

7 Power Of Attorney (POA) Holder details (If investment is being made by Constitutional Attorney, please submit notarized copy of POA)

Name		Date of Birth							PAN			
First Applicant POA Name	Mr. /Ms./M/s	D	D	M	M	Y	Y	Y	Y			
Second Applicant POA Name	Mr. /Ms./M/s	D	D	M	M	Y	Y	Y	Y			
Third Applicant POA Name	Mr. /Ms./M/s	D	D	M	M	Y	Y	Y	Y			

8 Contact Details of Sole / First Applicant - (Correspondence Address) ##

9 Investment Details - (Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)

(Refer Instruction No. VI)

Scheme: Edelweiss

Plan: Regular Direct

Option: Growth IDCW-Reinvestment IDCW-Payout IDCW-Transfer

Frequency: -

IDCW (Transfer) to Scheme -

— Plan _____ Option —

10 Systematic Transaction Registration Details (Please submit the filled in standalone SIP Enrollment cum One Time Debit Mandate Form for SIP registration)

SIP	STP	SWP
Scheme: Edelweiss - _____ _____ _____ Plan _____ Option _____ Sub-Option _____	Source Scheme: _____	Scheme: _____
Installment amount (in figures): Installment amount (in words):	Target Scheme: Amount (in figures): Amount (in words):	Amount (in figures): Amount (in words):
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Frequency: <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Preferred SIP date: _____ (For Monthly & Quarterly only)	Preferred STP date: _____ (For Monthly & Quarterly only)	Preferred SWP date: _____ (For Monthly & Quarterly only)
Debit Date:	STP Period: <input type="text"/> From Date <input type="text"/> To Date	SWP Period: <input type="text"/> From Date <input type="text"/> To Date
(SIP period should not exceed 40 years)	(For monthly and quarterly SIP/STP/SWP select any date except 29th, 30th and 31st)	

CHECKLIST Please submit the following documents with your application (where applicable). All documents should be original/true copies certified by a Director/Trustee /Company Secretary /Authorised signatory / Notary Public.

11 Payment Details

(Refer Instruction No. VII)

The cheque should be drawn in favor of "Edelweiss _____ (Scheme name)", you may refer the SID for additional information.

Mode of Payment [Please <input checked="" type="checkbox"/>]	<input type="checkbox"/> RTGS/NEFT/Fund Transfer	<input type="checkbox"/> DD	<input type="checkbox"/> Cheque	<input type="checkbox"/> AOTM	<input type="checkbox"/> KOTM	Cheque No. _____	Date D D M M Y Y Y Y	
Gross Amount (₹) _____	Net Amount (₹) _____	DD Charges (₹) _____						
Bank Details: <input type="checkbox"/> Same as below (Please tick (✓) if yes)		<input type="checkbox"/> Different from below (Please tick (✓) if it is different from below and fill in the details below)						
Bank/Branch & City _____			LEI No. _____					
Account No. _____			Account Type [Please <input checked="" type="checkbox"/>] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR					
UMRN No. _____			Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.					

12 Bank Account Details mandatory for Redemption/IDCW/Refunds, if any

(Refer Instruction No. IV)

Account No. _____	Account Type [Please <input checked="" type="checkbox"/>] <input type="checkbox"/> SB <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR
Bank Name _____	
Branch Add. _____	
Pin _____	IFSC CODE _____ MICR CODE _____

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

13 FATCA & CRS Details For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form

(Refer Instruction No.XV)

Please indicate all Countries in which you are a resident for tax purpose, associated Tax payer Identification Number and its Identification type eg. TIN etc.

Is the applicant(s)/ guardian's Country of Tax Residency other than India? Yes (If Yes, below details are mandatory) No

Sole / First Applicant / Guardian			Second Applicant			Third Applicant		
Country #	Tax Payer Ref ID No.%	Identification Type [TIN or other, please specify]	Country #	Tax Payer Ref ID No.%	Identification Type [TIN or other, please specify]	Country #	Tax Payer Ref ID No.%	Identification Type [TIN or other, please specify]
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		
Place of Birth _____			Place of Birth _____			Place of Birth _____		
Country of Birth _____			Country of Birth _____			Country of Birth _____		
Country of Nationality _____			Country of Nationality _____			Country of Nationality _____		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. * In case Tax Identification Number is not available, kindly provide its functional equivalent

14 Additional KYC Details

(Refer Instruction No.X)

Occupation	Business	Service	Professional	Agriculturist	Housewife	Student	Defence	Bureaucrat	Forex Dealer	Unlisted Company	Body Corporate	Listed Company	Others
First Applicant	<input type="checkbox"/> _____												
Second Applicant	<input type="checkbox"/> _____												
Third Applicant	<input type="checkbox"/> _____												
Guardian	<input type="checkbox"/> _____												

Gross Annual Income Details		Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lac	> 25 Lacs - 1 Crore	> 1 Crore	NET-WORTH in ₹		Date
First Applicant		<input type="checkbox"/>	₹ _____ (in figures)		DD/MM/YYYY					
Second Applicant		<input type="checkbox"/>	₹ _____ (in figures)		DD/MM/YYYY					
Third Applicant		<input type="checkbox"/>	₹ _____ (in figures)		DD/MM/YYYY					
Guardian		<input type="checkbox"/>	₹ _____ (in figures)		DD/MM/YYYY					

PEP DETAILS				First Applicant		Second Applicant		Third Applicant		Guardian	
Are you a Politically Exposed Person (PEP)				<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Are you related to a Politically Exposed Person (PEP)				<input type="checkbox"/> Yes	<input type="checkbox"/> No						

Kindly complete the investment application by filling below mentioned details on the next page.

* Nomination

* Investment Declaration

Nomination Details* (Mandatory)

(Refer instruction no. IX)

I/We hereby nominate the following person(s) who shall receive all the assets held in my/our account/folio in the event of my/our demise, as trustee and on behalf of my/our legal heir(s)

Name of First Nominee

Nominee's relationship with the Investor* Allocation**

Mobile No.* Email*

Address*

Identity Number*** DOB of Nominee**** D D M M Y Y Y

Guardian Details****

Name of Second Nominee

Nominee's relationship with the Investor* Allocation**

Mobile No.* Email*

Address*

Identity Number*** DOB of Nominee**** D D M M Y Y Y

Guardian Details****

Name of Third Nominee

Nominee's relationship with the Investor* Allocation**

Mobile No.* Email*

Address*

Identity Number*** DOB of Nominee**** D D M M Y Y Y

Guardian Details****

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division/fraction of %, shall be transferred to the first nominee mentioned in the nomination form.

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI/OCI/PIO, Passport number is acceptable.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DOB): please provide, only if the nominee is minor.
- Guardian Details: It is optional for you to provide, if the nominee is minor.

	Name(s) of holder(s)	Name & Address of Witness	Witness Signature#
Sole / First Holder (Mr./Ms.)			
Second Holder (Mr./Ms.)			
Third Holder (Mr./Ms.)			

Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

1) I/We want the details of my/our nominee/s to be printed in the statement of holding, provided to me/us by the AMC as follows; (please tick any one, as appropriate)

Name of nominee(s) Nomination: Yes / No

2) This nomination shall supersede any prior nomination made by me / us, if any.

I/We DO NOT wish to nominate

Declaration for Nomination (to be signed by all unitholders including joint holders, irrespective of mode of holding): I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / Demat account.

Declaration for Investment: Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to the Trustee of Edelweiss Mutual fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/We agree that in case my/our investment in the Scheme(s) is equal to or more than 25% of the corpus of the Scheme, then Edelweiss Asset Management Ltd., Investment Manager to the Edelweiss Mutual Fund, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We hereby authorise Edelweiss Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / Edelweiss Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all/ any of the information provided by me/ us, including all changes, update to such information as and when provided by me/ us to Edelweiss Mutual Fund/ Edelweiss Asset Management Limited to any Indian or foreign governmental or statutory or judicial authorities/ agencies, the tax/ revenue authority and other investigation agencies without obligation on advising me/ us of the same. I/We authorise Edelweiss Mutual Fund to reject the application, revert the units credited/redeem units created at applicable NAV, restrain me/us from making any further investment in any of the Schemes of the fund, recover/debit my/ our folios(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned by my/our banker for any reason whatsoever. I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. I/We hereby, further agree that the Fund can directly credit all the IDCW payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/authenticating and updating my/ our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s) and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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. I/We further agree that the Fund/AMC can send us all types of SMS relating to the products offered by them.

I / We confirm that I am/We are not resident(s) of Canada under the laws of Canada. In case of change to this status, I / We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (✓) (Including amount of Additional Purchase Transaction made in future)

Repatriation Non Repatriation

Applicable if resident / citizen of a member state of European Union protected under GDPR

I/We, resident/citizen of a member state of European Union protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on www.edelweissfin.com. Please see the tick marks in the relevant boxes below that will apply to me:

1) I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement. YES NO

2) I wish to receive marketing information from Edelweiss Group (*) YES NO

3) I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (*) Newsletter Email Text message Telephone call Not interested

SIGNATURE	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT	DATE : _____ / _____ / _____	PLACE _____

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)

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.



EDELWEISS MUTUAL FUND

APPLICATION NO.

DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIIN)		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 inappropriateness, 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.

UNITHOLDER INFORMATION		Folio No. (For Existing Unit Holders)													
Sole / 1st Unit Holder*	(Name as per PAN Card only)														
PAN*														Date of Birth/Date of Incorporation*	D D M M Y Y Y Y
CKYC No.															

INVESTMENT DETAILS		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 <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To Date <input type="checkbox"/> 5 yrs or <input type="checkbox"/> 10 yrs or <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y (SIP period should not exceed 40 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 : <input type="text"/> / <input type="text"/> / <input type="text"/> Preferred Debit Date (Any date except last three dates of month)	DATE : <input type="text"/> / <input type="text"/> / <input type="text"/> Preferred Debit Date (Any date except last three dates of month)
SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount _____				
Top-up Cap Maximum SIP Amount ₹ <input type="text"/>		SIP Top-up Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> Top-up Cap (Refer Instruction No.26)		

UMRN DETAILS		(Refer Instruction No.9)
<input type="checkbox"/> Use Existing AOTM	<input type="checkbox"/> Use Existing KOTM	UMRN No. <input type="text"/> / <input type="text"/>
Bank Name _____		Bank Account No. _____

DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')*		DATE : <input type="text"/> / <input type="text"/> / <input type="text"/>	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	

One Time Mandate Registration Form/ Debit Mandate Form NACH/Direct Debit

	UMRN <input type="text"/> / <input type="text"/> OFFICE USE ONLY	Date <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Utility Code <input type="text"/>	CITI000200000037	<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel
Sponsor Bank Code <input type="text"/> CITI000PIGW	I/We authorize <input type="text"/> Edelweiss Mutual Fund	
To debit (<input checked="" type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others _____)	Bank A/c No. <input type="text"/> / <input type="text"/>	
With Bank <input type="text"/>	IFSC/MICR <input type="text"/> / <input type="text"/>	
an amount of Rupees <input type="text"/>	₹ <input type="text"/>	
Debit Type <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	
Reference Folio No./App No. <input type="text"/>	Email ID <input type="text"/>	

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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.

From <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
To <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y

Maximum period of validity of this mandate is 40 years only.

Maximum period of validity of this mandate is 40 years only.

Phone No. 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records

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 unless there is change in either of bank account details, maximum amount or maximum period. New OTM will replace existing OTM.
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. Mandate period should not exceed 40 years from start date.
7. Tick on the respective option to select your choice of action and instruction.
8. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
9. 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.
10. 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.
11. Maximum duration for enrollment is 40 years. An investor has option to choose the "End Date" of the SIP for maximum of 40 years from the start date.
12. Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.
13. Name should be as per PAN Card only.

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.