

'Prepaid' SIP - Debit Mandate Form (Auto Debit/ECS)

'Prepaid' SIP is an action based trigger facility that serves as a financial planning tool.

Sponsor: Edelweiss Financial Services Limited. Trustee Company: Edelweiss Trusteeship Company Limited. Investment Manager: Edelweiss Asset Management Limited. Edelweiss House, Off. C.S.T Road, Kalina, Mumbai - 400098

1 DISTRIBUTOR INFORMATION					FOR OFFICE USE ONLY		Application No: WB055947
Name & Distributor Code	Sub-Broker Code	Employee Unique Identification Number (EUN)*	Sub-Broker Code	E - Code	Registrar/Bank Serial No.	Date & Time of Receipt	
	ARN		Internal Code				

*Investors should mention the EUN 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 EUN 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 inappropriateness, 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'

All sections to be filled in English and in BLOCK LETTERS.
All columns marked * are mandatory

Signature(s)	Sole/1st Applicant/Guardian / Authorised Signatory / POA Signatory	2nd Applicant / Authorised Signatory	3rd Applicant / Authorised Signatory

2 APPLICANT'S PERSONAL DETAILS* (New Investors are required to fill the Common Application form)

Application Form No. (For New Applicants) Or Folio No. (For Existing Unit holders)

Sole / 1st unitholder First Name Middle Name Last Name

3 INVESTMENT DETAILS (Refer Terms & Conditions no. 8)

Trigger Condition - Fall in (both Benchmark can be selected)	Schemes	Investment Amount
CNX Nifty <input type="checkbox"/> 0.50% <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/> Edelweiss Diversified Growth Equity Top 100 (E.D.G.E Top 100) Fund Plan _____ Option _____	Min ₹1000
	<input type="checkbox"/> Edelweiss Emerging Leaders Fund Plan _____ Option _____	Min ₹1000
	<input type="checkbox"/> Edelweiss Absolute Return Fund Plan _____ Option _____	Min ₹1000
	<input type="checkbox"/> Edelweiss Prudent Advantage Fund Plan _____ Option _____	Min ₹1000
	<input type="checkbox"/> Edelweiss ELSS Fund Plan _____ Option _____	Min ₹500
CNX Midcap <input type="checkbox"/> 0.50% <input type="checkbox"/> 1% <input type="checkbox"/> 2%	<input type="checkbox"/> Edelweiss Emerging Leaders Fund Plan _____ Option _____	Min ₹1000

Dividend Sweep to Scheme _____ Plan _____ Option _____

4 Prepaid SIP INSTALLMENT AMOUNT*

Maximum Installment Amount: in words _____ in figures _____

5 Prepaid SIP INSTALLMENT Period*

Start Date End Date OR Perpetual (99 years) (Default)

Debit Date : As and when presented

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

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 Prepaid 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 ECS (Debit Clearing) or 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 as per Edelweiss Mutual Fund records (Mandatory)

First Account Holders Signature	Second Account Holders signature	Third Account Holders signature
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Signature/s as per Bank records (Mandatory)

First Account Holders Signature	Second Account Holders signature	Third Account Holders signature
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DEBIT MANDATE FOR NACH

Tick (✓) Create Modify Cancel	UMRN <input type="text"/>	Date <input type="text"/>
Sponsor Bank Code <input type="text"/>	CITI000PIGW	Utility Code <input type="text"/>
I/We hereby authorize <input type="text"/>	EDELWEISS MUTUAL FUND	To Debit (tick) <input type="checkbox"/> SB / CA / CC SB NRE / SB NRO / Other
Bank A/c. Number <input type="text"/>		
With Bank <input type="text"/>	IFSC <input type="text"/>	or MICR <input type="text"/>
An Amount of Rupees <input type="text"/>	₹	
FREQUENCY <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE <input type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Folio No. <input type="text"/>	Phone No. <input type="text"/>	
Scheme Name <input type="text"/>	Email ID <input type="text"/>	
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 <input type="text"/>	Signature Primary Account holder	Signature Account holder
To <input type="text"/>		
Or <input type="checkbox"/> Until Cancelled	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 instruction 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.