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)

Edelweiss Mutual Fund

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

1 DISTRIBUTOR INFORMATION / FOR OFFICE USE ONLY

DISTRIBUTOR INFORMATION						FOR OFFICE USE ONLY	
Name & Distributor Code	Sub-Broker Code ARN	Sub-Broker Code Internal Code	Employee Unique Indentification No. (EUIN)*	E - Code	RIA Code Only for Direct Investments	Registrar/Bank Serial No.	Date & Time of Receipt

*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'
All sections to be filled in English and in BLOCK LETTERS.

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	○ 7th, 14th, 21st, 28th of any month	○ 7th **OR**	○ 14th **OR**	○ 21st **OR**	○ 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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Edelweiss Mutual Fund

DEBIT MANDATE FOR NACH

Date [D D M M Y Y Y Y]

Tick (✓)
Create (✓)
Modify(✗)
Cancel (✗)

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		Signature Primary Account holder	Signature Account holder	Signature Account holder
From [D D M M Y Y Y Y]				
To [D D M M Y Y Y Y]		1. Name as in Bank Records	2. Name as in Bank Records	3. Name as in Bank Records
Or ☐ Until Cancelled				

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