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

New Investors are requested to fill-in the scheme aplication 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

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

[1]Investors applying under the direct plan must mention "Direct" against Scheme name.
[2]The SIP Form should be submitted at least 30 Calendar days before the first SIP debit date.
[3]Not applicable in case of CDSL. Applicable only to existing investors for fresh SIP enrolment.

Key Partner/Agent Information

Distributor / Broker ARN -	Sub-Broker ARN Code -	Internal Sub-Broker/ Employee Code
Employee Unique Identification No. (EUIN)	Registered Investment Advisor Code	

1. Investment and SIP Details[1]

First / Sole: Mr. / Ms. / M/s.

Application No. (New Investor) | Folio No. (Existing Unit Holder)

PAN/KRN | Enclosed KYC Proof ☐

KIN

Scheme: Invesco India | Plan

Each SIP Amount (Rs.) | Option: (Growth - Default) | Dividend Frequency

SIP Date[2]: Date of your choice (Except 29, 30, 31) ☐ (15th Default) | Frequency: ☐ Monthly (Default) or ☐ Quarterly (Jan, Apr, July, Oct)

SIP Period: From M M Y Y Y Y To M M Y Y Y Y (or) ☐ Till further notice

SIP Top-Up (Optional): Top-up Amount Rs. | Top-up Start Month: For existing investors

Frequency: ☐ Half Yearly ☐ Yearly (Default) | Top-up Cap: M M Y Y Y Y

2. First SIP Transaction

Cheque No. | Amount (Rs.) | Bank Name

3. Demat Account Details (Optional)

☐ NSDL ☐ CDSL

DP ID[3]: I N | 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 following 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)/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.

Sign Here - Sole/First Applicant/Guardian | **Sign Here -** Second Applicant | **Sign Here -** Third Applicant

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NACH/Auto Debit Mandate (Applicable for SIP Registration)

UMRN: For Office Use only | **Date** D D M M Y Y Y Y

☑ CREATE
☒ MODIFY
☒ CANCEL

Sponsor Bank Code | Utility Code: For Office Use only

I/We hereby authorize **Invesco Mutual Fund** | To debit (√) ☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others _____

Bank Account No.

with Bank: Name of customers bank | IFSC | Or MICR

an amount of Rupees: In Words | ₹ In Figures

Frequency: ~~☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly~~ ☑ As & when presented | Debit Type : ~~☒ Fixed Amount~~ ☑ 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 bank.

PERIOD
From D D M M Y Y Y Y
To D D M M Y Y Y Y
Or ☐ Until Cancelled

Signature of Primary Bank Account Holder | Signature of Bank Account Holder | Signature of Bank Account Holder

Name as in bank records | Name as in bank records | 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.