

UMRN  Date

(Please  ) Sponsor Bank Code

CREATE I/We hereby authorize **Invesco Mutual Fund**  SB  CA  CC  SB-NRE  SB-NRO  Others\_\_\_\_\_

MODIFY Bank Account Number

CANCEL

with Bank  IFSC  Or MICR

an amount of Rupees  In Words  ₹

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 banks.

|        |      |  |  |  |  |
|--------|------|--|--|--|--|
| PERIOD | From | <input type="text"/>                     |  Signature of Primary Bank Account Holder |  Signature of Bank Account Holder |  Signature of Bank Account Holder |
|        | To   | <input type="text"/>                     | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |
|        | Or   | <input type="checkbox"/> Until Cancelled | <input type="text"/>   | <input type="text"/>   | <input type="text"/>   |

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.