

# EDELWEISS MULTI-GOAL SIP FORM

Please read Product Labelling 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

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 <sup>^</sup>
ARN -	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIIN)		ONLY FOR DIRECT INVESTMENT

\*Investors should mention the EUIIN 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 EUIIN 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'.  
<sup>^</sup>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

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											
PAN		Date of Birth						Mobile No.			
CKYC No.											

3 INVESTMENT DETAILS		*Growth	Dividend Payout	Dividend Reinvestment	Start Date	Amount (₹)
Edelweiss _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Perpetual (99 years) <sup>#</sup> <input type="checkbox"/> 10 years <input type="checkbox"/> 5 years End Date <input type="text"/>	_____ minimum ₹ 500 (in figures)
Edelweiss _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Perpetual (99 years) <sup>#</sup> <input type="checkbox"/> 10 years <input type="checkbox"/> 5 years End Date <input type="text"/>	_____ minimum ₹ 500 (in figures)
Edelweiss _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Perpetual (99 years) <sup>#</sup> <input type="checkbox"/> 10 years <input type="checkbox"/> 5 years End Date <input type="text"/>	_____ minimum ₹ 500 (in figures)

\* Default option if not selected. # Default option if not selected. Please refer SID of respective scheme for minimum amount criteria.

PAYMENT DETAILS [Please ✓ any one]		<input type="checkbox"/> Cheque /DD	<input type="checkbox"/> OTM (Existing OTM)	<input type="checkbox"/> Register OTM
Instrument No. _____	UMRN No. _____			
Bank Name _____	Branch _____			
₹ (in figures) _____	₹ (in words) _____			
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 Multi SIP Collection A/C.  
**Note:** 1) In case there is any change in your KYC information please update the same by using the prescribed 'KYC Change Request Form' and submit the same at the Point of Service of any KYC Registration Agency. 2) Bank details need to be provided if transaction is through OTM mode, if no bank details are mentioned or no OTM mandate is registered for the given bank details then default bank mandate under OTM facility.  
**Note: In case OTM not registered please fill up a separate OTM form.**

Frequency Details [Please ✓]				
<input type="checkbox"/> Daily SIP	<input type="checkbox"/> Weekly SIP	<input type="checkbox"/> Fortnightly SIP	<input type="checkbox"/> Monthly SIP	<input type="checkbox"/> Quarterly SIP
All Business Day	7th, 14th, 21st, 28th of any month	10th and 25th	DATE : ___/___/___ <small>Preferred Debit Date (Any date except last three dates of month)</small>	DATE : ___/___/___ <small>Preferred Debit Date (Any date except last three dates of month)</small>

**SIP Top-up (Optional) (Please ✓ to avail this facility)**

Top-up Amount ₹ : Edelweiss \_\_\_\_\_ (The amount should be in multiples of ₹500 only)  
 Edelweiss \_\_\_\_\_ (The amount should be in multiples of ₹500 only)  
 Edelweiss \_\_\_\_\_ (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.34)

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

## TERMS AND CONDITIONS

1. Please refer to the Key Information Memorandum (KIM), Statement of Additional Information (SAI) and Scheme Information Document (SID) for Applicable NAV, Risk Factors, Load and other information of the Scheme / Plan before investing.
  2. Complete Application form and SIP Enrollment Form along with the first cheque should be submitted to the AMC / Karvy ISC's.
  3. Investors should mandatorily give a cheque for the first Installment. The first cheque should be drawn on the same bank account which is to be registered for NACH / Auto Debit. Alternatively, the cheque may be drawn on any bank, for which investor should provide a photocopy of the cheque or cancelled cheque of the bank/branch for which NACH / Auto Debit is to be registered.
  4. First SIP cheque and subsequent SIP installments via NACH / Auto Debit should be of the same amount.
  5. If any chosen day falls on a non business day, the next business day will be considered as the transaction date.
  6. Incorrect / Incomplete applications are liable to be rejected.
  7. Edelweiss AMC reserves the right to reject any application without assigning any reason thereof and the Trustee reserves the right to change/modify the terms and conditions of SIP.
  8. NACH / Auto Debit instructions will take a minimum of one month for registration with the bank and hence the first debit will be carried out only after one month, on the SIP date mentioned on the form. The AMC reserves the right to modify the SIP period depending on the one month period for registration to ensure minimum number of installments as mentioned in Scheme Information Document (SID)
  9. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, if such investors who wish to add a new bank account towards OTM facility may fill the form.
  10. Any new OTM mandate registration with existing OTM mandate bank details will overwrite the existing OTM registered in the system.
  11. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed OTM form with their name mentioned.
  12. The mandate registration form will be submitted through National Automated Clearing House (NACH) and Banks participating in Direct Debit Facility. This facility is offered to investors having Bank accounts in select banks mentioned in the link under Product and Services tab The Banks <http://www.npci.org.in/> in the list may be modified/updated/changed/removed at any time in future entirely at the discretion of National Payments Corporation of India without assigning any reasons or prior notice. Standing instructions for investors in such Banks will be discontinued. We will inform you on such discontinuation
  13. Auto Debit facility will be offered only to investors having bank account with following banks: Allahabad Bank, Axis Bank, Bank of Baroda, Bank of India, CITI Bank, Corporation Bank, Federal Bank, ICICI Bank, Kotak Mahindra Bank, Punjab National Bank, South Indian Bank, State bank Of Patiala, UCO Bank, Union Bank of India, United Bank of India & State Bank of India
  14. In case investors bank account is available under NACH as well Auto Debit Facility, registration will be done through NACH platform.
  15. If any city, bank/branch is removed, SIP form NACH / Auto Debit instructions for investors in such cities, bank/branch route will be discontinued without prior notice.
  16. Existing Unit holders in Scheme(s) of Edelweiss Mutual Fund are required to submit only the SIP NACH / Auto Debit Mandate. Existing unit holders should note that the unit holder's details & the mode of holding will be as per the existing account. New investors, who wish to enroll for SIP through NACH / Auto Debit, should fill the Common Application Form & SIP NACH / Auto Debit Mandate.
  17. Initial cheque should be drawn on any bank, which is situated at & is a member of the Banker's Clearing House located at the place where the SIP application is submitted or payable at par & should participate in local MICR clearing. Please contact the nearest designated Investor Service Centre for the updated list. For outstation applications, the initial DD has to be payable at the nearest AMC locations. No outstation cheques will be accepted.
  18. Payments will be accepted by NACH / Auto Debit mode. For this purpose, investors/unit holders are required to give NACH / Auto Debit Mandate Form to debit their bank accounts at periodic intervals & credit the subscription proceeds to Edelweiss Mutual Fund Bank Account.
  19. Returned/Dishonored cheque / NACH / Auto Debit Rejects will not be presented again for collection. If the 1st installment cheque is dishonored, the SIP processing/ registration will be rejected.
  20. The SIP Enrollment will be discontinued in cases where three consecutive SIP installment are not honored or the bank account is closed and no request for change in bank account has been submitted.
  21. If investor has not provided the SIP frequency/period/date, the default SIP frequency would be Monthly & the SIP installments would be the minimum number of installments of the respective Schemes as specified in the Scheme Information Document. The default date will be considered as 7th of the month for Monthly option.
  22. Additional SIP: If an investor wants to enroll in another Scheme & continue for the existing folio, then the investor has to submit a duly filled & signed SIP NACH/ Auto Debit Mandate along with the first cheque (if investment is in the new Scheme).
  23. Top-up: After completion of the tenure, in case the investor wants to continue his SIP investment for another tenure with the existing folio, then the investor has to submit a duly filled & signed SIP NACH/ Auto Debit Mandate.
  24. Investor opting for Top-Up facility should mention maximum amount according to the duration of SIP on the NACH / Auto Debit mandate
  25. You can choose to discontinue this facility by giving 10 days written notice to any of AMC/ Registrar Investor Service centers.
  26. Request for change in bank mandate to be submitted atleast 30 business days before the due date of next SIP installment.
  27. The bank account provided for NACH (Debit) should be in the list of banks participating in NACH .
  28. MICR code or IFSC code should be mandatory filled on NACH mandate, MICR code starting and / or ending with 000 are not valid for NACH.
  29. The investor agrees to abide by the terms and conditions of NACH facility of NPCI & Auto Debit as applicable at the time of investment and as may be modified from time to time
  30. The investor undertakes to keep sufficient funds in the account till the date of execution of the debit. The investor hereby declares that the particulars given overleaf are correct and complete. If the date of debit to the investors account happens to be a non Business day as per the fund, execution of the debit will not happen on the day of the holiday and allotment of Units will happen as per the terms and conditions listed in the concerned Scheme Information Document (SID). The Fund, its Registrars, Auto Debit Banks and other service providers shall not be liable for, nor be in default by reason of, any failure or delay in completion of its obligation under this agreement, where such failure or delay is caused, in whole or in part, by any acts of God, civil war, civil commotion, riots, strike, mutiny, revolution, fire, flood, fog, war, change of government policies, unavailability of banks computer system, force majeure events or any other cause of peril which is beyond their reasonable control and which has the effect of preventing the performance of contract by them.
  31. Investors will not hold Edelweiss AMC, its registrars, banks and other service providers responsible if the transaction is delayed or not effected or the investor's bank account is debited in advance or after the specific sip date due to the local holidays or any other reason.
  32. Edelweiss AMC reserves the right to reject any application without assigning any reason thereof.
  33. Please refer SID for minimum SIP investment amount under each Schemes
  34. Please refer the Key Information Memorandum (KIM) and Scheme Information Document (SID) of the respective Scheme for applicable NAV, risk factors, load (exit/entry) and other information on the respective Scheme before investing.
  35. Incorrect, incomplete or ambiguous forms will not be accepted and will be returned to the investor within 10 business days via normal post.
  36. To avail of SIP in separate Schemes via NACH / Auto Debit facility, an investor will have to fill a separate form for each Scheme. A single form cannot be used for different Schemes simultaneously.
- 37. Instructions for Systematic Investment Plan (SIP) Top-up**
1. SIP Top-up Facility is not available under Micro SIPs
  2. SIP Top-up is a facility wherein an investor who wishes to enrol for SIP, has an option to increase the amount of the SIP installment by a fixed amount at pre-defined intervals i.e. half yearly and yearly. The SIP Top-up amount should be filled in the SIP Enrolment Form itself.
  3. The SIP Top-up amount should be in multiples of ₹ 500/- only.
  4. The SIP Top-up option is only available for monthly SIP.
  5. In case the top-up frequency is not indicated under Monthly SIP, it will be considered as half yearly interval.
  6. Top-up cap is the maximum amount beyond which the Top-up amount is capped.



Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.

# 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)

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 -	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. All columns marked \* are mandatory.

2 UNITHOLDER INFORMATION		Folio No. (For Existing Unit Holders)																				
Sole / 1st Unit Holder																						
PAN																						
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 Type:	<input type="checkbox"/>	Current	<input type="checkbox"/>	Savings	<input type="checkbox"/>	NRO	<input type="checkbox"/>	NRE	<input type="checkbox"/>	Others												
Account No.																						
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



Edelweiss MUTUAL FUND		ONE TIME BANK MANDATE (NACH/Direct Debit Mandate Form)																				
Ideas create, values protect		(applicable for Lumpsum Additional Purchase as well as SIP Registrations)																				
Tick (✓)	UMRN																					
Create (✓)	Sponsor Bank Code																					
Modify (x)	I/We hereby authorize	EDELWEISS MUTUAL FUND										Utility Code										
Cancel (x)	Bank A/c. Number																					
	With Bank																					
	An Amount of Rupees																					
	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.											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 (DDMMYYYY)																					
	From																					
	To																					
	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

## Instructions

1. Investors who have already submitted a One Time Mandate (OTM) form or already registered for OTM facility should not submit OTM form again as OTM registration is a one-time process only for each bank account. However, such investors who wish to add a new bank account towards OTM facility may fill the form.
2. Investors, who have not registered for OTM facility, may fill the OTM form and submit duly signed form with their name mentioned.
3. Mobile Number and Email Id: Unit holder(s) should mandatorily provide their mobile number and email id on the mandate form. Where the mobile number and email id mentioned on the mandate form differs from the ones as already existing in the folio, the details provided on the mandate will be updated in the folio. All future communication whatsoever would be, thereafter sent to the updated mobile number and email id.
4. Unit holder(s) need to provide along with the mandate form an original cancelled cheque (or a copy) with name and account number pre-printed of the bank account to be registered or bank account verification letter for registration of the mandate failing which registration may not be accepted. The Unit holder(s) cheque/bank account details are subject to third party verification.
5. Investors are deemed to have read and understood the terms and conditions of OTM Facility, SIP registration through OTM facility, the Scheme Information Document, Statement of Additional Information, Key Information Memorandum, Instructions and Addenda issued from time to time of the respective Scheme(s) of Edelweiss Mutual Fund.
6. Date and the validity of the mandate should be mentioned in DD/MM/YYYY format.
7. Utility Code of the Service Provider will be mentioned by Edelweiss Mutual Fund.
8. Tick on the respective option to select your choice of action and instruction.
9. The numeric data like Bank account number, Investors account number should be left padded with zeroes.
10. Please mention the Name of Bank and Branch, IFSC/ MICR Code and also provide an original cancelled copy of the cheque of the same bank account registered in One Time Mandate.
11. Amount payable for service or maximum amount per transaction that could be processed in words. The amount in figures should be same as the amount mentioned in words, in case of ambiguity the mandate will be rejected.
12. If the investor wishes to opt for more than one dates/frequencies for debit from the bank account as in case of Systematic Investment Plan, it is advisable to select - "As & when presented".
13. There is no maximum duration for enrolment.  
An investor has an option to choose the 'End Date' of the SIP by filling the date or the Default Date i.e. December 2099 will be the end date.
14. Please affix the Names of customers/and signatures as well as seal of Company (where required) and sign the undertaking.
15. Investors enrolling for Daily SIP should select "As & when presented" as payment frequency in the OTM.

**Declaration:** I/We hereby declare that the particulars provided in this mandate are correct and complete and hereby agree to participate in the NACH/ECS/Direct Debit/Standing Instructions (SI) and make payments through the NACH platform according to the terms and conditions thereof. I/We further hereby agree and acknowledge that I/we will not hold the AMC and/or responsible for any delay and/or failure in debiting my bank account for reasons not attributable to the negligence and/or misconduct on the part of the AMC I/We hereby declare and confirm that, irrespective of my/our registration of the above mobile number in the 'DO NOT DISTURB (DND)', 'or in any similar register maintained under applicable laws, now or subsequent to the date hereof, I/We hereby consent to the Bank communicating with me/us in any manner whatsoever on the said mobile number with respect to the transactions carried out in my/our afore mentioned bank account(s). I/We hereby agree to abide by the terms and conditions that may be intimated to me/us by the AMC/Bank with respect to the NACH/ECS/Direct Debit/SI from time to time.

**Authorisation to Bank:** This is to inform that I/We have registered for ECS I NACH (Debit Clearing)/Direct Debit/SI facility and that the payment towards my/our investments in the Schemes of Edelweiss Mutual Fund shall be made from my/our above mentioned bank account with your Bank. I/We hereby authorize the representatives of Edelweiss Asset Management Company Limited, Investment Manager to Edelweiss Mutual Fund carrying this mandate form to get it verified and executed. I/We authorize the Bank to debit my/our above-mentioned bank account for any charges towards mandate verification, registration, transactions, returns, etc, as applicable for my/our participation in NACH/ECS/Direct Debit/SI.



TOLL FREE  
1800 425 0090



WEBSITE  
[www.edelweissmf.com](http://www.edelweissmf.com)



EMAIL  
[EMFHelp@edelweissfin.com](mailto:EMFHelp@edelweissfin.com)



LIKE US  
[@EdelweissMutualFund](https://www.facebook.com/EdelweissMutualFund)



FOLLOW US  
[@EdelweissAMC](https://twitter.com/EdelweissAMC)

**Mutual Fund Investment are subject to market risks, read all scheme related documents carefully.**