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)



APPLICATION NO.

CTF

Sponsor: Edelweiss Financial Services Limited | Trustee Company: Edelweiss Trusteeship Company Limited | Investment Manager: Edelweiss Asset Management Limited Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra. Website: www.edelweissmf.com

		ISTRIE	RIBUTOR INFORMATION											FOR OFFICE USE ONLY								
	Distributor Code	Sub-Broker			Sub-Bro					Unique	e E-C	ode	R	IA COD	E^	Regis	trar/Bank	Serial No.	Da	te & Tin	ne of Re	ceipt
ARI	V -	ARN -			INTERNA	AL COD	E	DENTIF	FICATIO	N NO. (EU	JIN)		ONLY FOR D	DIRECT INV	ESTMENT							
*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'.  **N/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.																						
SI	GNATURE(s)	ST APPL	_ICANT			SECOND /				APPLI	PPLICANT				THIRD APPLICANT							
1	Folio No. / Applica	tion No.																				
2	Sole/1st Unit Holde		Cak		/Dlan /	Conti		[Dlas	250 -/	<u> </u>												
	SCHEME DETAILS				/Pian /	Opti	on			]												
	Scheme/Plan/Option/Facility  Edelweiss- Scheme Plan Option/Facility  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 Bank Name									OTM							UTR No. (in case of RTGS / NEFT)					
								Branch														
								< (in	1 word	as)												
	NSDL CD		1 / 50	OLE AF	PLICAN D	I I enosit	ory P	artici	nant l	Name												
	Depository Participar							Ren	neficia	arv Acc	ount Nu	mber	r								T	
	Note: 1) In case there is	any change in you	ır KY0	inform	ation ple	ase up	date tl	ne san	ne by ເ	using the	e prescrik	oed 'K'	YC Chang	ge Requ	est Forr	n' and s	ubmit th	e same a	t the Poi	nt of Se	rvice o	f any KYC
	Registration Agency. 2) default bank mandate u			e provid	ed if tran	saction	n is thr	ough (	OTM m	node, if	no bank o	details	s are mer	ntioned	or no O	TM mar	ndate is r	egistered	for the	given b	ank det	ails then
4	NORMAL RED	FMPTION .																				
7	Amount: ₹									2D N-	-611-:4							OD	A	C	[D]	(1
	For investors who ha	ave registered f	or M	Aultiple	Bank /	٠	ntc fa	cility	\ # in tl	he aho	. OI OIIII ve folio	.s:						OK	All Unit	s:	[Plea	ise 🕶 ]
	The redemption should												ted by m	ne/us (T	his bar	nk accou	ınt has a	lready b	een regi	stered	n the f	olio):
	Name of the Bank:													В	ranch	:						
	Account No.: Account									e:				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 into the "Default" bank account registered for the aforesaid folio. Edelweiss Mutual Fund Asset Management Ltd. will not be liable for any leademption proceeds into any of the bank accounts registered with us for the aforesaid folio.																						
5	NORMAL SWI	TCH																				
	From Scheme				Schem	ne								Plan					Option			
	To Scheme				Schem									Plan					Option			
	Amount ₹	_							OR No. of Units:						s: 🔲 [I	Please ✓]						
	Dividend Sweep to	vidend Sweep to Scheme																				
6	CHANGE OF CONTACT DETAILS																					
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	Tel No.		<u> </u>	Resid							Offic	:e					Fa	x				
	Mobile			E-Ma	all																	
7	CHANGE OF BAN	IK DETAILS*																				
	Bank Name Account No.																					
	Branch & AddressCity																					
	PIN	Pay	men	t Locat	ion										A/c Ty	pe: 🗌 🤄	SB _	CA	NRE	NRC	F(	CNR
	IFSC Code					9 [	Digit N	ЛICR	No.													
	Preferred mode of pa *Mandatory – Please att unit holder name on the time of investment b) Su	tach cancelled ori	ginal e/Bai	cheque nk Pass I	/ self cer Book/ Ba	tified o	copy of ement	blank	k cheqi	ue / self	certified	l Bank										
8	DECLARATION	-sequent change		vcstC	3 Daine	. riailud																
	I/We have read and Memorandum (KIM), a invested in the Scheme The ARN holder has di Mutual Funds from am	and Addendums. es is derived thro sclosed to me/u	. I/We ugh le s all t	e agree egitima the com	to abide ite source nmission	e by the es. is (in th	e term he fori	is, cor m of t	ndition	ns, rules	s & regul	lation	s of the	Scheme	e(s)as a	applicat	ole from	time to	time. Ar	nount	nveste	d/to be
	URE/S																					
	SIGNAT	Sole/ 1st Holde	er							2nd H	lolder							3rd Hol	der			

In case of Joint Holding, all unit holders must sign this form.