

SIP Enrolling Form cum NACH / Auto Debit Mandate

Please read Product Labeling available on the Front Inside Cover Page and instructions before filling this form (all points marked * are mandatory)



Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited Tower 3, Wing B, Ground Floor, Kohinor City Mall, Kohinor City, Kiroli Road, Kurla (West), Mumbai - 400070 Maharashtra

Regular SIP Micro SIP (MSIP) New SIP Registration Change in Bank Account (for SIP earlier registered)

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY	
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique Identification Number (EUIN)*	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt
83671	ARN	Internal Code	E100500			
<small>*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".</small>						
<small>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'</small>						
<small>All sections to be filled in English and in BLOCK LETTERS.</small>						
Signature(s)		Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory		2nd Applicant / Authorised Signatory		3rd Applicant / Authorised Signatory

2 UNITHOLDER INFORMATION

Folio/Application No. _____

Sole/First Investor Name: _____

3 INVESTMENT DETAILS Choice of Plan [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) Dividend Reinvestment Facility is not available under Edelweiss ELSS Fund				
Dividend Sweep to Scheme _____				
<small>*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund</small>				

Installment Period: From Date M M Y Y Y Y To Date M M Y Y Y Y

Amount Per Installment: Amount (in words) _____

1st Installment Cheque Details: Cheque/DD No. Amount (₹)

Drawn on Bank & Branch _____

Photo Identification 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 for Auto Debit to register and start.

Frequency Details (Please ✓)

<input type="checkbox"/> Daily (SIP)	<input type="checkbox"/> Weekly (SIP)	<input type="checkbox"/> Monthly (SIP)
All Business Days	<input type="radio"/> 7th, 14th, 21st, 28th of any month	<input type="radio"/> 7th OR <input type="radio"/> 14th OR <input type="radio"/> 21st OR <input type="radio"/> 28th

SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount (Rs.) (The amount should be in multiples of Rs. 500 only)

(Refer instruction no. 36) SIP Top-up Frequency: Half-yearly Yearly

3 Select your SIP Goal [please ✓ one]

Buying Home Children's Education Wealth Creation Retirement Planning

4 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')* Date D D M M Y Y Y Y

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 as per Edelweiss Mutual Fund records (Mandatory)

First Account Holders Signature _____ Second Account Holders signature _____ Third Account Holders signature _____

Signature/s as per Bank records (Mandatory)

First Account Holders Signature _____ Second Account Holders signature _____ Third Account Holders signature _____



DEBIT MANDATE FOR NACH

Tick (✓)	UMRN <input type="text"/>	Date <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Create	Sponsor Bank Code <input type="text"/> CITI000PIGW	Utility Code <input type="text"/> CITI00062000000037
Modify	I/We hereby authorize <input type="text"/> EDELWEISS MUTUAL FUND	To Debit (tick) <input type="checkbox"/> SB / CA / CC SB NRE / SB NRO / Other
Cancel	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
	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"/>
	PERIOD	
	From <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Signature Primary Account holder
	To <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Signature Account holder
	Or <input type="checkbox"/> Until Cancelled	Signature Account holder
		1. Name as in Bank Records
		2. Name as in Bank Records
		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 authorizing 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