

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, 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-64917	ARN -	INTERNAL CODE	EUIN-E434563		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) IDCW (Reinvestment) Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings)					
IDCW (Transfer) 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.	<input type="text"/>

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/ ECS/ Direct Debit											
UMRN <input type="text"/>		Date <input type="text"/>											
Sponsor Bank Code <input type="text"/>		For Office Use				Utility Code <input type="text"/>		For Office Use					
I/We hereby authorize _____		Edelweiss Mutual Fund				to debit (tick ✓)		<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other					
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"/> Mthly <input checked="" type="checkbox"/> Qlyt <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 <input type="text"/>		Folio Number				Phone No. <input type="text"/>							
Reference 2 <input type="text"/>		Applicaton Number				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													
From <input type="text"/>													
To <input type="text"/>		Signature Primary Account holder				Signature of Account holder				Signature of Account holder			
Or <input checked="" type="checkbox"/> Until Cancelled		1. <input type="text"/>		2. <input type="text"/>		3. <input type="text"/>							
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.													

My SIP GOAL
 Buying Home
 Child's Education
 Retirement Planning
 Wealth Creation

(Select Any One Goal)

My Goal Amount : ₹ _____

Instructions

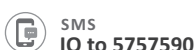
- Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors who wish to add a new bank account towards OTM facility may fill the 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.

TERMS AND CONDITIONS

1. Please refer to the Key Information Memorandum (KIM), Statement of Additional Information (SAI) and Scheme Information Document (SID) for Applicable NAV, Risk Factors, Load and other information of the Scheme / Plan before investing.
2. Complete Application form and SIP OTM Form along with the first investment cheque should be submitted to the AMC / Karvy ISC's.
3. Investors should mandatorily give a cheque for the first Installment. The first cheque should be drawn on the same bank account which is to be registered for NACH. Alternatively, the cheque may be drawn on any bank, for which investor should provide a photocopy of the cheque or cancelled cheque of the bank/branch for which NACH is to be registered.
4. First SIP cheque and subsequent SIP installments via NACH should be of the same amount.
5. If any chosen day falls on a non business day, the next business day will be considered as the transaction date.
6. Incorrect / Incomplete applications are liable to be rejected.
7. Investors OTM will get registered at PAN level only.
8. Investor can register multiple OTM's. However, registration of multiple OTM's under same bank account number is not allowed.
9. UMRN details (Refer Point - 4 in SIP Enrollment Cum One Time Debit Mandate Form) is for the existing OTM registered investors only. Investors having multiple registered OTM's under the folio needs to mention the UMRN Number for bank details. If not mentioned then the last created UMRN Number will be considered as default option by the AMC.
10. Investors SIP/Purchase transactions are liable to get rejected if the purchase amount exceeds the maximum amount limit mentioned on the OTM mandate.
11. SIP request under existing registered OTM will start within 12 calendar days.
12. OTM instructions will take a minimum of one month for registration with the bank and hence the first debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in Scheme Information Document (SID) .
13. You can choose to discontinue this facility by giving 10 days written notice to any of AMC/ Registrar Investor Service centers.
14. Top-up: After completion of the tenure, in case the investor wants to continue his SIP investment for another tenure with the existing folio, then the investor has to submit a duly filled & signed SIP through OTM Mandate.
15. Request for change in bank mandate to be submitted atleast 30 business days before the due date of next SIP installment.
16. The bank account provided for OTM (Debit) should be in the list of banks participating in NACH .
17. MICR code or IFSC code should be mandatory filled on OTM mandate, MICR code starting and / or ending with 000 are not valid for OTM.
18. The investor agrees to abide by the terms and conditions of NACH facility of NPCI & Auto Debit as applicable at the time of investment and as may be modified from time to time.
19. The investor undertakes to keep sufficient funds in the account till the date of execution of the debit. The investor hereby declares that the particulars given overleaf are correct and complete. If the date of debit to the investors account happens to be a non Business day as per the fund, execution of the debit will not happen on the day of the holiday and allotment of Units will happen as per the terms and conditions listed in the concerned Scheme Information Document (SID). The Fund, its registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, change of government policies, unavailability of banks computer system, force majeure events or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
20. Investors will not hold Edelweiss AMC, its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific sip date due to the local holidays or any other reason.
21. Edelweiss AMC reserves the right to reject any application without assigning any reason thereof.
22. Please refer SID for minimum SIP investment amount under each Schemes.
23. Please refer the Key Information Memorandum (KIM) and Scheme Information Document (SID) of the respective Scheme for applicable NAV, risk factors, load (exit/entry) and other information on the respective Scheme before investing.
24. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
25. As per Prevention of Money Laundering Act 2002, it is mandatory for all investors to be KYC compliant. For more details please refer point XI on "Instructions to Investor for Filling up the Application Form.
- 26. Instructions for Systematic Investment Plan (SIP) Top-up**
 1. SIP Top-up Facility is not available under Micro SIPs
 2. SIP Top-up is a facility wherein an investor who wishes to enrol for SIP, has an option to increase the amount of the SIP installment by a fixed amount at pre-defined intervals i.e. half yearly and yearly. The SIP Top-up amount should be filled in the SIP Enrolment Form itself.
 3. The SIP Top-up amount should be in multiples of ₹ 500/- only.
 4. The SIP Top-up option is only available for monthly SIP.
 5. In case the top-up frequency is not indicated under Monthly SIP, it will be considered as half yearly interval.
 6. Top-up cap is the maximum amount beyond which the Top-up amount is capped.
 7. The OTM Maximum amount should include the Top Up amount also.
- 27. Terms and Conditions for GPrS are as follows:**
 1. Eligible Schemes: Edelweiss Arbitrage Fund, Edelweiss Balanced Advantage Fund, Edelweiss Large Cap Fund, Edelweiss Long Term Equity Fund (Tax Savings), Edelweiss Aggressive Hybrid Fund, Edelweiss Large & Mid Cap Fund, Edelweiss Equity Savings Fund, Edelweiss Mid Cap Fund, Edelweiss Flexi Cap Fund.
 2. Investors / unit holders have the option to choose only one goal along with a single target amount for each Eligible Scheme under a particular folio. No additional purchase/switchin/Systematic Investment Plan/Systematic Transfer Plan shall be permitted in the folio considered under this facility.
 3. This Facility cannot be opted under the existing investments. Investors who wish to avail this Facility will have to start SIP(s) under a new folio number.
 4. Investor/Unit holder has to submit a duly completed Common Application Form' along with 'SIP Enrolment Form' for availing this Facility.
 5. Registration under the Facility will be completed within 30 days from the date of submission of the relevant Forms.
 6. Investor/Unit holders are requested to note that changing the specified goal and /or the target amount will not be permitted under the GPrS Facility.
 7. Any request for discontinuing the GPrS Facility should be submitted 10 working days prior to the next SIP installment date.
 8. This Facility will not be available to investors/unit holders who opt to hold the units in demat mode.
 9. Investors are requested to note that, the goal and the target amount specified under the GPrS Facility has to be determined by the investors themselves and that there is no assurance that goal/target amount will be realised through SIP investment in the Eligible Schemes of the Fund.
 10. Investors / Unit holders are requested to note that other features of SIP investment such as minimum investment amount, frequency, number of installments, investment Dates etc., as mentioned Scheme Information Document of respective Scheme shall remain unchanged.



Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.

SPECIAL FEATURES FORM - STP/SWP

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



Edelweiss
Ideas create, values protect

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.

STP SWP

1 DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE [^]
ARN - ARN-64917	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIIN) EUIIN-E434563		ONLY FOR DIRECT INVESTMENT

*Investors should mention the EUIIN 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 EUIIN 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'.

[^]I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

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					Date of Birth					Mobile No.									
					D D M M Y Y Y Y														
Aadhaar No.										CKYC No.									

3 TRANSACTION CHARGES [Please ✓]	
<input type="checkbox"/> I am First Time Investor in Mutual Funds	<input type="checkbox"/> I am Existing Investor in Mutual Funds
In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.	

4 SCHEME DETAILS (STP/SWP from Scheme)				
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 Long Term Equity Fund (Tax Savings)				

SCHEMES OFFERED BY EDELWEISS MUTUAL FUND :

Equity Schemes	Debt Schemes	Fund of Funds Schemes
Edelweiss Arbitrage Fund Edelweiss Balanced Advantage Fund Edelweiss Large Cap Fund Edelweiss Long Term Equity Fund (Tax Savings) Edelweiss Aggressive Hybrid Fund Edelweiss Large & Mid Cap Fund Edelweiss Equity Savings Fund	Edelweiss Mid Cap Fund Edelweiss Multi-Cap Fund Edelweiss Small Cap Fund Edelweiss Liquid Fund Edelweiss Low Duration Fund Edelweiss Short Term Fund Edelweiss Banking and PSU Debt Fund Edelweiss Corporate Bond Fund Edelweiss Money Market Fund Edelweiss Government Securities Fund	Edelweiss Asean Equity Offshore Fund Edelweiss Emerging markets Offshore Fund Edelweiss Europe dynamic Offshore Fund Edelweiss Greater China Equity Offshore Fund Edelweiss US Value Offshore Fund Bharat Bond FOF-April 2023 Bharat Bond FOF-April 2030

5 FREQUENCY DETAILS				
<input type="checkbox"/> Daily (STP)	<input type="checkbox"/> Weekly (STP)	<input type="checkbox"/> Fortnightly (STP)	<input type="checkbox"/> Monthly (STP/SWP)	<input type="checkbox"/> Quarterly (STP/SWP)
All Business Day	7th, 14th, 21st, 28th of any month	10th, 25th	Any date except last 3 days of month Date : ___/___/___	Any date except last 3 days of month Date : ___/___/___

6 SYSTEMATIC TRANSFER PLAN (STP) DETAILS (NOT APPLICABLE FOR ELSS SCHEME)	
To Scheme _____	Option _____
STP Period : From Date ___/___/___	To Date <input type="checkbox"/> Perpetual (99 years) (Default) or <input type="checkbox"/> 10yrs or <input type="checkbox"/> 5 yrs or ___/___/___
Amount Per Installment : _____	Amount (in words) _____

7 SYSTEMATIC WITHDRAWAL PLAN (SWP) DETAILS (NOT APPLICABLE FOR ELSS SCHEME) (Only Monthly and Quarterly Options Available)	
Amount Per Withdrawal : _____	Amount in words : _____
SWP Period : From Date ___/___/___	To Date ___/___/___ or Perpetual (99 years) (Default) <input type="checkbox"/>

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

Having read and understood the contents of Statement of Additional Information (SAI), Scheme Information Document (SID) of the Scheme(s), I/We hereby apply to the Trustees of Edelweiss Mutual Fund for units of Scheme(s) of Edelweiss Mutual Fund as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme (s). I/We hereby declare that the particulars given herein are correct and complete. I/We confirm that I/we have not received and will not receive any commission or brokerage or any other incentive in any form, directly or indirectly, for subscribing to units issued under any of the Scheme(s). I/We hereby declare that the amount invested in the Scheme(s) is through legitimate sources only and does not involve and is not designed for the purpose of any contravention or evasion of any Act, Rules, Regulations, Notifications or Directions of the provisions of Income Tax Act, 1961, Prevention of Money Laundering Act, 2002, Prevention of Corruption Act, 1988 or any other applicable laws enacted by the Government of India from time to time.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

For NRIs/FIIs only: I/We confirm that I am/we are Non Residents of Indian Nationality/origin and that I/We have remitted funds from abroad through approved banking channels or from funds in my/our Non-resident External Account/FCNR account/NRO/NRSR Account. (Please ✓) (Including amount of transactions made in future)

Repatriation Non Repatriation

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

TERMS AND CONDITIONS

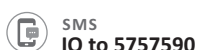
Systematic Transfer Plan /Systematic Withdrawal Plan

1. All valid requests for STP/SWP forms from one Scheme to the other Scheme would be treated as switch-out/redemption & switch-in/purchase at the applicable NAV of the respective Scheme(s). The difference between the NAV of two Schemes will be reflected in the number of units allotted.
2. Minimum Investment Amount in Transfer Out Scheme should be as per the respective SID/ Addendum.
3. Units marked under Lien, Pledge or Lock-in Period in the Transfer Out Scheme will not be eligible for STP/SWP.
4. All valid applications will be processed as per the applicable uniform cut off timings on the working days as mentioned in the respective Scheme SID.
5. This form should be submitted at least 5 business days before the commencement date.
6. A Unit holder who has opted for STP/SWP under a specific Scheme can also redeem or switch his Units to any other eligible Scheme provided he has sufficient balance in his account on the date of such a request
7. The Unit holder can make additional subscriptions in accordance to the terms and conditions of the Scheme Information Document (SID). Such additional subscription will alter the functioning of the STP/SWP.
8. STP/SWP will be terminated automatically in case of a Zero balance in the respective Scheme-Folio on the run-date or expiry of the enrolment period whichever is earlier.
9. The unit holders can choose to opt out from the STP/SWP at any point of time by submitting a written request to the nearest designated Investor Service Center. Such request for discontinuation should be received at least 10 working days prior to the next due date of the SWP/STP.
10. Edelweiss AMC reserves the right to reject any application without assigning any reason thereof and the Trustee reserves the right to change/modify the terms and conditions of SWP/STP.
11. Existing unit holders should note that unit holders' details and mode of holding (single, jointly, anyone or survivor) will be as per the existing Account.
12. The application is subject to detailed scrutiny and verification. Applications which are not complete in all respect are liable for rejection either at the collection point itself or subsequently after detailed scrutiny / verification at the back office of the Registrar.
13. STP/SWP facility is not available for units held in demat. Unit Holders opting the units in the demat mode, can submit redemption only through DP or through stock exchange platform

Employee Unique Identification Number (EUIN):

SEBI has made it compulsory for every employee/ relationship manager/ sales person of the distributor of Mutual Fund products to quote the EUIN obtained by him/her from AMFI in the Application Form. EUIN, particularly in advisory transactions, would assist in addressing any instance of mis-selling even if the employee/relationship manager/sales person later leaves the employment of the distributor. Individual ARN holders including senior citizens distributing

Mutual Fund products are also required to obtain and quote EUIN in the Application Form. Hence, if your investments are routed through a distributor please ensure that the EUIN is correctly filled up in the Application Form. However, if your distributor has not given you any advice pertaining to the investment, the EUIN box may be left blank. In this case, you are required to provide a duly signed declaration to this effect. Distributors are advised to ensure that the sub broker affixes his/her ARN code in the column separately provided in addition to the current practice of affixing the internal code issued by the main ARN holder and the EUIN of the Sales Person (if any) in the EUIN space.



Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.

ONE TIME BANK MANDATE FORM

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

APPLICATION NO.

For Registration For Modification

1 DISTRIBUTOR INFORMATION				
Distributor ARN Code	Sub-Broker ARN Code	Sub-Broker Code	Employee Unique	RIA CODE
ARN - ARN-64917	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIIN) EUIIN-E434563	ONLY FOR DIRECT INVESTMENT

*Investors should mention the EUIIN 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 EUIIN 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. All columns marked * are mandatory.

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

3 BANK DETAILS (Please attached a cancel cheque in original for the below mentioned bank account, with this application form)																				
Account Holder's Name																				
Name of the Bank																				
Branch																				
Account Type: <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others																				
Account No.																				
9 digit MICR Code																				

4 EXISTING UMRN DETAILS (For Modification)																				
Bank Account Number																				
Bank Name																				
UMRN																				

Modification will be applicable for existing SIP registered under UMRN details mentioned in point (4). Future SIP debit will be initiated from new bank account as mentioned by you in point (3) post successful registration

ONE TIME BANK MANDATE (NACH/Direct Debit Mandate Form)

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

Tick (✓) Create (✓) Modify (x) Cancel (x)	UMRN																								
	Sponsor Bank Code									Utility Code															
	I/We hereby authorize	EDELWEISS MUTUAL FUND										To Debit (✓)	SB / CA / CC SB NRE / SB NRO / Other												
	Bank A/c. Number																								
	With Bank									IFSC															
	An Amount of Rupees									₹															
	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.											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 (DDMMYYYY)	Signature Primary Account holder						Signature Account holder						Signature Account holder											
	From																								
	To																								
	Or	Until Cancelled						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

Instructions

1. 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.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed form with their name mentioned.
3. 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.
4. 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.
5. 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.
6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
7. Utility Code of the Service Provider will be mentioned by Edelweiss Mutual Fund.
8. Tick on the respective option to select your choice of action and instruction.
9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
10. 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.
11. 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.
12. 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".
13. 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.
14. Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.
15. 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 I 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.



Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.