ONE TIME BANK MANDATE 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.

☐ For Registration ☐ For Modification

1 DISTRIBUTOR INFORMATION

Distributor ARN Code	Sub-Broker ARN Code	Sub-Broker Code	Employee Unique*	RIA CODE
ARN 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. 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 BANK DETAILS (Please attached a cancel cheque in original for the below mentioned bank account, with this application form)

Account Holder's Name

Name of the Bank

Branch Account No.

Account Type: ☐ Current ☐ Savings ☐ NRO ☐ NRE ☐ Others _____ 9 digit MICR Code

4 EXISTING UMRN DETAILS (For Modification)

Bank Account Number

Bank Name

UMRN

Modification will be applicable for existing SIP registered under UMRN details mentioned in point (4). Future SIP debit will be initiated from new bank account as mentioned by you in point (3) post successful registration

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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