Invesco Mutual Fund

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 :

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

Instructions

IDCW - Income Distribution cum capital withdrawal Option

[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.

\+ Mandatory

Key Partner/Agent Information

Mutual Fund Distributor ARN	Sub-Broker ARN Code	Internal Sub-Broker/ Employee Code
95070	ARN -	

Employee Unique Identification No. (EUIN)	Registered Investment Advisor (RIA) Code/ Portfolio Manager's Registration Number (PMRN)
E-101834	

1. Applicant Details

First/Sole+ (Name as per PAN records) (Mr./ Ms./ M/s.)

Application No. (New Investor) | Folio No. (Existing Unitholder)

PAN/PEKRN+ | Enclosed KYC Proof ☐

KIN

UMRN No.

2. Investment and SIP Details[1]

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan			
Option			
IDCW Frequency			
SIP Date[2]	Any Date: 1-28; Default -15th	Any Date: 1-28; Default -15th	Any Date: 1-28; Default -15th
Frequency	☐ Weekly MON to FRI ☐ Monthly (Default) or ☐ Quarterly (Jan, Apr, July, Oct)	☐ Weekly MON to FRI ☐ Monthly (Default) or ☐ Quarterly (Jan, Apr, July, Oct)	☐ Weekly MON to FRI ☐ Monthly (Default) or ☐ Quarterly (Jan, Apr, July, Oct)
SIP Period	From M M Y Y Y Y To M M Y Y Y Y	From M M Y Y Y Y To M M Y Y Y Y	From M M Y Y Y Y To M M Y Y Y Y

It is mandatory to mention the From & To date, and tenure of SIP should be less than or equal to 40 years.

SIP Amount (Rs.)

Total SIP amount (Rs.) | Cheque No.

Bank A/c. No. | Bank Name

SIP Top-Up (Optional)

Top-up Amount Rs.			
Top-up Start Month	M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y
Frequency	☐ Half Yearly ☐ Yearly (Default)	☐ Half Yearly ☐ Yearly (Default)	☐ Half Yearly ☐ Yearly (Default)
Top-up End Month	M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y

Invesco Mutual Fund

NACH/Auto Debit Mandate (Applicable for SIP Registration)

UMRN F O R O F F I C E U S E O N L Y | Date D D M M Y Y Y Y

Sponsor Bank Code | ✓ Create ⊗ Modify ⊗ Cancel

Utility Code F O R O F F I C E U S E O N L Y | 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 / MICR

An amount of Rupees In Words | ₹ in Figures

Debit Type : ~~☒ Fixed Amount~~ ☑ Maximum Amount ***Frequency:** ~~☒ Daily ☒ Weekly ☒ Bi Monthly ☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Annually~~ ☑ As & when presented

Folio No. | PAN

1. 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. 2. 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. 3. 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. 4. I/We understand and accept that in case transaction/s initiated against this mandate (within valid period of mandate) is/are rejected due to insufficient funds or such other reason as permitted under applicable law, action may be taken against me/us under applicable law (including Negotiable Instruments Act).

PERIOD	
From	D D M M Y Y Y Y
To	D D M M Y Y Y Y

Maximum period of validity of this mandate is 40 years only

Mobile

× 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

Invesco Mutual Fund

Instructions

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

3. Demat Account Details (Optional)

☐ NSDL ☐ CDSL

DP ID[3]	I	N							Beneficiary Account No.	

DP Name

Declaration : (Mandatory)

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) Private Limited/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