

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, Kiroi 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 (EUI)*

E - Code

ARN

Internal Code

Registrar/Bank Serial No.

Date & Time of Receipt

*Investors should mention the EUI 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 EUI 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

*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 ✓)

☐ 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

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 (✓)

Create

Modify

Cancel

UMRN

Sponsor Bank Code

CITI000PIGW

Utility Code

CITI00062000000037

I/We hereby authorize

EDELWEISS MUTUAL FUND

To Debit (tick)

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

Folio No.

Phone No.

Scheme Name

ALL SCHEMES OF EDELWEISS MUTUAL FUND

Email ID

PERIOD

From

To

Or

Until Cancelled

Signature Primary Account holder

Signature Account holder

Signature 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 debit