

# APPLICATION FORM

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, Kirod Road, Kurla (West), Mumbai - 400070

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		Application No:
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E - Code	RIA Code	Registrar/Bank Serial No.	Date & Time of Receipt
	ARN	Internal Code	Identification No. (EUIIN)*		Only for Direct Investments		

CAF WB059844

\*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 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.

Use this form if you are making a one time investment. For SIP investment use the separate SIP Form

All columns marked \* are mandatory

Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory
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Make your selection before filling the form (Please ✓)  INVEST NOW  ZERO BALANCE FOLIO (Refer Instruction No. XII)

## 2 TRANSACTION CHARGES (Please ✓) (Default option Existing Investor) (Refer Instruction No. XIII)

I am a First Time Investor in Mutual Funds  I am an Existing Investor in Mutual Funds

In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

## 3 EXISTING UNIT HOLDER INFORMATION / EXISTING ZERO BALANCE FOLIO NO. (If you have existing folio, please fill in section 2 and proceed to section 8. (Refer Instruction No. XII))

Folio No. Name of First Applicant

## 4 Mandatory \* PAN Please attach certified PAN copy (Refer Instruction No. V) Know Your Customer (KYC) (Refer Instruction No. X)

1st Applicant / Guardian P | A | N | N | U | M | B | E | R Yes  (Please submit proof) Yes  (Please submit KYC Application Form)

## 5 APPLICANT INFORMATION (Refer Instruction No. II) to be filled in BLOCK LETTERS\* Applications from residents of USA and Canada will not be accepted

Name of Sole /1st Applicant Mr. Ms. M/s. Others (Please Specify)

Date of Birth (DOB)^ / Date of Incorporation D | D | M | M | Y | Y

In case of Minor - Parent/ Legal Guardian Name of 1st Applicant /Contact person (in case of non individual applicant)

Relationship with Minor / Designation

^Mandatory proof of Date of Birth for Minors (Any One)  Birth Certificate  School Leaving Certificate  Passport  Mark sheet issued by Higher Secondary Board / ICSE / CBSE  Others Please Specify

Mailing Address of Sole/First Applicant (P.O. Box alone may not be sufficient) Overseas Investor must provide Indian Address

City State Country I N D I A Pin Code

Contact Details of Sole / First Applicant Email ID (In BLOCK Letters) Mobile No. Tel. No. STD Code Res. Office Fax

Email ID & Mobile No. are essential to enable us to communicate with you better

Overseas Address (mandatory for NRI/FII applicant\*)

Country Zip Code Address for correspondence (for NRI applicants)  Indian  Overseas

### E-MAIL COMMUNICATION (Refer Instruction No. III) [please ✓]

I/we wish to receive the following document via email in lieu of physical document(s) Account Statement / News Letter / Annual Report / Other Statutory Information  Yes  No

Gross Annual Income [please ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify	Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others Please Specify
Net-worth in (Mandatory for Non-Individuals) ₹ ..... as on D   D / M   M / Y   Y   Y   Y (Not older than 1 year)	For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mandatory for Non-Individual Investor Is the entity involved/providing any of the following services  Yes  No [(Also attach Ultimate Beneficiary Ownership form) (Refer Instruction No. XIV)]  
♦ For Foreign Exchange / Money Changer Services  Yes  No ♦ Gaming / Gambling / Lottery Services (e.g. casinos, betting syndicates)  Yes  No  
♦ Money Lending / Pawning  Yes  No

Mode of Holding\* [please ✓]  Single  Joint  Any one or survivor(s)

Name of 2nd Applicant Mr. Ms. PAN

Gross Annual Income [please ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify	Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others Please Specify
	For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of 3rd Applicant Mr. Ms. PAN

Gross Annual Income [please ✓]* <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> >25 Lacs-1 crore <input type="checkbox"/> >1 crore	Occupation* [please ✓] <input type="checkbox"/> Business <input type="checkbox"/> Service <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> House Wife <input type="checkbox"/> Student <input type="checkbox"/> Defence <input type="checkbox"/> Bureaucrat <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Unlisted <input type="checkbox"/> Company <input type="checkbox"/> Body Corporate <input type="checkbox"/> Listed Company <input type="checkbox"/> Others Please Specify	Legal Status* [please ✓] <input type="checkbox"/> Resident Individual <input type="checkbox"/> FII's <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP/BOI <input type="checkbox"/> NRI/PIO <input type="checkbox"/> FI <input type="checkbox"/> HUF <input type="checkbox"/> Minor <input type="checkbox"/> Partnership Firm <input type="checkbox"/> Bank <input type="checkbox"/> Trust <input type="checkbox"/> Company/Body Corporate <input type="checkbox"/> NPO <input type="checkbox"/> Others Please Specify
	For Individual Investor* Politically Exposed Person (PEP) <input type="checkbox"/> Yes <input type="checkbox"/> No Related to PEP <input type="checkbox"/> Yes <input type="checkbox"/> No	



## ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Application No:

CAF WB059844

Received from: Mr. / Ms. / M/s \_\_\_\_\_ an application for allotment  
Scheme \_\_\_\_\_ Plan \_\_\_\_\_ Option \_\_\_\_\_  
vide Cheque No \_\_\_\_\_ Dated \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount (₹) \_\_\_\_\_ Drawn on  
Bank and Branch \_\_\_\_\_

Collection Center's Stamp & Receipt Date and Time

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)



TOLL FREE 1800 425 0090



NON TOLL FREE +91 40 23001181



SMS IQ to 5757590



WEBSITE www.edelweissmf.com



EMAIL : INVESTORS emfhelp@edelweissfin.com

**6 POWER OF ATTORNEY (POA)** *If investment is being made by a Constitutional Attorney, please submit notarised copy of POA*

POA Name	Mr.	Ms.		PAN	
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**7 FATCA/CRS/KYC Additional Details** *Non Individual Investors should mandatory fill separate FATCA/CRS details form*

Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant			<input type="checkbox"/> POA		
Place & Country of Birth		PLACE	COUNTRY	Place & Country of Birth		PLACE	COUNTRY	Place & Country of Birth		PLACE	COUNTRY
#Please indicates all Countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number and it's Identification type e.g.: TIN etc.											
Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type	Country #	Tax Identification Number	Identification Type
1			1			1					
2			2			2					
3			3			3					

**8 BANK ACCOUNT DETAILS\*** (Refer Instruction No. IV for multiple bank registration)

A/c Type [please ✓]	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR	
Account No	Bank Name					
Branch Address						
Pin	IFSC Code			MICR Code		

**9 INVESTMENT DETAILS\*** **Choice of Scheme /Plan / Option** (Refer Instruction No. VI) [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 Sweep to Scheme			Dividend Reinvestment Facility is not available under Edelweiss ELSS Fund	

**10 PAYMENT DETAILS** (Refer Instruction No. VII)

Mode of Payment [please ✓]	<input type="checkbox"/> RTGS/NEFT	<input type="checkbox"/> Transfer Letter	<input type="checkbox"/> Cheque	Cheque No.		Date	D	D	M	M	Y	Y	
Gross Amount (₹)	DD Charges (₹)		Net Amount (₹)										
Bank /Branch & City													
Account No.	Account Type [please ✓]			<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> NRO	<input type="checkbox"/> NRE	<input type="checkbox"/> FCNR					

**11 DEMAT ACCOUNT DETAILS\***

Do you want units in demat Form? [please ✓]  Yes  No [Please ensure that the sequence of names as mentioned in the application form matches with that of the demat A/c. held with the depository participant]. In case unit holders do not provide their demat account details, an account statement shall be sent to them.

<input type="checkbox"/> NATIONAL SECURITIES DEPOSITORY LTD. (NSDL)	<input type="checkbox"/> CENTRAL DEPOSITORY SERVICES (INDIA) LTD. (CDSL)
Depository Participant (DP) Name:	
DP ID No.:	Beneficiary A/c No.

**12 NOMINATION DETAILS\*** (Refer Instruction No. IX)

I/We hereby nominate the under mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be a valid discharge by the AMC/Mutual Fund/ Trustee Company.

Name of Nominee	Date of Birth (If Nominee is minor)	Allocation (%)	Name of Legal Guardian/Parent (If Nominee is minor)	Relationship with nominee	Address of Nominee/ Legal Guardian

**13 DECLARATION AND SIGNATURE(S)**

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 dividend payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

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.

Applicable to investors who have not opted for nomination facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Edelweiss Mutual Fund.

**I/We confirm that I am/We are not resident(s) of United States under the laws of United States or resident(s) 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)

<input type="checkbox"/> Repatriation	<input type="checkbox"/> Non Repatriation					
Date	D	D	M	M	Y	Y
Place	Signature(s)					
	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory		2nd Applicant / Authorised Signatory		3rd Applicant / Authorised Signatory	

For Detailed Instructions on Filling the Application Form please refer to Page no. 30.

**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.)

Documents	Individual	Companies	Societies	Partnership Firms	Investment through POA	Trusts	NRI	FIs	PIO
Resolution/ Authorisation to invest		✓	✓	✓		✓	✓	✓	
List of authorised signatories with specimen signatures		✓	✓	✓	✓	✓		✓	
Memorandum & Articles of Association		✓							
Trust Deed						✓			
Bye-laws			✓						
Partnership Deed				✓					
Overseas Auditor Certificate								✓	
Notarised POA					✓				
Proof of Address									✓
Copy of PAN Card	✓	✓	✓	✓	✓	✓	✓	✓	✓
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓

# 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, 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	E - Code	RIA Code	Registrar/Bank Serial No.	Date & Time of Receipt
	ARN	Internal Code	Identification No. (EUIIN)*		Only for Direct Investments		

\*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 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 <input type="text"/>				

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 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

**4 DECLARATION AND SIGNATURE** (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')\* Date

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
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## DEBIT MANDATE FOR NACH

- Tick (✓)
- Create (✓)
- Modify (x)
- Cancel (x)

Date

UMRN  For Office use only

Sponsor Bank Code  CITI000PIGW Utility Code  CITI0006200000037

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	<input type="text"/>	Signature Primary Account holder	<input type="text"/>	Signature Account holder	<input type="text"/>
To	<input type="text"/>				
Or	<input type="checkbox"/> Until Cancelled	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, ICICI Bank, Kotak Mahindra Bank, Punjab National Bank, South Indian 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 city, bank/branch is removed, SIP form NACH / Auto Debit instructions for investors in such cities, bank/branch route will be discontinued without prior notice.
13. Installment options available under SIP

Frequency	Daily** (SIP)	Weekly (SIP)	Monthly (SIP)
<b>Minimum Amount (Open-ended Schemes)</b>	₹300/- & in multiples of ₹1/- thereafter	₹500/- & in multiples of ₹1/- thereafter	₹500/- & in multiples of ₹1/- thereafter
<b>Minimum Installments for all Schemes<sup>†</sup> (except Edelweiss Arbitrage Fund)</b>	30	12	12
<b>Minimum Installments for Schemes for Edelweiss Arbitrage Fund</b>	30	52	12
<b>Dates Available</b>	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.