



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

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

### Key Partner / Agent Information

Distributor / Broker ARN ARN - <b>132061</b>	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) (Of Individual Applicant / Employee / Relationship Manager / Distributor) <b>E352389</b>	Registered Investment Advisor Code
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For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUIIN 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

### 1. Investment and SIP Details

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

First / Sole Investor Name	Mr. / Ms. / M/s.		
Application No. (New Investor)		Folio No.(Existing Unitholder)	
PAN / KRN		Enclosed (✓) <input type="checkbox"/> KYC Proof	
Existing UMRN	(If UMRN is registered in the folio)	SIP Reference No.	For existing investors
Scheme	Invesco India Scheme Name	Plan	Option Dividend Frequency
Each SIP Amount (Rs.)			
SIP Date (✓)	<input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup> or	Mention Date of your choice	Frequency <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly (Jan, April, July, Oct)
SIP Period	Start From DD MM YYYY	End On DD MM YYYY	<input type="checkbox"/> Till Further Notice
SIP Top-Up (Optional)	Top-up Amount Rs.	Top Start Month	For existing investors
	Frequency (✓) <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	Top Cap Month - Year	MM YYYY

### 2. Demat Account Details (Optional)

Please (✓) ☐ NSDL ☐ CDSL

DP ID #	Beneficiary Account No.	DP Name
I N		Not applicable in case of CDSL
(Applicable only to existing investors for fresh SIP enrolment.)		

### 3. First SIP Transaction

Cheque No.	Cheque Date	Amount (Rs.)
Bank	Bank A/c. No.	

### 4. Particulars of Bank Account (For Direct Debit/ECS)

Bank Name	Bank Account Number
Name as per Bank record	Maximum Amount
9 Digit MICR Code	Prefer instruction no. 11
	(Please enter the 9 digit number that appears next to the cheque number). In case of At Par accounts, kindly provide the correct MICR number of the bank branch.

**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/ECS/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 Direct Debit/ECS/NACH. 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.

First Account Holder Signature (As in Bank Records)	Second Account Holder Signature (As in Bank Records)	Third Account Holder Signature (As in Bank Records)
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UMRN	Date		
DD MM YYYY	DD MM YYYY		
Sponsor Bank Code			
I/We hereby authorize	<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	IFSC		
Name of customers bank	Or MICR		
an amount of Rupees	In Words		
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	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
From DD MM YYYY			
To DD MM YYYY			
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.