

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)



EDELWEISS MUTUAL FUND

APPLICATION NO.

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.

1 DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE
ARN-118251	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EJUN)		ONLY FOR DIRECT INVESTMENT

*Investors should mention the EJUN 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 EJUN 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) IDCW (Reinvestment) Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings)					
IDCW (Transfer) to Scheme _____					
Installment Period : From Date					
To Date					
		5 yrs or	10 yrs or		
(SIP period should not exceed 30 years)					
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 _____
Top-up Cap Maximum SIP Amount ₹ _____ SIP Top-up Frequency : Half Yearly Yearly Top-up Cap (Refer Instruction No.26)

4 UMRN DETAILS		(Refer Instruction No.9)
<input type="checkbox"/> Use Existing AOTM	<input type="checkbox"/> Use Existing KOTM	UMRN No. _____
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
------------------------	------------------	-----------------

EDELWEISS MUTUAL FUND		One Time Mandate Registration Form/ Debit Mandate Form NACH/Direct Debit									
TICK (✓)		UMRN _____ Date _____									
CREATE <input checked="" type="checkbox"/>		Sponsor Bank Code CITI000PIGW Utility Code CITI00002000000037									
MODIFY <input checked="" type="checkbox"/>		I/We hereby authorize Edelweiss Mutual Fund to debit (tick ✓) SB CA CC SB-NRE SB-NRO Other									
CANCEL <input checked="" type="checkbox"/>		Bank a/c number _____									
		with Bank _____ IFSC _____ or MICR _____									
		an amount of Rupees _____ ₹ _____									
FREQUENCY <input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytr <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented		DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount									
Reference 1 _____		Folio Number _____ Phone No. _____									
Reference 2 _____		Applicaton Number _____ Email ID _____									
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 From _____ To _____ Or <input checked="" type="checkbox"/> Until Cancelled		Signature Primary Account holder _____ Signature of Account holder _____ Signature of 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 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 the debit.											