

Systematic Investment Plan (SIP) Registration cum mandate form for NACH/Direct Debit

New Investors are requested to fill-in the scheme application form also

Application No : _____

For details on transaction charges payable to distributors, please refer to KIM.

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, if any, 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.

New SIP Micro SIP

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

- Country of Birth/Citizenship/Nationality or Tax Residency, other than India, for any applicant : Yes No (Mandatory to ✓)
If Yes, please fill FATCA/CRS declaration
- NRI investors should mandatorily fill separate FATCA/CRS declarations
- Non-Individual investors should mandatorily fill separate FATCA / CRS & UBO declarations

Instructions

¹Investors applying under the direct plan must mention "Direct" against Scheme name.

²Not applicable in case of CDSL. Applicable only to existing investors for fresh SIP enrolment.

Key Partner/Agent Information

Distributor / Broker ARN ARN - 30156	Sub-Broker ARN Code ARN - _____	Internal Sub-Broker/Employee Code _____
Employee Unique Identification No. (EUIN) <small>(Of Individual ARN holder or Of employee/ Relationship Manager/Sales Person of the Distributor)</small>	Registered Investment Advisor Code _____	

1. Investment and SIP Details¹

First / Sole	Mr. / Ms. / M/s.		
Application No. (New Investor)	_____	Folio No. (Existing Unit Holder)	_____
PAN/KRN	_____	Enclosed KYC Proof	<input type="checkbox"/>
KIN	_____		
Existing UMRN in folio	_____	or <input type="checkbox"/> Last Registered UMRN in the folio	
SIP Reference No.	For existing investors		
Scheme	Invesco India	Plan	_____
Each SIP Amount (Rs.)	_____	Option	_____ (Growth - Default)
SIP Date	Date of your choice _____ (15 th Default)	Frequency	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, Jun, Oct)
	(Except 29, 30, 31)		
SIP Period From	D D M M Y Y Y Y	To	D D M M Y Y Y Y (or) <input type="checkbox"/> Till further notice
SIP Top-Up (Optional)	Top-up Amount Rs. _____	Top-up Start Month	For existing investors
	Frequency <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	Top-up Cap	M M Y Y Y Y

2. First SIP Transaction

Cheque No.	_____	Cheque Date	D D M M Y Y Y Y	Amount (Rs.)	_____
Bank	_____				
Bank A/C No.	_____				

P.T.O. for Signatures

NACH/Auto Debit Mandate

Applicable for Lumpsum/Additional Purchase/SIP Registration

UMRN	_____	For Office Use only	_____	Date	D D M M Y Y Y Y	
Sponsor Bank Code	_____	Utility Code	_____	For Office Use only	_____	
<input checked="" type="checkbox"/> CREATE <input checked="" type="checkbox"/> MODIFY <input checked="" type="checkbox"/> CANCEL	I/We hereby authorize	Invesco Mutual Fund	<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"/> Others _____			
Bank Account Number	_____					
with Bank	Name of customers bank	IFSC	_____	Or MICR	_____	
an amount of Rupees	In Words _____			₹ In Figures	_____	
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	
Folio No.	_____			Phone	_____	
PAN	_____			E-mail	_____	
I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the banks.						
PERIOD	From	D D M M Y Y Y Y	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder	
	To	D D M M Y Y Y Y				
	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 authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.



3. Demat Account Details (Optional)

NSDL CDSL

DP ID²

I	N						
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Beneficiary Account No.

DP Name

Declaration : I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply to the Trustee of Invesco Mutual Fund for enrolment under the SIP of the Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Invesco Asset Management (India)/Invesco Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. 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 undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

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