COMMON APPLICATION 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

APPLICATION NO.

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.

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS.
Use this form If you are making a one time investment. For SIP investment use the separate SIP Form. KYC is mandatory for all investors.

DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE^
ARN - ARN - 1308	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

1 Application for ☐ Lumpsum ☐ Lumpsum with SIP/STP/SWP ☐ SIP without cheque ☐ Zero Balance Folio

2 Existing Investor's Folio Number (please mention folio here and skip to section 5) | **Mode of Holding** ☐ Single ☐ Joint ☐ Anyone or Survivor (Default) (In case of Demat Purchase Mode of Holding should be same as in Demat Account)

3 Unit Holding Option ☐ Physical Mode ☐ Demat Mode These details are compulsory if the investor wishes to hold the units in DEMAT mode.

Please ensure that the sequence of Names as mentioned in the application form matches with that of the account held with any one of the Depository Participant.

NSDL DP ID No. Beneficiary Account No. I N | **CDSL** Target ID No.

Enclosures (Please tick any one box) : ☐ Client Master List (CML) ☐ Transaction cum Holding Statement ☐ Cancelled Delivery Instruction Slip (DIS)

4 First Applicant Details (Mandatory fields)** *(Refer Instruction No.II)*

Name of Sole /1st Applicant** (Name as per PAN Card Only) Mr. Ms. M/s.

PAN** | CKYC No. | Date of Birth/Incorporation** D D M M Y Y Y Y

Guardian details (In case First / Sole Applicant is Minor) / Contact Person - Designation / POA Holder (In case of Non-Individual Investors)

(Name as per PAN Card Only) Mr. Ms. M/s.

Guardian's Relationship With Minor: ☐ Father ☐ Mother ☐ Court Appointed Guardian

Proof of Date of Birth and Guardian's Relationship with Minor: ☐ Birth Certificate ☐ Passport ☐ Others _____

PAN** | CKYC No. | Date of Birth/Incorporation** D D M M Y Y Y Y

Tax Status^ (Applicable for First / Sole Applicant)

☐ Resident Individual ☐ FIIs ☐ NRI - NRO ☐ HUF ☐ Club / Society ☐ PIO ☐ Body Corporate ☐ Minor ☐ Government Body
☐ Trust ☐ NRI - NRE ☐ Bank & FI ☐ Sole Proprietor ☐ Partnership Firm ☐ QFI ☐ Provident Fund ☐ Others _____

Are you involved / providing any of the mentioned services : (Applicable only for Non Individuals)

☐ Foreign Exchange / Money Changer Services ☐ Gaming / Gambling / Lottery / Casino Services ☐ Money Lending / Pawning ☐ None of the above

5 Second Applicant Details

Second Applicant** (Name as per PAN Card Only) Mr. Ms. M/s.

Date of Birth** D D M M Y Y Y Y | PAN** | CKYC No.

6 Third Applicant details

Third Applicant** (Name as per PAN Card Only) Mr. Ms. M/s.

Date of Birth** D D M M Y Y Y Y | PAN** | CKYC No.

7 Power Of Attorney (POA) Holder details ***(If investment is being made by Constitutional Attorney, please submit notarized copy of POA)***

	Name	Date of Birth	PAN
First Applicant POA Name	Mr. /Ms./M/s	D D M M Y Y Y Y	
Second Applicant POA Name	Mr. /Ms./M/s	D D M M Y Y Y Y	
Third Applicant POA Name	Mr. /Ms./M/s	D D M M Y Y Y Y	

EDELWEISS MUTUAL FUND

ACKNOWLEDGEMENT SLIP (Please retain this slip)

To be filled in by the investor. Subject to realization of cheque and finishing of Mandatory Information.

Collection Center's Stamp & Receipt Date and Time

Name of the Investor Mr/Ms/M/s : _____ **Application No:**

Investment details

Scheme	Plan	Option	Purchase Amount	Instrument No	Date	Drawn on Bank
Edelweiss	☐ Regular ☐ Direct	☐ Growth ☐ IDCW-Reinvestment ☐ IDCW-Payout ☐ IDCW-Transfer	₹ (in figures)			

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

8 Contact Details of Sole / First Applicant - (Correspondence Address)

##Please note that your address details will be updated as per your KYC records with CKYC / KRA

City/Town
State
Country Pin

Overseas Address (Mandatory for NRI Applicants)

City/Town
State
Country Pin

First Holder

Mobile No. (For Receiving Transaction Alerts via SMS) Office Residence

Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Email ID (CAPITAL letters only)

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Investors providing Email Id would mandatorily receive E - Statement of Accounts in lieu of physical Statement of Accounts and the annual report or abridged summary on email.

☐ I wish to receive scheme wise annual report or abridged summary through Physical mode (Applicable only for investors who have not specified the email id)

Second Holder

Mobile No. (For Receiving Transaction Alerts via SMS) Office Residence

Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Email ID (CAPITAL letters only)

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Third Holder

Mobile No. (For Receiving Transaction Alerts via SMS) Office Residence

Mobile No. provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

Email ID (CAPITAL letters only)

Email ID provided pertains to: ☐ Self ☐ Spouse ☐ Dependent children ☐ Dependent Sibling ☐ Dependent Parents ☐ A Guardian in case of a minor ☐ POA ☐ Custodian ☐ PMS

9 Investment Details - (Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy) (Refer Instruction No. VI)

Scheme: Edelweiss

Plan: ☐ Regular ☐ Direct **Option:** ☐ Growth ☐ IDCW-Reinvestment ☐ IDCW-Payout ☐ IDCW-Transfer Frequency:

IDCW (Transfer) to Scheme Plan Option

10 Systematic Transaction Registration Details *(In case OTM is not registered please submit the filled in standalone OTM form for SIP registration.)*

SIP	STP	SWP
Scheme: **Edelweiss -** Plan Option Sub-Option	Source Scheme: Target Scheme:	Scheme:
Installment amount (in figures):	Amount (in figures):	Amount (in figures):
Installment amount (in words):	Amount (in words):	Amount (in words):
Frequency: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	Frequency: ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Quarterly	Frequency: ☐ Fortnightly ☐ Monthly ☐ Quarterly
Preferred SIP date: (For Monthly & Quarterly only)	Preferred STP date: (For Monthly & Quarterly only)	Preferred SWP date: (For Monthly & Quarterly only)
Debit Date:		
SIP Period: From Date To Date	STP Period: From Date To Date	SWP Period: From Date To Date
(SIP period should not exceed 40 years)	(For monthly and quarterly SIP/STP/SWP select any date except 29th, 30th and 31st)	

11 Payment Details *(Refer Instruction No. VII)*

The cheque should be drawn in favor of **"Edelweiss _____(Scheme name)"**, you may refer the SID for additional information.

Mode of Payment [Please ✓] ☐ RTGS/NEFT/Fund Transfer ☐ DD ☐ Cheque ☐ AOTM ☐ KOTM Cheque No. Date D D M M Y Y Y Y

Gross Amount (₹) Net Amount (₹) DD Charges (₹)

Bank Details: ☐ Same as below *(Please tick (✓) if yes)* ☐ Different from below *(Please tick (✓) if it is different from below and fill in the details below)*

Bank/Branch & City LEI No.

Account No. Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

UMRN No.

Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.

12 Bank Account Details mandatory for Redemption/IDCW/Refunds, if any *(Refer Instruction No. IV)*

Account No. Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Bank Name

Branch Add.

Pin IFSC CODE MICR CODE

Please ensure the name in this application form and in your bank account are the same. Please update your IFSC and MICR Code in order to get payouts via electronic mode in to your bank account.

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	FIIs	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 / PEKRN	✓	✓	✓	✓	✓	✓	✓	✓	
KYC Compliance	✓	✓	✓	✓	✓	✓	✓	✓	✓
PIO Card									✓
Foreign Inward Remittance Certificate							✓		✓
Aadhaar	✓	✓	✓	✓	✓	✓			

13 FATCA & CRS Details *For Individuals (Mandatory) Non Individual Investors should mandatorily fill separate FATCA/CRS details form* *(Refer Instruction No.XV)*

Please indicate all Countries in which you are a resident for tax purpose, associated Tax payer Identification Number and it's Identification type eg. TIN etc.

Is the applicant(s)/ guardian's Country of Tax Residency other than India? ☐ Yes *(If Yes, below details are mandatory)* ☐ No

Sole / First Applicant / Guardian			Second Applicant			Third Applicant		
Country #	Tax Payer Ref ID No.%	Identification Type [TIN or other, please specify]	Country #	Tax Payer Ref ID No.%	Identification Type [TIN or other, please specify]	Country #	Tax Payer Ref ID No.%	Identification Type [TIN or other, please specify]
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		
Place of Birth			Place of Birth			Place of Birth		
Country of Birth			Country of Birth			Country of Birth		
Country of Nationality			Country of Nationality			Country of Nationality		

In case Country of Tax Residence is only India then details of Country of Birth & Nationality need not be provided. % In case Tax Identification Number is not available, kindly provide its functional equivalent

14 Additional KYC Details *(Refer Instruction No.X)*

Occupation	Business	Service	Professional	Agriculturist	Housewife	Student	Defence	Bureaucrat	Forex Dealer	Unlisted Company	Body Corporate	Listed Company	Others
First Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
Second Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
Third Applicant	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____
Guardian	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ _____

Gross Annual Income Details	Below 1 Lac	1-5 Lacs	5-10 Lacs	10-25 Lac	> 25 Lacs - 1 Crore	> 1 Crore	NET-WORTH in ₹	Date
First Applicant	☐	☐	☐	☐	☐	☐	₹ (in figures)	DD/MM/YYYY
Second Applicant	☐	☐	☐	☐	☐	☐	₹ (in figures)	DD/MM/YYYY
Third Applicant	☐	☐	☐	☐	☐	☐	₹ (in figures)	DD/MM/YYYY
Guardian	☐	☐	☐	☐	☐	☐	₹ (in figures)	DD/MM/YYYY

PEP DETAILS	First Applicant	Second Applicant	Third Applicant	Guardian
Are you a Politically Exposed Person (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Are you related to a Politically Exposed Person (PEP)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

15 Nomination Details* *(Mandatory)* *(Refer instruction no. IX)*

☐ **I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.**

Sr. No.	Name of Nominee* (Name as per PAN Card Only)	PAN	Allocation* (%)	Relationship with Investor*	Nominee Date of Birth* (in case of minor)	Guardian Name* (in case of minor)	Guardian/Nominee Signature
1.					DD/MM/YYYY		
2.					DD/MM/YYYY		
3.					DD/MM/YYYY		

☐ **I/We DO NOT wish to nominate**

Declaration for Nomination *(to be signed by all unitholders including joint holders, irrespective of more of holding):* I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF Folio/ and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio / Demat account.

Declaration for Investment: 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 IDCW payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/authenticating and updating my/ our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s)and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

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.

I / We confirm that I am/We are not resident(s) of Canada under the laws 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) ☐ Repatriation ☐ Non Repatriation

Applicable if resident / citizen of a member state of European Union protected under GDPR

I / We, resident/citizen of a member state of European Union protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on www.edelweissfin.com. Please see the tick marks in the relevant boxes below that will apply to me:

1) I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement. ☐ YES ☐ NO
2) I wish to receive marketing information from Edelweiss Group (*) ☐ YES ☐ NO
3) I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (*)
   ☐ Newsletter ☐ Email ☐ Text message ☐ Telephone call ☐ Not interested

SIGNATURE	SOLE / FIRST APPLICANT	SECOND APPLICANT	THIRD APPLICANT

DATE : ____ /____ /_____ PLACE _____

SIP ENROLLMENT CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)
(all points marked * are mandatory)

EDELWEISS MUTUAL FUND

APPLICATION NO.

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.

1 DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique*	E-Code	RIA CODE
ARN - ARN - 1308	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'**

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* (Name as per PAN Card only)

PAN* | Date of Birth/Date of Incorporation* D D M M Y Y Y Y

CKYC No.

3 INVESTMENT DETAILS

Plan | Option/Facility

(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) IDCW (Reinvestment) Facility is not available under Edelweiss ELSS Tax saver Fund

IDCW (Transfer) to Scheme _____

Installment Period : From Date D D M M Y Y Y Y To Date ☐ 5 yrs or ☐ 10 yrs or D D M M Y Y Y Y **(SIP period should not exceed 40 years)**

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

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)

☐ **Use Existing AOTM** ☐ **Use Existing KOTM** UMRN No.

Bank Name _____ Bank Account No. _____

5 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

One Time Mandate Registration Form/ Debit Mandate Form NACH/Direct Debit

EDELWEISS MUTUAL FUND

UMRN OFFICE USE ONLY Date D D M M Y Y Y Y

Utility Code **CITI00002000000037** ☑ Create ☒ Modify ☒ Cancel

Sponsor Bank Code **CITI000PIGW** I/We authorize **Edelweiss Mutual Fund**

To debit (✓) ☐ SB ☐ CA ☐ CC ☐ NRE ☐ NRO ☐ Others_____ Bank A/c No.

With Bank IFSC/MICR

an amount of Rupees ₹

Debit Type ☐ ~~Fixed Amount~~ ☑ Maximum Amount **Frequency** ☐ ~~Monthly~~ ☐ ~~Quarterly~~ ☐ ~~Half Yearly~~ ☐ ~~Yearly~~ ☑ As & when presented

Reference Folio No./App No. Email ID

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. 3. 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.

From D D M M Y Y Y Y
To D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only.

Maximum period of validity of this mandate is 40 years only.

Signature of Primary Bank Account Holder | Signature of Account Holder | Signature of Account Holder

Phone No. 1. Name as in bank records 2. Name as in bank records 3. Name as in bank records