

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 - ARN-64917	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EJIN) E434563		ONLY FOR DIRECT INVESTMENT

*Investors should mention the EJIN 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 EJIN 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 ELSS Tax saver Fund																						
IDCW (Transfer) to Scheme _____																						
Installment Period : From Date																						
		To Date																				
		<input type="checkbox"/> 5 yrs or <input type="checkbox"/> 10 yrs or <input type="checkbox"/> 30 yrs (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 (✓) <input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL		UMRN	F o r o f f i c e u s e										Date		
		Sponsor Bank Code	CITI000PIGW				Utility Code	CITI00002000000037							
		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													
		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				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.															

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 unless there is change in either of bank account details, maximum amount or maximum period. New OTM will replace existing OTM.
- 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. Mandate period should not exceed 30 years from start date.
- 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.
- Maximum duration for enrollment is 30 years. An investor has option to choose the "End Date" of the SIP for maximum of 30 years from the start date.
- Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.

Declaration: I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/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/Direct Debit/SI from time to time.

Authorisation to Bank: This is to inform that I/We have registered for 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/Direct Debit/SI.

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. (EJIN) 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

EDELWEISS MUTUAL FUND One Time Mandate Registration Form/ Debit Mandate Form NACH/Direct Debit																							
TICK (✓)																							
CREATE	<input checked="" type="checkbox"/>																						
MODIFY	<input checked="" type="checkbox"/>																						
CANCEL	<input checked="" type="checkbox"/>																						
UMRN																							
Date																							
Sponsor Bank Code																							
Utility Code																							
I/We hereby authorize																							
Edelweiss Mutual Fund																							
to debit (tick ✓)																							
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																							
with Bank																							
IFSC																							
or MICR																							
an amount of Rupees																							
FREQUENCY																							
Mthly	<input checked="" type="checkbox"/>	Qytr	<input checked="" type="checkbox"/>	H-Yrly	<input checked="" type="checkbox"/>	Yrly	<input checked="" type="checkbox"/>	As & when presented	<input checked="" type="checkbox"/>														
DEBIT TYPE																							
Fixed Amount	<input checked="" type="checkbox"/>	Maximum Amount	<input checked="" type="checkbox"/>																				
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																							
Until Cancelled	<input checked="" type="checkbox"/>																						
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.																							

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 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) E434563		ONLY FOR DIRECT INVESTMENT

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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
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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 D D M M Y Y Y Y
Aadhaar No.	CKYC No.

3 TRANSACTION CHARGES [Please ✓]

I am First Time Investor in Mutual Funds

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
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(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) IDCW (Reinvestment) Facility is not available under Edelweiss ELSS Tax saver Fund

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 ELSS Tax saver Fund Edelweiss Aggressive Hybrid Fund Edelweiss Large & Mid Cap Fund Edelweiss Equity Savings Fund	Edelweiss Mid Cap Fund Edelweiss Flexi Cap Fund Edelweiss Small Cap Fund	Edelweiss Liquid Fund Edelweiss Banking and PSU Debt Fund Edelweiss Corporate Bond Fund Edelweiss Money Market Fund Edelweiss Government Securities Fund Edelweiss Overnight 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 Perpetual (99 years) (Default) or 10yrs or 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)

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
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