

SIP Enrollment and ECS/Auto Debit Mandate 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. Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400098

Regular SIP Micro SIP (MSIP) New ECS Registration Change in Bank Account (for SIP earlier registered)

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY	
Name & Distributor Code	Sub-Broker Code	Employee Unique Identification Number (EUIIN)*	Sub-Broker Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt
S Babu Arunachalam ARN - 10520	ARN	E 036140	Internal Code			
<small>*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".</small>						
<small>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'</small>						
<small>All sections to be filled in English and in BLOCK LETTERS.</small>						
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 ECS (Debit 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
<input type="checkbox"/> 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. 34) SIP Top-up Frequency: <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly				

4 BANK MANDATE DETAILS

1st Account Holder Name as per Bank Records _____

2nd Account Holder Name as per Bank Records _____

3rd Account Holder Name as per Bank Records _____

Bank Name _____

Branch Address _____

City _____ Pin Code _____ Bank Account Type Savings Current NRO NRE FCNR

Bank Account No. _____ MICR Code M A N D A T O R Y (This is a 9 digit number next to the cheque no.)

Mandatory enclosure: Blank Cancelled Cheque / Copy of the cheque of above account
Please provide the MICR Code of the bank branch from where the ECS is to be effected.
MICR Codes starting or ending with "000" are not valid for ECS.

I/We wish to inform you that I/We have registered with Edelweiss Mutual Fund through their Authorized Service Provider(s) and representative for my/our payment to Edelweiss Mutual Fund by debit to my/our above mentioned bank account. For this purpose I/We authorize their Service Provider(s) and the representative to raise debit on my/our above mentioned account with your branch. I/We here by authorize you to honor all such requests received through their authorized Service Provider(s) and representative to debit my/our account with the amount requested, for due remittance of the proceeds to Edelweiss Mutual Fund. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We here by declare that the particulars given above are correct and complete. If the transactions is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Edelweiss Mutual Fund or their authorized Service Provider(s) and representative responsible. If the date of debit to my/our account happens to be a non-business day as per Mutual Fund or a Bank holiday, execution of the SIP will happen on the next working day and allotment of units will happen as per the Terms and Conditions listed in Scheme Information Document (SID) and Statement of Additional Information (SAI) of the Mutual Fund. The above mentioned bank shall not be liable for, nor be in default by reason of any failure or delay in completion of this service, where such failure or delay is caused in whole or in part by any acts of God, civil war, civil commotion, riot, strike, mutiny, revolution, fire, flood, fog, war, lightning, earthquake, change of government policies, unavailability of banks computer system, force majeure event or any other cause of peril which is beyond the above mentioned banks reasonable control and which has the effect of preventing the performance of this service by the above-mentioned bank. I/We shall not dispute or challenge any debit, raised under this mandate, on any ground whatsoever. I/We shall not have any claim against the bank in respect of the amount so debited pursuant to the mandate submitted by me/us. I/We shall keep the bank and authorized Service Provider(s) and representative jointly and or severally indemnified from time to time, against all claims, actions, suits, for any loss, damage, costs, charges and the expenses incurred by the bank and authorized Service Provider(s) and representative, by reason of their acting upon the instructions issued by the above named authorized signatories/ beneficiaries. This request for debit mandate is valid and may be revoked only through written letter withdrawing the mandate signed by the authorized signatories/beneficiaries and giving reasonable notice to such withdrawals. I/We here by apply for the respective units of Edelweiss Mutual Fund Scheme(s) at NAV based the resale price an agree to abide by terms, conditions, rules and regulations of Scheme(s). I/we hereby authorize bank to debit my account for mandate verification charges, if any.

Signature/s as per Edelweiss Mutual Fund records (Mandatory)

(X) _____	First Account Holders Signature	Second Account Holders signature	Third Account Holders signature
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Signature/s as per Bank records (Mandatory)

(X) _____	First Account Holders Signature	Second Account Holders signature	Third Account Holders signature
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FOR BANK USE ONLY (Not to be filled in by Investor)

Certified that particulars furnished above are correct as per our records-

Recorded on _____ Recorded by _____

Mandate Ref. No. _____

(Bank's Stamp)

(Signature of Authorized Official from the Bank)