

# 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, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.

## DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE^
ARN - 64917	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIIN)		ONLY FOR DIRECT INVESTMENT
			E434563		

## FOR OFFICE USE ONLY

Registrar/Bank Serial No.	Date & Time of Receipt

\*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 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 inappropriateness, 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

**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  OTM

Bank Name  Branch

UMRN/Instrument No.  UTR No. (in case of RTGS / NEFT)

₹ (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 CONTACT DETAILS

Tel No.  Residence  Office  Fax

Mobile  E-Mail

**7** 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.

**8** 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"

# NON-FINANCIAL TRANSACTION FORM

(Please read the instruction before filling up the form)



Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited. Edelweiss House, 10th Floor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra. Website: www.edelweissmf.com

Date :

ARN-64917 E434563

## 1. MY DETAILS (Please provide the following details in full)

Folio Number

Name

## 2. I WISH TO CHANGE MY TAX STATUS

Status (Please )  NRI to RI  RI to NRI

Overseas address proof (Mandatory in case of RI to NRI)

Change of Bank details to be mandatorily provided in Section 3

## 3. I WISH TO UPDATE/CHANGE MY BANK DETAILS

### New Bank Details

Bank Name

Core Bank Account No.

Account Type  Savings  Current  NRE  NRO  FCNR  Other \_\_\_\_\_

Bank Address

City  Pin Code

IFSC Code (11 digit)  MICR Code (9 digit)

Documents attached Old Bank proof :  Cancelled Cheque  Bank Passbook  Bank Statement\*

New Bank proof :  Cancelled Cheque  Bank Passbook  Bank Statement

\* If old bank proof not available, please provide "Change of bank without old bank proof" separately.

## 4. I WISH TO CHANGE MY MODE OF HOLDING (All joint holders should sign as per existing unit holding, even in case of any one or survivor)

New Mode of Holding (Please )  Any one or Survivor  Joint Holding

## 5. REVALIDATION / REISSUE OF DIVIDEND / REDEMPTION CHEQUE

I/We are in receipt of Redemption / Dividend warrant as below:

Cheque No.  Cheque Date          Cheque Amount

I / We are herewith enclosing the warrant as I / We could not deposit the same due to the below reason:

Bank account number incorrectly mentioned  Bank account mentioned was inactive / closed

Warrant validity period has expired  Other \_\_\_\_\_

I request to reissue the said warrant after necessary revalidation without change in bank Mandate.

I request you to update the above new bank details and make payment in new bank through NEFT/RTGS.

(\*\*NOTE: COB should be mandatorily filled to facilitate NEFT/RTGS)

## 6. POA (POWER OF ATTORNEY) REGISTRATION DETAILS

Name of the POA holder

PAN of the POA holder

Attached  KYC Copy (Mandatory)  Notarized copy of POA  Copy of PAN of POA holder

## NON - FINANCIAL TRANSACTION FORM [Acknowledgement copy (To be filled by investor)]

Folio Number  Date

Received from Mr./Ms./Mrs.  Stamp & Signature

Change in bank details  Registration of POA (Power of Attorney)  Nominee Updation  Change in Mode of holding  Updation of PAN/KYC  
 Change of broker code  Change in IDCW option  Revalidation of IDCW / Redemption  Change my Tax Status

## 7. UPDATION OF PAN & KYC

PAN of Sole / First Applicant / Guardian

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KYC Copy

Self-attested copy of PAN

PAN of Second Applicant

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KYC Copy

Self-attested copy of PAN

PAN of Third Applicant

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KYC Copy

Self-attested copy of PAN

## 8. CHANGE OF BROKER CODE

Scheme Name **EDELWEISS**

Name of distributor / RIA

\*ARN to RIA / ARN to Direct or vice-versa is not applicable

ARN / RIA Code

EUIN / Internal Code

SUB-Distributor ARN

**Declaration:** I / We wish to change the distributor / broker / RIA code and request Edelweiss Mutual Fund to update the ARN / RIA code in my / our folio number/s mentioned above. I / We understand that if any mandatory details are not mentioned the request will be liable to be rejected. I / We hereby give you / our consent to share provide the transactions data feed in respect of my / our investments to the above mentioned distributor / RIA.

## 9. NOMINEE UPDATION

Nominee Name & Address	PAN of Nominee (Optional)	Date of Birth of Nominee	Nominee Relation With Investor	Guardian Name (in case Nominee is Minor)	Guardian Relation with Nominee	Allocation (%)	Sign of Nominee / Guardian (in case Nominee is Minor)

**FOR NOMINATION OPT-OUT:**  I/We DO NOT wish to make a nomination. (Please tick (✓) if the unit holder does not wish to nominate anyone)

I / We, the undersigned applicant(s)/unitholder(s) hereby confirm that I / we do not wish to appoint any nominee(s) in respect of the mutual fund application(s) / units held in my / our mutual fund folio(s) and understand the implications / issues involved in non-appointment of any nominee(s) and am/ are further aware that in case of my demise / death of all the unit holders in the folio, my / our legal heir(s) would need to submit all the requisite documents issued by the Court or such other competent authority, as may be required by the Mutual Fund / AMC for settlement of death claim / transmission of units in favour of the legal heir(s), based on the value of the units held in the mutual fund folio/s.

## 10. DECLARATION & SIGNATURES (To be signed as per the existing mode of holding)

I / We have read and understood the content of Non-Financial Transaction form. I / We understand that my / our application form is liable to be rejected if is not filled as per the directions provided herein and in case the correct and complete supporting documents are not provided by me / us. In case of Joint Holding, all unit holders must sign this Form. In case of non-individual unit holders, to be signed by AUTHORISED SIGNATORIES.

Investor Details	1st holder	2nd Holder	3rd Holder
Name			
Signature			

Date:

Place



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1800 425 0090



**NON TOLL FREE**  
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