

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)

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 - 0155	ARN	INTERNAL CODE	IDENTIFICATION NO. (EJIN)		ONLY FOR DIRECT INVESTMENT	573433

*Investors should mention the EJIN 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 EJIN 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) <input type="checkbox"/>
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 ✓]				
<input type="checkbox"/> Daily SIP	<input type="checkbox"/> Weekly SIP	<input type="checkbox"/> Fortnightly SIP	<input type="checkbox"/> Monthly SIP	<input type="checkbox"/> Quarterly 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)	DATE: __/__/____ Preferred 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 ₹500 only)				
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.35)				

4 DECLARATION AND SIGNATURE		DATE: __/__/____	PLACE: _____
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)		
SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

Edelweiss		MUTUAL FUND		DEBIT MANDATE FOR NACH	
Ideas create. values protect					
Tick (✓)	UMRN	Date DDMMYY			
Create (✓)	Sponsor Bank Code	Utility Code			
Modify (x)	I/We hereby authorize	EDELWEISS MUTUAL FUND	To Debit (✓)	SB / CA / CC SB NRE / SB NRO / Other	
Cancel (x)	Bank A/c. Number				
	With Bank	IFSC	or MICR		
	An Amount of Rupees	₹ _____			
	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	
	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	Signature Primary Account holder	Signature Account holder	Signature Account holder	
	To	1. Name as in Bank Records		2. Name as in Bank Records	
	Or	Until Cancelled		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