

# 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 - 1678	ARN -	INTERNAL CODE	E 087722		ONLY FOR DIRECT INVESTMENT

\*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'

### 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* (Name as per PAN Card only)		
PAN*		Date of Birth/Date of Incorporation* D D M M Y Y Y Y
CKYC No.		

3 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	D D M M Y Y Y Y	To Date	5 yrs or 10 yrs or D D M M Y Y Y 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 ✓]			
Daily SIP	Weekly SIP	Fortnightly SIP	Monthly SIP
All Business Day	<input type="checkbox"/> 7th, 14th, 21st, 28th of any month	<input type="checkbox"/> 10th and 25th	DATE : ___/___/___ Preferred Debit Date (Any date except last three dates of month)
Quarterly SIP DATE : ___/___/___ 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 ₹		SIP Top-up Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input type="checkbox"/> 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	

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



UMRN \_\_\_\_\_ OFFICE USE ONLY \_\_\_\_\_ Date D D M M Y Y Y Y

Utility Code CITI0002000000037  Create  Modify  Cancel

Sponsor Bank Code CITI000PIGW I/We authorize Edelweiss Mutual Fund

To debit (✓)  SB  CA  CC  NRE  NRO  Others \_\_\_\_\_ Bank A/c No. \_\_\_\_\_

With Bank \_\_\_\_\_ IFSC/MICR \_\_\_\_\_

an amount of Rupees \_\_\_\_\_ ₹

Debit Type  Fixed Amount  Maximum Amount Frequency  Monthly  Quarterly  Half Yearly  Yearly  As & when presented

Reference Folio No./App No. \_\_\_\_\_ Email ID \_\_\_\_\_

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 D D M M Y Y Y Y  
To D D M M Y Y Y Y

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

Maximum period of validity of this mandate is 40 years only. Signature of Primary Bank Account Holder Signature of Account Holder Signature of Account Holder

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