

COMMON APPLICATION 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.

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.

PLEASE READ THE INSTRUCTIONS BEFORE FILLING UP THE FORM. All sections to be completed in ENGLISH in BLACK / BLUE COLOURED INK and in BLOCK LETTERS. Use this form If you are making a one time investment. For SIP investment use the separate SIP Form.

DISTRIBUTOR INFORMATION

Distributor Code	Sub-Broker Code	Sub-Broker Code	Employee Unique	E-Code	RIA CODE^
ARN - 92245	ARN -	INTERNAL CODE	IDENTIFICATION NO. (EUIN) E092536		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'.

^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

MAKE YOUR SELECTION BEFORE FILLING FORM (PLEASE ✓)

☐ INVEST NOW

☐ ZERO BALANCE FOLIO

(Refer Instruction No.XII)

TRANSACTION CHARGES (PLEASE ✓) (Default option Existing Investor)

(Refer Instruction No.XIII)

☐ I am a First Time Investor in Mutual Funds

☐ I am an Existing Investor in Mutual Funds

In case the subscription amount is ₹10,000/- or more and your Distributor has opted to receive Transaction Charges, ₹150 (for first time mutual fund investor) or ₹100/- (for investor other than first time mutual fund investor) will be deducted from the subscription amount and paid to the distributor. Units will be issued against the balance amount invested.

EXISTING INVESTOR'S FOLIO NUMBER

(If you have an existing folio with KYC validated, please mention here and skip to section 5)

INVESTMENT TYPE (Please tick any one)

☐ LUMP SUM

☐ SIP WITHOUT CHEQUE

☐ LUMP SUM WITH SIP/STP/SWP

MODE OF HOLDING

(In case of Demat Purchase Mode of Holding should be same as in Demat Account)

☐ Single

☐ Joint

☐ Anyone or Survivor (Default)

UNIT HOLDING OPTION

☐ Physical Mode

☐ Demat Mode

CDSL/ NSDL

Beneficiary

A/C No.

DP ID NO.:

Depository Participant Name:

(Please Note: Please attach copy of Client Master List.)

Please Note: Demat Account Details of First / Sole Applicant (Name should be as per demat account)

1 APPLICANT INFORMATION (Mandatory) TO BE FILLED IN BLOCK LETTERS* APPLICANTS FROM CANADA WILL NOT BE ACCEPTED (Refer Instruction No.II)

NAME OF SOLE /1ST APPLICANT Mr. Ms. M/s.

PAN KYC No. Date of Birth D D M M Y Y Y Y

Mobile No. Email ID

I/We hereby declare that the email address and the mobile number provided on the application form belongs to (Please tick (✓) any one from the below options) -

☐ Self ☐ Spouse ☐ Dependent Parents ☐ Dependent Children ☐ Dependent Siblings ☐ Guardian

Please note: In the event that the mobile number or the email id provided herein above does not appear to be that of the unit holder's, then the AMC shall send suitable communication in this regard to the unit holder.

GUARDIAN DETAILS (In case First / Sole Applicant is minor) / CONTACT PERSON - DESIGNATION / POA HOLDER (In case of Non-Individual Investors)

Mr. Ms. M/s.

Relationship with Minor/Designation

PAN Date of Birth D D M M Y Y Y Y KYC No.

Address

CITY

STATE COUNTRY PIN

RESI. OFF. FAX

SECOND APPLICANT Mr. Ms. M/s.

Date of Birth D D M M Y Y Y Y

PAN KYC No. Mobile No.

THIRD APPLICANT Mr. Ms. M/s.

Date of Birth D D M M Y Y Y Y

PAN KYC No. Mobile No.

**EDELWEISS
MUTUAL FUND**

ACKNOWLEDGEMENT SLIP

To be filled in by the investor

Received from: Mr. / Ms. / M/s. an application for allotment

Scheme Plan Option

vide Cheque No Dated / / Amount (₹) Drawn on

Bank and Branch

Please note: All purchases are subject to realization of cheques and as per applicable load structure (please refer Scheme Information Document)

Application
No:

Collection Center's Stamp &
Receipt Date and Time

☐ Resident Individual ☐ FII's ☐ NRI - NRO ☐ HUF ☐ Club / Society ☐ PIO ☐ Body Corporate ☐ Minor ☐ Government Body ☐ Trust ☐ NRI - NRE
☐ Bank & FI ☐ Sole Proprietor ☐ Partnership Firm ☐ QFI ☐ Provident Fund ☐ Others _____

☐ BIRTH CERTIFICATE ☐ MARKSHEET (HSC/ICSE/CBSE) ☐ SCHOOL LEAVING CERTIFICATE ☐ PASSPORT ☐ OTHERS _____

ADDRESS (Mandatory for NRI/FII applicant*)

Country Zip Code For NRI applicants ☐ Indian ☐ Overseas

Default communication mode is through 'email'. If email address is not provided then please 'Opt-in' to receive below documents in physical copy by ticking the option below

☐ Annual Report ☐ Abridged Annual Report ☐ Other Statutory Information

First Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others_____	<input type="checkbox"/> Defence
Second Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others_____	<input type="checkbox"/> Defence
Third Applicant	<input type="checkbox"/> Business <input type="checkbox"/> Bureaucrat	<input type="checkbox"/> Service <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Unlisted Company	<input type="checkbox"/> Agriculturist <input type="checkbox"/> Body Corporate	<input type="checkbox"/> Housewife <input type="checkbox"/> Listed Company	<input type="checkbox"/> Student <input type="checkbox"/> Others_____	<input type="checkbox"/> Defence

[illegible]

For Individuals			
	I am Politically Exposed Person	I am Related to Politically Exposed Person	Not Applicable
Sole/First Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Non-Individual Investors (Companies, Trust, Partnership etc.)		
Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company : (If No, please attach mandatory UBO Declaration)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign Exchange / Money Charger Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gaming / Gambling / Lottery / Casino Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Money Lending / Pawning	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Sole / First Applicant / Guardian			2nd Applicant			<input type="checkbox"/> 3rd Applicant <input type="checkbox"/> POA		
Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____			Place & Country of Birth : _____ / _____		
#Please indicate all countries, other than India, in which you are a resident for tax purpose, associated Taxpayer Identification Number & it's Identification type e.g: TIN etc.								
Country #	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country #	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]	Country #	Tax Payer Ref ID No	Identification Type [TIN or other, please specify]
1.			1.			1.		
2.			2.			2.		
3.			3.			3.		

[illegible]

I/We hereby nominate the under mentioned nominee to receive the amounts to my/our credit in event of my/our death. I/We also understand that all payments and settlements made to such Nominee shall be valid discharge by the AMC/Mutual Fund/Trustee Company.

Name of Nominee	Date of Birth <i>(If Nominee is minor)</i>	Allocation (%)	Name of Legal Guardian/Parent <i>(If Nominee is minor)</i>	Relationship with Nominee	Address of Nominee/ Legal Guardian

[illegible]

Edelweiss -

Scheme

Plan

Option

Sub-Option

(Default Plan/Option/Facility will be adapted in case of no information, ambiguity or discrepancy)

IDCW (Transfer) to Scheme

Plan

Option

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BANK ACCOUNT DETAILS

(Refer Instruction No.IV)

Account No.

Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Bank Name

Branch Add.

Pin

IFSC CODE

MICR CODE

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PAYMENT DETAILS

Mode of Payment [Please ✓] ☐ RTGS/NEFT/Fund Transfer ☐ Demand Draft ☐ Cheque

Cheque No.

Date

Gross Amount (₹)

Net Amount (₹)

DD Charges (₹)

Bank Details: ☐ Same as above (Please tick (✓) if yes) ☐ Different from above (Please tick (✓) if it is different from above and fill in the details below)

Bank/Branch & City

Account No.

Account Type [Please ✓] ☐ SB ☐ Current ☐ NRO ☐ NRE ☐ FCNR

Please note that the OTM can be selected as mode of payment provided OTM is already registered. In case OTM is not registered please submit the filled in standalone OTM form to make future transaction through OTM.

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SYSTEMATIC TRANSACTION REGISTRATION DETAILS

SIP	STP	SWP
Scheme: Edelweiss -	Source Scheme:	Scheme:
Plan Regular	Target Scheme:	
Option Sub-Option		
Installment amount (in figures):	Amount (in figures):	Amount (in figures):
Installment amount (in words):	Amount (in words):	Amount (in words):
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	Frequency: <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly
Debit Date:	Preferred STP date: Please write the debit date as per SID (For Monthly & Quarterly only)	Preferred SWP date: Please write the debit date as per SID (For Monthly & Quarterly only)
SIP Period: From Date To Date	STP Period: From Date To Date	SWP Period: From Date To Date
Or Perpetual: <input type="checkbox"/> 31/12/2099		

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DECLARATION AND SIGNATURE(S)

Having read and understood the contents of the Scheme Information Document of the Scheme and Statement of Additional Information and subsequent amendments thereto including the section on who cannot invest, "Prevention of Money Laundering" and "Know Your Customer", I/We hereby apply to the Trustee of Edelweiss Mutual fund for units of the Scheme as indicated above and agree to abide by the terms and conditions, rules and regulations of the Scheme. I/We further declare, I am / we are authorised to invest the amount & that the amount invested by me/us in the above mentioned Scheme(s) is derived through legitimate sources and is not held or designed for the purpose of contravention of any acts, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by the governmental or statutory authority from time to time. It is expressly understood that I/We have the express authority from our constitutional documents to invest in the units of the Scheme(s) and the AMC/Trustee/Fund would not be responsible if the investment is ultra vires thereto and the investment is contrary to the relevant constitutional documents. I/We agree that in case my/our investment in the Scheme(s) is equal to or more than 25% of the corpus of the Scheme, then Edelweiss Asset Management Ltd., Investment Manager to the Edelweiss Mutual Fund, has full right to refund the excess to me/us to bring my/our investment below 25%. I/We have not received nor been induced by any rebate or gifts, directly or indirectly in making this investments. I/We hereby authorise Edelweiss Mutual Fund, its Investment Manager and its agents to disclose details of my investment to my bank(s) / Edelweiss Mutual Fund's bank(s) and / or Distributor / Broker / Investment Advisor. I/We hereby authorize you to disclose, share, remit in any form, mode or manner, all/ any of the information provided by me/ us, including all changes, update to such information as and when provided by me/ us to Edelweiss Mutual Fund/ Edelweiss Asset Management Limited to any Indian or foreign governmental or statutory or judicial authorities/ agencies, the tax/ revenue authority and other investigation agencies without obligation on advising me/ us of the same. I/We authorise Edelweiss Mutual Fund to reject the application, revert the units credited/redeem units created at applicable NAV, restrain me/us from making any further investment in any of the Schemes of the fund, recover/debit my/our folios(s) with the penal interest and take any appropriate action against me/us in case the cheque(s)/payment instrument is/are returned by my/our banker for any reason whatsoever. I/We undertake that these investments are my/our own and acknowledge that AMC reserves the right to call for such other additional information/documents as required to comply with PMLA/KYC/FATCA norms. I/We hereby, further agree that the Fund can directly credit all the IDCW payouts and redemption amount to my bank details given above. I/We hereby declare that the particulars stated above are correct.

I/ We hereby provide my/our consent in accordance with Aadhaar Act, 2016 and regulations made thereunder, for collecting, storing and usage including demographic information, validating/authenticating and updating my/ our Aadhaar number(s) (if provided as proof of address or proof of identity of investors, provided the investor redact or blackout his Aadhar number while submitting the applications for investments) in accordance with the Aadhaar Act, 2016 (and regulations made thereunder) and PMLA with asset management companies of SEBI registered mutual fund (s)and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios with my PAN.

The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We further agree that the Fund/AMC can send us all types of SMS relating to the products offered by them.

Applicable to investors who have not opted for nomination facility. I/We hereby confirm that it is my/our informed decision not to avail the nomination facility offered by Edelweiss Mutual Fund.

I/ We confirm that I am/We are not resident(s) of Canada under the laws of Canada. In case of change to this status, I/ We shall notify the AMC, in which event the AMC reserves the right to redeem my/our investments in the Scheme(s).

Applicable to NRI only: I/We confirm that I am / we are Non Resident of Indian Nationality/Origin and I/We hereby confirm that the funds for subscription have been remitted from abroad through approved banking channels from funds in my/our Non-Resident External/Ordinary Account/FCNR Account. Please (✓) (Including amount of Additional Purchase Transaction made in future)

☐ Repatriation ☐ Non Repatriation

Applicable if resident / citizen of a member state of European Union protected under GDPR

I/ We, resident/citizen of a member state of European Union protected under GDPR, acknowledge that I have read and understood the Privacy Statement of Edelweiss and all its subsidiaries and associates in India and overseas (collectively referred to as Edelweiss Group) setting out the collection, processing, use and disclosure of personal data for the purposes explained therein and available on www.edelweissfin.com. Please see the tick marks in the relevant boxes below that will apply to me:

1) I provide my express consent to Edelweiss Group for the collection, processing, use and/or disclosure of my personal data / information by it for the purposes set out in its Privacy Statement. ☐ YES ☐ NO

2) I wish to receive marketing information from Edelweiss Group (*) ☐ YES ☐ NO

3) I would like to receive information about the services which may be provided by Edelweiss Group, including (but not limited to) offers, promotions and information about new goods and services, via (*) ☐ Newsletter ☐ Email ☐ Text message ☐ Telephone call ☐ Not interested

SIGNATURE (s)

SOLE / FIRST APPLICANT

SECOND APPLICANT

THIRD APPLICANT

DATE : / /

PLACE :

SIP ENROLLMENT CUM ONE TIME DEBIT MANDATE FORM

(New Investors subscribing to the scheme through SIP must submit this form along with Common Application Form)

(all points marked * are mandatory)



EDELWEISS
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
ARN - 92245			ARN -			INTERNAL CODE			E092536			ONLY FOR DIRECT INVESTMENT
<p><small>*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'</small></p>												
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		D D M M Y Y Y Y		Mobile No.			
CKYC No.											

3 INVESTMENT DETAILS											
Edelweiss -				Scheme				Plan		Option/Facility	
<small>(Default Plan/Option/Facility will be applied in case of no information, ambiguity or discrepancy) IDCW (Reinvestment) Facility is not available under Edelweiss Long Term Equity Fund (Tax Savings)</small>											
IDCW (Transfer) to Scheme											
Installment Period : From Date				D D M M Y Y Y Y		To Date		<input type="checkbox"/> Perpetual (99 years) (Default) or <input type="checkbox"/> 10 yrs or <input type="checkbox"/> 5 yrs or		D D M M Y Y Y Y	
Amount Per Installment :				Amount in words :							
1st Installment Cheque Details : Cheque / DD No.						Amount (₹)					
Drawn on Bank & Branch :											
Photo ID Proof number in case of Micro SIP of 1st Applicant				2nd Applicant				3rd Applicant			
<small>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</small>											
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		<input type="checkbox"/> 7th, 14th, 21st, 28th of any month		<input type="checkbox"/> 10th and 25th		DATE : / /		DATE : / /			
						<small>Preferred Debit Date (Any date except last three dates of month)</small>		<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											
(The amount should be in multiples of ₹500 only)											
Top-up Cap Maximum SIP Amount ₹				SIP Top-up Frequency : <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly				Top-up Cap (Refer Instruction No.26)			

4 UMRN DETAILS											
<small>(Refer Instruction No.9)</small>											
<input type="checkbox"/> Use Existing One Time Debit Mandate											
UMRN No.											
Bank Name								Bank Account No.			

5 DECLARATION AND SIGNATURE (To be signed by ALL UNIT HOLDERS if mode of holding is 'joint')*											
DATE : / /								PLACE :			
<p>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.</p>											
SIGNATURE (s)											
SOLE / FIRST APPLICANT				SECOND APPLICANT				THIRD APPLICANT			

* EDELWEISS MUTUAL FUND											
One Time Mandate Registration Form/ Debit Mandate Form NACH/ ECS/ Direct Debit											
UMRN		F o r o f f i c e u s e						Date			
Sponsor Bank Code		For Office Use				Utility Code		For Office Use			
I/We hereby authorize		Edelweiss Mutual Fund				to debit (tick ✓)		<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> SB-NRE <input type="checkbox"/> SB-NRO <input type="checkbox"/> Other			
Bank a/c number											
with Bank		IFSC				or MICR					
an amount of Rupees		₹									
FREQUENCY		<input checked="" type="checkbox"/> Mthly <input checked="" type="checkbox"/> Qytr <input checked="" type="checkbox"/> H-Yrly <input checked="" type="checkbox"/> Yrly <input checked="" type="checkbox"/> As & when presented									
Reference 1		Folio Number						Phone No.			
Reference 2		Applicaton Number						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											
From											
To		3 1 1 2 2 0 9 9									
Or		<input checked="" type="checkbox"/> Until Cancelled									
Signature Primary Account holder		Signature of Account holder				Signature of Account holder					
1. Name as in Bank records		2. Name as in Bank records				3. Name as in Bank records					
<p>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 the debit.</p>											