Change in Mutual Fund Distributor (MFD)

EDELWEISS MUTUAL FUND

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. | **Website:** www.edelweissmf.com

ANNEXURE - A

Edelweiss Mutual Fund **Date:**

Folio No. *(Mandatory)*	**Scheme Name** *(Required if change request is for specific scheme)*

Old ARN Code	Old ARN Name	New ARN Code	New ARN Name	New Sub-ARN Code	New EUIN Code

All fields are mandatory, except New Sub-ARN Code, which may be filled in, only if applicable.

Declaration by Investor

I/We are having investments with ***Edelweiss Mutual Fund*** *vide folio/s mentioned above, want to change the MFD ARN code in my folio/s as per the details provided. I confirm that I am not misguided or lured to change the ARN code and submitting this request with full knowledge and understanding of the changes, voluntarily. I also understand and agree that the change request once processed, can't be revoked and a fresh request needs to be raised for reversal of such changes.*

Investor Details	**1st holder**	**2nd holder**	**3rd holder**
Name			
Signature (To be signed as per Mode of Holding)			

Declaration by MFD (new ARN/EUIN holder)

I hereby affirm that the aforementioned request for the change of ARN in the specified folio's/scheme's has been initiated with the explicit and informed consent of the investor. The investor has been fully apprised of the nature and implications of this change request. Furthermore, no force, coercion, or inducement of any kind was employed to influence the investor's decision.

New ARN-_____
(Mandatory)

ARN Name:_____
(Mandatory)

Sub-Distributor's ARN-_____
(If applicable)

Sub-Distributor's Name:_____

EUIN No.: E_____
(Mandatory)

EUIN Name:_____
(Mandatory)

Place: _____

Date: _____

Signature of ARN/EUIN Holder:_____
(Mandatory)
(Name, Designation, Employee code of new distributor (if non-individual)

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[Acknowledge copy (to be filled by investor)]

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Received from Mr./Ms./Mrs. _____ Date D D M M Y Y Y Y

Folio Nos.:

For Office Use Only

Stamp & Signature