SIP ENROLLMENT FORM

Please read Product Labelling available on the Front Inside Cover Page and instructions before filling this form (all points marked * are mandatory)

Edelweiss | MUTUAL FUND
Ideas create, values protect

APPLICATION NO.

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**

1 DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE^
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN)		ONLY FOR DIRECT INVESTMENT

***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'.

^I/We, have invested in the below mentioned scheme of Edelweiss Mutual Fund under the Direct Plan. I/We hereby give my/our consent to share/provide the transaction data feed / portfolio holdings / NAV etc. in respect of this particular transaction, to the SEBI Registered Investment Advisor (RIA) bearing the above mentioned registration number.

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

PAN | Date of Birth D D M M Y Y Y Y | Mobile No.

Aadhaar No. | CKYC 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 D D M M Y Y Y Y

To Date ☐ Perpetual (99 years) (Default) or ☐ 10yrs or ☐ 5 yrs or D D 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 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 ✓]

☐ Daily SIP	☐ Weekly SIP	☐ Fortnightly SIP	☐ Monthly SIP	☐ Quarterly SIP
All Business Day	☐ 7th, 14th, 21st, 28th of any month	☐ 10th and 25th	DATE : ___/___/_____ Preffered Debit Date (Any date except last three dates of month)	DATE : ___/___/_____ Preffered 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 : ☐ Half Yearly ☐ Yearly ☐ Top-up Cap (Refer Instruction No.35)

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

DATE : ____ /____ /_____ PLACE : _____

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)

SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

Edelweiss | MUTUAL FUND
Ideas create, values protect

DEBIT MANDATE FOR NACH

Tick (✓)
Create (✓)
Modify(✕)
Cancel (✕)

UMRN For Office use only

Date D D M M Y Y Y Y

Sponsor Bank Code

Utility Code

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 D D M M Y Y Y Y

To D D M M Y Y Y Y

Or Until Cancelled

Signature Primary Account holder	Signature Account holder	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