

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

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, 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

<sup>1</sup>Investors applying under the direct plan must mention "Direct" against Scheme name.

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

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

New Investors are requested to fill-in the scheme application form also.  
 For instructions please refer page no. 49

Application No :

### Key Partner/Agent Information

Distributor / Broker ARN <b>South Gujarat ARN: 54854</b>	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employer Code
Employee Unique Identification No. (EUN) (Of Individual ARN holder or Of employee/ Relationship Manager/Sales Person of the Distributor)		Registered Investment Advisor Code

### 1. Investment and SIP Details<sup>1</sup>

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			Dividend Frequency										
SIP Date	Date of your choice			(15 <sup>th</sup> 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. <input type="text"/>										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

☒ CREATE  
☒ MODIFY  
☒ CANCEL

Sponsor Bank Code

I/We hereby authorize

Bank Account Number

UMRN							For Office Use only							Date	D	D	M	M	Y	Y	Y	Y													
Invesco Mutual Fund						Utility Code						For Office Use only																							
SB						CA						CC						SB-NRE						SB-NRO						Others					

with Bank

an amount of Rupees

Frequency:

Folio No.

PAN

Name of customers bank							IFSC							Or MICR						
In Words																				
₹ In Figures																				
<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													
Phone																				
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☐ CDSLDP ID<sup>2</sup>

I	N						
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Beneficiary  
Account No.

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DP Name

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**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.

**Sign Here - Sole / First Applicant / Guardian / POA**

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**Sign Here - Second Applicant**

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**Sign Here - Third Applicant**

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