

SPECIAL FEATURES FORM

'PREPAID SIP & PREPAID STP' - Debit Mandate Form (Auto Debit/NACH)

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

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 - 400 098

1 DISTRIBUTOR INFORMATION						
Name & Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE	APPLICATION NO.
ARN-36863 NDA SECURITIES LTD	ARN	INTERNAL CODE	IDENTIFICATION NO. (EUIN) E025451		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 APPLICANT'S PERSONAL DETAILS* (New Investors are required to fill this form)		Folio No. (For Existing Unit Holders)
Sole / 1st Unit Holder		
CKYC Key Identification Number		
Aadhar No. (UID No.)		

3 INVESTMENT DETAILS Choice of Plan [Please ✓]		
Trigger Condition - Fall in	Trigger Condition - Fall in	Investment Amount
Nifty Free Float Midcap 100 <input type="checkbox"/> 0.5% <input type="checkbox"/> 1% <input type="checkbox"/> 2%	Edelweiss Mid and Small Cap Fund Plan _____ Option _____	Min Rs.1000
OR		
Eligible Schemes available for Trigger Under Nifty - 50 Index fall	<input type="checkbox"/> Edelweiss Large Cap Advantage Fund <input type="checkbox"/> Edelweiss Prudent Advantage Fund	Min Rs.1000
	<input type="checkbox"/> Edelweiss Dynamic Equity Advantage Fund <input type="checkbox"/> Edelweiss Mid and Small Cap Fund	
	<input type="checkbox"/> Edelweiss Equity Savings Advantage Fund	Min Rs.500
	<input type="checkbox"/> Edelweiss ELSS Fund <input type="checkbox"/> Edelweiss Economic Resurgence Fund <input type="checkbox"/> Edelweiss Equity Opportunities Fund	Min Rs.5000
For Dividend Sweep Option - Dividend Sweep to Scheme _____ Plan _____ Option _____		

4 MAXIMUM NUMBER OF INSTALLMENT PER MONTH	
<input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> ANY (Default)	

5 PREPAID SIP INSTALLMENT PERIOD*	
Start Date <input type="text" value="DDMMYYYY"/> End Date <input type="text" value="DDMMYYYY"/> OR Perpetual (99 years) (Default) <input type="checkbox"/>	

6 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

DEBIT MANDATE FOR NACH

Date

Tick (✓) Create (✓) Modify (✗) Cancel (✗)	UMRN <input type="text"/> For Office Use only <input type="text"/>	
Sponsor Bank Code <input type="text"/>	Utility Code <input type="text"/>	
I/We hereby authorize <input type="text" value="EDELWEISS MUTUAL FUND"/>	To Debit (✓) <input type="text" value="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"/>	₹ <input type="text"/>	
FREQUENCY <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented	DEBIT TYPE <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	
Reference /Folio No. <input type="text"/>	Phone No. <input type="text"/>	
Scheme Name <input type="text" value="ALL SCHEMES OF EDELWEISS MUTUAL FUND"/>	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	Signature Primary Account holder	Signature Account holder
From <input type="text" value="DDMMYYYY"/>		
To <input type="text" value="DDMMYYYY"/>		
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 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

