

SIP Enrollment 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, Kohinoor City Mall, Kohinoor 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

Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E - Code	RIA Code
ARN-109217	ARN	Internal Code	Indentification No. (EUNI)*	E-150257	Only for Direct Investments

Registrar/Bank Serial No. Date & Time of Receipt

FOR OFFICE USE ONLY

<p>*Investors should mention the EUNI 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 EUNI 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".</p> <p>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'</p> <p>All sections to be filled in English and in BLOCK LETTERS.</p>					
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 _____

Installment Period: From Date M M Y Y Y Y To Date M M Y Y Y Y OR Perpetual (99 years) (Default)

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 ✓)

Daily (SIP)	Weekly (SIP)	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

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
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DEBIT MANDATE FOR NACH

Date D D M M Y Y Y Y

UMRN For Office use only

Sponsor Bank Code CITI000PIGW Utility Code CITI00062000000037

I/We hereby authorize EDELWEISS MUTUAL FUND To Debit (✓) SB / CA / CC SB NRE / SB NRO / Other

Bank A/c. Number

With Bank IFSC or MICR

An Amount of Rupees ₹

FREQUENCY Monthly Quarterly Half Yearly Yearly As & when presented **DEBIT TYPE** Fixed Amount Maximum Amount

Reference /Folio No. Phone No.

Scheme Name ALL SCHEMES OF EDELWEISS MUTUAL FUND 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 D D M M Y Y Y Y
To D D M M Y Y Y Y
Or Until Cancelled

Signature Primary Account holder

Signature Account holder

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 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