SIP ENROLLMENT FORM

Please read Product Labeling available on the Front Inside Cover Page and instructions before filling this form
(all points marked * are mandatory)

✳ Edelweiss | Ideas create, values protect | MUTUAL FUND

Sponsor: Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited
Edelweiss Mutual Fund, 801, 802 & 803, 8th Floor, Windsor, Off C.S.T. Road, Kalina, Santacruz (E), Mumbai 400098, Maharashtra.

☐ New SIP Registration ☐ Micro SIP ☐ Change in Bank Account (For SIP earlier registered) ☐ Top-up ☐ GPrS

1 DISTRIBUTOR INFORMATION

Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE	APPLICATION NO.
	ARN	INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT	
ARN-134803			E225415			

*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

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

CKYC Key Identification Number

Aadhar No. (UID No.)

3 INVESTMENT DETAILS 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 Long Term Equity Fund (Tax Savings)

Dividend Sweep to Scheme _____

Installment Period : From Date _____ To Date _____ or Perpetual (99 years) (Default) ☐

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	☐ Quarterly SIP
All Business Day	☐ 7th, 14th, 21st, 28th of any month	☐ 10th and 25th	DATE : __/__/____ Preffered Debit Date (Any date except last three dates of month)	DATE : __/__/____ Preffered Debit Date (Any date except last three dates of month)

SIP Top-up (Optional) (Please ✓ to avail this facility) Top-up Amount _____ (The amount should be in multiples of Rs.500 only)

Top-up Cap Maximum SIP Amount ₹ _____ SIP Top-up Frequency : ☐ Half Yearly ☐ Yearly ☐ Top-up Cap (Refer Instruction No.35)

4 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)

X SOLE / FIRST APPLICANT	X SECOND APPLICANT	X THIRD APPLICANT

✂ - ✂

✳ Edelweiss | Ideas create, values protect | 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 _____ Utility Code _____

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			
From	D D M M Y Y Y Y	X Signature Primary Account holder	Signature Account holder	Signature Account holder
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

GPrS *[Please ✓]*

My SIP GOAL
(Select Any One Goal)

☐ Buying Home   ☐ Child's Education   ☐ Retirement Planning   ☐ Wealth Creation

My Goal Amount :   ₹. _____

- ✂ - ✂

Instructions

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (Maximum length – 20 Alpha Numeric Characters).
2. Date in DD/MM/YYYY format.
3. Sponsor Bank IFSC / MICR code, le padded with zeroes where necessary (Maximum length – 11 Alpha Numeric Characters).
4. Utility Code of the Service Provider (Maximum length – 18 Alpha Numeric Characters).
5. Name of the entity to whom the mandate is being given
6. Tick on box to select type of actions to be initiated.
7. Tick on box to select type of actions to be affected.
8. Customer's legal account number, le pad
9. IFSC / MICR code of customer bank. (Maximum length – 11 Alpha Numeric Characters).
10. Amount payable for service or maximum amount per transaction that could be processed, in words.
11. Amount in figures, similar to the amount mentioned in words (Maximum length 13 digit Numeric, in paise).
12. Tick on box to select frequency of transaction.
13. Validity of mandate with dated in DD/MM/YYYY format.
14. Names of customer/s and signatures as well as seal of Company (where required).
15. Telephone no. with STD code of customer.
16. Email ID of customer.

Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.