

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. 34

Application No :

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

¹Investors applying under the direct plan must mention "Direct" against Scheme name.

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

Key Partner/Agent Information

Distributor / Broker ARN ARN-106907	Sub-Broker ARN Code	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUN) E143763	Registered Investment Advisor Code	

1. Investment and SIP Details¹

First / Sole	<input type="text" value="Mr. / Ms. / M/s."/>		
Application No. (New Investor)	<input type="text"/>	Folio No. (Existing Unit Holder)	<input type="text"/>
PAN/KRN	<input type="text"/>	Enclosed KYC Proof	<input type="checkbox"/>
KIN	<input type="text"/>		
Existing UMRN in folio	<input type="text"/>	or <input type="checkbox"/> Last Registered UMRN in the folio	
SIP Reference No.	<input type="text"/>		
Scheme	<input type="text"/>		Plan <input type="text"/>
Each SIP Amount (Rs.)	<input type="text"/>	Option	<input type="text"/>
SIP Date	Date of your choice <input type="text"/>	(15 th Default)	Frequency <input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, Jun, Oct)
		(Growth - Default)	
SIP Period From	<input type="text"/>	To	<input type="text"/>
			(or) <input type="checkbox"/> Till further notice
SIP Top-Up (Optional)	Top-up Amount Rs. <input type="text"/>	Top-up Start Month	<input type="text" value="For existing investors"/>
		Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)
		Top-up Cap	<input type="text" value="M M Y Y Y Y"/>

2. First SIP Transaction

Cheque No.	<input type="text"/>	Cheque Date	<input type="text"/>	Amount (Rs.)	<input type="text"/>
Bank	<input type="text"/>				
Bank A/C No.	<input type="text"/>				

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

UMRN <input type="text"/>	For Office Use only <input type="text"/>	Date <input type="text"/>
Invesco Mutual Fund	Utility Code <input type="text"/>	For Office Use only <input type="text"/>
<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 <input type="text"/>	IFSC <input type="text"/>	Or MICR <input type="text"/>
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an amount of Rupees <input type="text"/>	In Words <input type="text"/>	₹ <input type="text"/>
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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
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Folio No. <input type="text"/>	Phone <input type="text"/>
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PAN <input type="text"/>	E-mail <input type="text"/>
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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.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; text-align: right;">From</td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: right;">To</td> <td><input type="text"/></td> </tr> <tr> <td style="text-align: right;">Or</td> <td><input type="checkbox"/> Until Cancelled</td> </tr> </table>	From	<input type="text"/>	To	<input type="text"/>	Or	<input type="checkbox"/> Until Cancelled			
From	<input type="text"/>								
To	<input type="text"/>								
Or	<input type="checkbox"/> Until Cancelled								

1. _____ 2. _____ 3. _____

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing 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 CDSL

DP ID²

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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

Sign Here - Second Applicant

Sign Here - Third Applicant

X

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X

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X

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