomplete /invalid documents, the request for bank change will not be processed.

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/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 _____ Rs._____
☐ Redemption ☐ Switch Amount (Rs)/ Units _____ ☐ Change of Address/Contact Details ☐ Change of Bank Account
For Office use (Signature of receiving authority) _____ Date of receipt/ Time of Receipt: _____