

SIP Enrolling 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, Kohinor City Mall, Kohinor 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 (EUIN)*	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt
Bonanza / 0186	ARN	Internal Code				

*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'

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 _____				
<small>*Dividend Sweep facility not applicable for Edelweiss Short Term Income Fund</small>				

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

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 authorize 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
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Signature/s as per Bank records (Mandatory)

First Account Holders Signature	Second Account Holders signature	Third Account Holders signature
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DEBIT MANDATE FOR NACH

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

Terms and Conditions

1. Please refer to the Key Information Memorandum (KIM), Statement of Additional Information (SAI) and Scheme Information Document (SID) for Applicable NAV, Risk Factors, Load and other information of the Scheme / Plan before investing.
2. Complete Application form and SIP Enrollment Form along with the first cheque should be submitted to the AMC / Karvy ISC's.
3. Investors should mandatorily give a cheque for the first Installment. The first cheque should be drawn on the same bank account which is to be registered for NACH / Auto Debit. Alternatively, the cheque may be drawn on any bank, for which investor should provide a photocopy of the cheque or cancelled cheque of the bank/branch for which NACH / Auto Debit is to be registered.
4. First SIP cheque and subsequent SIP installments via NACH / Auto Debit should be of the same amount.
5. If any chosen day falls on a non business day, the next business day will be considered as the transaction date.
6. Incorrect / Incomplete applications are liable to be rejected.
7. Edelweiss AMC reserves the right to reject any application without assigning any reason thereof and the Trustee reserves the right to change/modify the terms and conditions of SIP.
8. NACH / Auto Debit instructions will take a minimum of one month for registration with the bank and hence the first debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in Scheme Information Document (SID)
9. The mandate registration form will be submitted through National Automated Clearing House (NACH) and Banks participating in Direct Debit Facility. This facility is offered to investors having Bank accounts in select banks mentioned in the link <http://www.npci.org.in/> under Product and Services tab The Banks in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of National Payments Corporation of India without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. We will inform you on such discontinuation
10. Auto Debit facility will be offered only to investors having bank account with following banks: Allahabad Bank, Axis Bank, Bank of Baroda, Bank of India, CITI Bank, Corporation Bank, Federal Bank, IDBI Bank, IndusInd Bank, Kotak Mahindra Bank, Punjab National Bank, South Indian Bank & ICICI Bank, State bank Of Patiala, UCO Bank, Union Bank of India, United Bank of India & State Bank of India
11. In case investors bank account is available under NACH as well Auto Debit Facility, registration will be done through NACH platform.
12. If any bank/branch is removed from NACH / Auto Debit facility, SIP instructions for investors in such bank/branch will be discontinued without prior notice.
13. Installment options available under SIP

Frequency	Daily** (SIP)	Weekly (SIP)	Monthly (SIP)
Minimum Amount (Open-ended Schemes)	₹300/- & in multiples of ₹1/- thereafter	₹500/- & in multiples of ₹1/- thereafter	₹500/- & in multiples of ₹1/- thereafter
Minimum Installments for all Schemes* (except Edelweiss Arbitrage Fund)	30	12	12
Minimum Installments for Schemes for Edelweiss Arbitrage Fund	30	52	12
Dates Available	All Business Days	7th, 14th, 21st, 28th of any month	7th OR 14th OR 21st OR 28th of any month

#Apart from the initial amount paid for subscribing/entering into this facility.

14. Existing Unit holders in Scheme(s) of Edelweiss Mutual Fund are required to submit only the SIP NACH / Auto Debit Mandate. Existing unit holders should note that the unit holder's details & the mode of holding will be as per the existing account. New investors, who wish to enroll for SIP through NACH / Auto Debit, should fill the Common Application Form & SIP NACH / Auto Debit Mandate.
15. Initial cheque should be drawn on any bank, which is situated at & is a member of the Banker's Clearing House located at the place where the SIP application is submitted or payable at par & should participate in local MICR clearing. Please contact the nearest designated Investor Service Centre for the updated list. For outstation applications, the initial DD has to be payable at the nearest AMC locations. No outstation cheques will be accepted. The cheque should be drawn in favor of the Scheme chosen {e.g. Pay ***** [Scheme name] & crossed "A/c Payee Only".
16. Payments will be accepted by NACH / Auto Debit mode. For this purpose, investors/unit holders are required to give NACH / Auto Debit Mandate Form to debit their bank accounts at periodic intervals & credit the subscription proceeds to Edelweiss Mutual Fund Bank Account.
17. Returned/Dishonored cheque, NACH / Auto Debit Rejects will not be presented again for collection. If the 1st installment cheque is dishonored, the SIP processing/ registration will be rejected.
18. The SIP Enrollment will be discontinued in cases where three consecutive SIP installment are not honored or the bank account is closed and no request for change in bank account has been submitted.
19. If investor has not provided the SIP frequency/period/date, the default SIP frequency would be Monthly & the SIP installments would be the minimum number of installments of the respective Schemes as specified in the Scheme Information Document. The default date will be considered as 7th of the month for Monthly option.
20. Additional SIP: If an investor wants to enroll in another Scheme & continue for the existing folio, then the investor has to submit a duly filled & signed SIP NACH/ Auto Debit Mandate along with the first cheque (if investment is in the new Scheme).
21. Top-up: After completion of the tenure, in case the investor wants to continue his SIP investment for another tenure with the existing folio, then the investor has to submit a duly filled & signed SIP NACH/ Auto Debit Mandate.
22. Investor opting for Top-Up facility should mention maximum amount according to the duration of SIP on the NACH / Auto Debit mandate
23. You can choose to discontinue this facility by giving 10 days written notice to any of AMC/ Registrar Investor Service centers.
24. Request for change in bank mandate to be submitted at least 30 business days before the due date of next SIP installment.
25. The bank account provided for NACH (Debit) should be in the list of banks participating in NACH.
26. MICR code or IFSC code should be mandatory filled on NACH mandate, MICR code starting and /or ending with 000 are not valid for NACH.



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, left 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, left padded with zeroes. (Maximum length – 30 Alpha Numeric Characters).
9. Name of the Bank and Branch.
10. IFSC / MICR code of customer bank. (Maximum length – 11 Alpha Numeric Characters).
11. Amount payable for service or maximum amount per transaction that could be processed, in words.
12. Amount in figures, similar to the amount mentioned in words (Maximum length 13 digit Numeric, in paise).
13. Tick on box to select frequency of transaction.
14. Validity of mandate with dated in DD/MM/YYYY format.
15. Names of customer/s and signatures as well as seal of Company (where required).
16. Telephone no. with STD code of customer.
17. Mail ID of customer.