

SIP ENROLLMENT CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)

(all points marked * are mandatory)

APPLICATION NO.

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.

1 DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE
ARN-146822	ARN -	INTERNAL CODE	E-254833		ONLY FOR DIRECT INVESTMENT

*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'

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

All sections to be filled in English and in BLOCK LETTERS. Use this form If you are making a one time investment. For SIP investment use the separate SIP Form. All columns marked * are mandatory.

2 UNITHOLDER INFORMATION		Folio No. (For Existing Unit Holders)																		
Sole / 1st Unit Holder																				
PAN																				
CKYC No.																				

3 INVESTMENT DETAILS		Edelweiss -	Scheme	Plan	Option/Facility
(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) Dividend Reinvestment Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings)					
Dividend Sweep to Scheme _____					
Installment Period : From Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To Date <input type="checkbox"/> Perpetual (99 years) (Default) or <input type="checkbox"/> 10 yrs or <input type="checkbox"/> 5 yrs or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Amount Per Installment :			Amount in words :		
1st Installment Cheque Details : Cheque / DD No.			Amount (₹)		
Drawn on Bank & Branch : _____					
Photo ID Proof number in case of Micro SIP of 1st Applicant		2nd Applicant		3rd Applicant	

I/We hereby authorize Edelweiss Mutual Fund and their authorized service providers to debit my/our following bank account by NACH clearing / Auto Debit for collection of SIP Payments. **Note:** Please allow 1 month Auto Debit to register and start

Frequency Details [Please ✓]					
<input type="checkbox"/> Daily SIP	<input type="checkbox"/> Weekly SIP	<input type="checkbox"/> Fortnightly SIP	<input type="checkbox"/> Monthly SIP	<input type="checkbox"/> Quarterly SIP	
All Business Day	<input type="checkbox"/> 7th, 14th, 21st, 28th of any month	<input type="checkbox"/> 10th and 25th	DATE : ___/___/___ <small>Preferred Debit Date (Any date except last three dates of month)</small>	DATE : ___/___/___ <small>Preferred Debit Date (Any date except last three dates of month)</small>	
SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount _____ (The amount should be in multiples of ₹500 only)					
Top-up Cap Maximum SIP Amount ₹ _____		SIP Top-up Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Top-up Cap (Refer Instruction No.26)			

4 UMRN DETAILS		(Refer Instruction No.9)
<input type="checkbox"/> Use Existing One Time Debit Mandate (In case of multiple registered OTM's the last created UMRN Number will be the default option.)		
UMRN No.	<input type="text"/>	
Bank Name	_____	Bank Account No. _____

5 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')*		DATE : ___/___/___	PLACE : _____
---	--	--------------------	---------------

I/ We declare that the particulars furnished here are correct. I/ We authorise Edelweiss Mutual Fund acting through its service providers to debit my / our bank account towards payment of SIP instalments through an Electronic Debit arrangement. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/we would not hold the user institution responsible. I/We will also inform Edelweiss Mutual Fund about any changes in my bank account. This is to inform you that I/We have registered for making payment towards my investments in EDELWEISS MUTUAL FUND by debit to my /our account directly or through NACH. I/We hereby authorize to honour such payments and have signed and endorsed the Mandate Form. Further, I authorize my representative (the bearer of this request) to get the above Mandate verified. Mandate verification charges, if any, may be charged to my/our account. I also hereby agree to read the respective SID and SAI of the mutual fund before investing in any scheme of Edelweiss Mutual Fund using this facility.

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

OTM DEBIT MANDATE FOR NACH

(applicable for Lumpsum Additional Purchase as well as SIP Registrations)

Tick (✓)	UMRN <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Create (✓)	Sponsor Bank Code <input type="text"/>	Utility Code <input type="text"/>
Modify (x)	I/We hereby authorize <input type="text"/> EDELWEISS MUTUAL FUND	To Debit (✓) <input type="checkbox"/> SB / CA / CC SB NRE / SB NRO / Other
Cancel (x)	Bank A/c. Number <input type="text"/>	
	With Bank <input type="text"/> IFSC <input type="text"/>	or MICR <input type="text"/>
	An Amount of Rupees <input type="text"/>	₹ <input type="text"/>
	FREQUENCY <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount
	Reference /Folio No. <input type="text"/>	Phone No. <input type="text"/>
	Scheme Name <input type="text"/> ALL SCHEMES OF EDELWEISS MUTUAL FUND	Email ID <input type="text"/>
I Agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my accounts as per latest schedule of charges of the bank.		
PERIOD (DDMMYYYY)	Signature Primary Account holder	Signature Account holder
From <input type="text"/>	<input type="text"/>	<input type="text"/>
To <input type="text"/>	<input type="text"/>	<input type="text"/>
Or <input type="checkbox"/> Until Cancelled	1. Name as in Bank Records	2. Name as in Bank Records
	<input type="text"/>	3. Name as in Bank Records

This is to confirm that the declaration has been carefully read, understood & made by me / us. I am authorizing the User entity / Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel / amend this mandate by appropriately communicating the cancellation / amendment request to the User entity / corporate or the bank where I have authorized debit

My SIP GOAL

Buying Home

Child's Education

Retirement Planning

Wealth Creation

(Select Any One Goal)

My Goal Amount : ₹ _____

Instructions

- Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors who wish to add a new bank account towards OTM facility may fill the form.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed form with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Edelweiss Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
- Utility Code of the Service Provider will be mentioned by Edelweiss Mutual Fund.
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC/ MICR Code and also provide an original cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- If the investor wishes to opt for more than one dates/frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented".
- There is no maximum duration for enrolment.
An investor has an option to choose the 'End Date' of the SIP by filling the date or the Default Date i.e. December 2099 will be the end date.
- Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.
- Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the OTM.

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our afore mentioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for ECS/NACH (Debit Clearing)/Direct Debit/SI facility and that the payment towards my/our investments in the Schemes of Edelweiss Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of Edelweiss Asset Management Company Limited, Investment Manager to Edelweiss Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.