

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 -	INTERNAL CODE	IDENTIFICATION NO. (EUN)	ONLY FOR DIRECT INVESTMENT

*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 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

ONE TIME BANK MANDATE (NACH/Direct Debit Mandate Form)

(applicable for Lumpsum Additional Purchase as well as SIP Registrations)

Tick (✓) Create (✓) Modify (x) Cancel (x)	UMRN																			
	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										
	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									Signature Primary Account holder										
	To									Signature Account holder										
	Or	Until Cancelled								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.



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