

**Sponsor:** Edelweiss Financial Services Limited | **Trustee Company:** Edelweiss Trusteeship Company Limited | **Investment Manager:** Edelweiss Asset Management Limited  
Edelweiss Mutual Fund, Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400 098, Maharashtra.



APPLICATION NO. \_\_\_\_\_

1 DISTRIBUTOR INFORMATION					
Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EJIN)		ONLY FOR DIRECT INVESTMENT

<b>SIGNATURE (s)</b>		
<b>SOLE / FIRST APPLICANT</b>	<b>SECOND APPLICANT</b>	<b>THIRD APPLICANT</b>

[illegible]

3	INVESTMENT DETAILS	Scheme	Plan	Option/Facility
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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

Top-up Cap Maximum SIP Amount ₹  SIP Top-up Frequency :  Half Yearly  Yearly  Top-up Cap (Refer Instruction No.26)

## 4 UMRN DETAILS (Refer Instruction No.9)

Bank Name \_\_\_\_\_ Bank Account No. \_\_\_\_\_

**5 DECLARATION AND SIGNATURE** (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')\*      DATE : \_\_\_\_/\_\_\_\_/\_\_\_\_      PLACE : \_\_\_\_\_

DATE :     /     /     PLACE :

**SIGNATURE (s)**

[illegible]

Sponsor Bank Code	CITI000PIGW	Utility Code	CITI00002000000037
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I/We hereby authorize	<b>Edelweiss Mutual Fund</b>	to debit (tick <input checked="" type="checkbox"/> )	<input type="checkbox"/> SB	<input type="checkbox"/> CA	<input type="checkbox"/> CC	<input type="checkbox"/> SB-NRE	<input type="checkbox"/> SB-NRO	<input type="checkbox"/> Other
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[illegible]

with Bank		IFSC											or MICR								
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an amount of Rupees	₹
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**FREQUENCY** ☒ Mthly ☒ Qyly ☒ H-Yrly ☒ Yrly ☒ As & when presented

Reference 1	Folio Number	Phone No.
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Reference 2	Applicaton Number	Email ID	
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**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

[illegible]

To								
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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 the debit.

**My SIP GOAL**☐

Buying Home

☐

Child's Education

☐

Retirement Planning

☐

Wealth Creation

(Select Any One Goal)

**My Goal Amount :** ₹ \_\_\_\_\_**Instructions**

- Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again unless there is change in either of bank account details, maximum amount or maximum period. New OTM will replace existing OTM.
- Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed form with their name mentioned.
- Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter sent to the updated mobile number and email id.
- Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
- Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Edelweiss Mutual Fund.
- Date and the validity of the mandate should be mentioned in DD/MM/YYYY format. Mandate period should not exceed 30 years from start date.
- Tick on the respective option to select your choice of action and instruction.
- The numeric data like Bank account number, Investors account number should be left padded with zeroes.
- Please mention the Name of Bank and Branch, IFSC/ MICR Code and also provide an original cancelled copy of the cheque of the same bank account registered in One Time Mandate.
- Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
- Maximum duration for enrollment is 30 years. An investor has option to choose the "End Date" of the SIP for maximum of 30 years from the start date.
- Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.

**Declaration:** I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our afore mentioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/Direct Debit/SI from time to time.

**Authorisation to Bank:** This is to inform that I/We have registered for NACH (Debit Clearing)/Direct Debit/SI facility and that the payment towards my/our investments in the Schemes of Edelweiss Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of Edelweiss Asset Management Company Limited, Investment Manager to Edelweiss Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/Direct Debit/SI.