

COMMON TRANSACTION FORM

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

ARN-3086

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	CTF WB068408
	ARN	Internal Code	Identification No. (EUIIN)*		Only for Direct Investments			

*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'

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 Dynamic Equity Advantage Fund Edelweiss Large Cap Advantage Fund Edelweiss ELSS Fund Edelweiss Mid and Small Cap Fund Edelweiss Prudent Advantage Fund Edelweiss Arbitrage Fund Edelweiss Equity Savings Advantage Fund Edelweiss Equity Opportunities Fund Edelweiss Tax Advantage Fund	Edelweiss Economic Resurgence Fund Edelweiss Emerging Markets Opportunities Equity Offshore Fund Edelweiss US Value Equity Off-shore Fund Edelweiss Europe Dynamic Equity Offshore Fund Edelweiss Greater China Equity Off-shore Fund Edelweiss ASEAN Equity Off-shore Fund
	Edelweiss Liquid Fund Edelweiss Bond Fund Edelweiss Short Term Fund Edelweiss Corporate Debt Opportunities Fund Edelweiss Government Securities Fund Edelweiss Banking and PSU Debt Fund Edelweiss Ultra Short Term 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	
									<input type="checkbox"/>

#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 ✓]*	Occupation* [please ✓]	Legal Status* [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	<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> 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	<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>

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: _____

02.07.2019

Name of 2nd Applicant		Mr.	Ms.	PAN		
Gross Annual Income [please ✓]*		Occupation* [please ✓]			Legal Status* [please ✓]	
<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> House Wife
<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> Student	<input type="checkbox"/> Defence	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted
<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	<input type="checkbox"/> Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<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	
					<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 <small>Please Specify</small>	

Name of 3rd Applicant		Mr.	Ms.	PAN		
Gross Annual Income [please ✓]*		Occupation* [please ✓]			Legal Status* [please ✓]	
<input type="checkbox"/> Below 1 Lac	<input type="checkbox"/> 1-5 Lacs	<input type="checkbox"/> Business	<input type="checkbox"/> Service	<input type="checkbox"/> Professional	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> House Wife
<input type="checkbox"/> 5-10 Lacs	<input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> Student	<input type="checkbox"/> Defence	<input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Unlisted
<input type="checkbox"/> >25 Lacs-1 crore	<input type="checkbox"/> >1 crore	<input type="checkbox"/> Company	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Listed Company	<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	
					<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 <small>Please Specify</small>	

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
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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"