EDELWEISS COMBO SIP INVESTMENT FORM

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

Edelweiss Ideas create, values protect | MUTUAL FUND

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.

1 DISTRIBUTOR INFORMATION

Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE	APPLICATION NO.
ARN-169080	ARN	INTERNAL CODE	IDENTIFICATION NO. (EUIN) E334451		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	
CKYC Key Identification Number	
Aadhar No. (UID No.)	

3 INVESTMENT DETAILS

☐ CONSERVATIVE SIP COMBO	*Growth	Dividend Payout	Dividend Reinvestment	Amount (₹)
Edelweiss Equity Savings Fund	☐	☐	☐	minimum ₹ 500 (in figures)
Edelweiss Balanced Advantage Fund	☐	☐	☐	minimum ₹ 500 (in figures)

☐ MODERATE SIP COMBO	*Growth	Dividend Payout	Dividend Reinvestment	Amount (₹)
Edelweiss Large & Mid Cap Fund	☐	☐	☐	minimum ₹ 500 (in figures)
Edelweiss Balanced Advantage Fund	☐	☐	☐	minimum ₹ 500 (in figures)

☐ AGGRESSIVE SIP COMBO	*Growth	Dividend Payout	Dividend Reinvestment	Amount (₹)
Edelweiss Multi-Cap Fund	☐	☐	☐	minimum ₹ 500 (in figures)
Edelweiss Mid Cap Fund	☐	☐	☐	minimum ₹ 500 (in figures)

SIP Period : From Date D D M M Y Y Y Y

To Date ☐ Perpetual (99 years)# or ☐ 10yrs or ☐ 5 yrs or D D M M Y Y Y Y

* Default option if not selected. # Default option if not selected.

Please refer SID of respective scheme for minimum amount criteria.

Please select any one Option (Conservative/Moderate/Aggressive)

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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

ARN-169080 E334451

PAYMENT DETAILS

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.
Cheque should be drawn in the name of **Edelweiss COMBO SIP Collection A/C**.

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)

* Top Up amount mentioned will be applicable for both schemes in option selected

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

Instructions

1. UMRN is auto generated during mandate creation and is mandatory to be updated during amendment and cancellation of mandate. (Maximum length – 20 Alpha Numeric Characters).
2. Date in DD/MM/YYYY format.
3. Sponsor Bank IFSC / MICR code, le padded with zeroes where necessary (Maximum length – 11 Alpha Numeric Characters).
4. Utility Code of the Service Provider (Maximum length – 18 Alpha Numeric Characters).
5. Name of the entity to whom the mandate is being given
6. Tick on box to select type of actions to be initiated.
7. Tick on box to select type of actions to be affected.
8. Customer's legal account number, le pad
9. IFSC / MICR code of customer bank. (Maximum length – 11 Alpha Numeric Characters).
10. Amount payable for service or maximum amount per transaction that could be processed, in words.
11. Amount in figures, similar to the amount mentioned in words (Maximum length 13 digit Numeric, in paise).
12. Tick on box to select frequency of transaction.
13. Validity of mandate with dated in DD/MM/YYYY format.
14. Names of customer/s and signatures as well as seal of Company (where required).
15. Telephone no. with STD code of customer.
16. Email ID of customer.