

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					FOR OFFICE USE ONLY	
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique Identification Number (EUIIN)*	E- Code	Registrar/Bank Serial No.	Date & Time of Receipt
ARN-3852	ARN	Internal Code	E029058			
<small>*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".</small>						
<small>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'</small>						
<small>All sections to be filled in English and in BLOCK LETTERS.</small>						
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 _____				
*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund				
Installment Period:	From Date	M M Y Y Y Y	To Date	M M Y Y Y Y
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 ✓)				
<input type="checkbox"/> Daily (SIP)	<input type="checkbox"/> Weekly (SIP)	<input type="checkbox"/> 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
<input type="checkbox"/> SIP Top-up (Optional) (Please ✓ to avail this facility) (Refer instruction no. 36)				
Top-up Amount (Rs.) _____		(The amount should be in multiples of Rs. 500 only)		
SIP Top-up Frequency:		<input type="checkbox"/> Half-yearly	<input type="checkbox"/> Yearly	

3 Select your SIP Goal [please ✓ one]

Buying Home Children's Education Wealth Creation Retirement Planning

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
---------------------------------	----------------------------------	---------------------------------

Signature/s as per Bank records (Mandatory)

First Account Holders Signature	Second Account Holders signature	Third Account Holders signature
---------------------------------	----------------------------------	---------------------------------



DEBIT MANDATE FOR NACH

Tick (✓)	UMRN	_____	Date	D D M M Y Y Y Y
Create	Sponsor Bank Code	CITI000PIGW	Utility Code	CITI00062000000037
Modify	I/We hereby authorize	EDELWEISS MUTUAL FUND	To Debit (tick)	<input type="checkbox"/> SB / <input type="checkbox"/> CA / <input type="checkbox"/> CC SB NRE / <input type="checkbox"/> SB NRO / Other
Cancel	Bank A/c. Number	_____		
	With Bank	_____	IFSC	_____
			or MICR	_____
	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
	Folio No.	_____	Phone No.	_____
	Scheme Name	ALL SCHEMES OF EDELWEISS MUTUAL FUND	Email ID	_____
	PERIOD			
	From	D D M M Y Y Y Y	Signature Primary Account holder	Signature Account holder
	To	D D M M Y Y Y Y		
	Or	<input 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 debit