COMMON TRANSACTION FORM
(including OTM)
Please read Product Labelling available on the Front Inside
Cover Page and instructions before filling this form
(all points marked * are mandatory)

EDELWEISS MUTUAL FUND

APPLICATION NO.

CTF

Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

DISTRIBUTOR INFORMATION						FOR OFFICE USE ONLY	
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE^	Registrar/Bank Serial No.	Date & Time of Receipt
		INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT		
ARN -	ARN -						

*Investors should mention the EUIN 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 EUIN box has been intentionally left blank by me/us as this transaction is executed without any interaction or advice by the employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker".

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'.

^I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

SIGNATURE(s)			
	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

1

Folio No. / Application No.

Sole/1st Unit Holder Name
(Name as per PAN Card Only)

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)

3 **ADDITIONAL PURCHASE**

Bank Options   ☐ Cheque/DD   ☐ RTGS/NEFT   ☐ Transfer   ☐ AOTM   ☐ KOTM   UMRN/Instrument No. _____ UTR No. (in case of RTGS / NEFT) _____

Bank Name _____   Branch _____

₹ (in figures) _____   ₹ (in words) _____

DEMAT ACCOUNT DETAILS OF FIRST / SOLE APPLICANT

☐ NSDL   ☐ CDSL   Depository Participant Name _____

Depository Participant (DP) ID   Beneficiary Account Number

Note: 1) 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. 2) Bank details need to be provided if transaction is through OTM mode, if no bank details are mentioned or no OTM mandate is registered for the given bank details then default bank mandate under OTM facility.

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 _____	Scheme	Plan	Option
To Scheme _____	Scheme	Plan	Option

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

IDCW (Transfer) to Scheme _____

6 **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 IDCW (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.

7 **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.

SIGNATURES	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"

TOLL FREE 1800 425 0090   **NON TOLL FREE** +91 40 23001181   **WEBSITE** www.edelweissmf.com   **EMAIL : INVESTORS** emfhelp@edelweissmf.com