



# 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 :

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

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

- Country of Birth/Citizenship/Nationality or Tax Residency, other than India, for any applicant:  Yes  No (Mandatory to v)
- 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

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

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

<sup>2</sup>The SIP Form should be submitted at least 30 Calendar days before the first SIP debit date.

<sup>3</sup>Not applicable in case of CDSL. Applicable only to existing investors for fresh SIP enrolment.

## Key Partner/Agent Information

Distributor / ARN-105519 Broker ARN	Sub-Broker ARN Code ARN -	Internal Sub-Broker/ Employee Code
Employee Unique Identification No. (EUIN)	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

KIN

Scheme  Invesco India Plan

Each SIP Amount (Rs.)  Option  (Growth - Default) Dividend Frequency

SIP Date<sup>2</sup> Date of your choice (Except 29, 30, 31)  (15<sup>th</sup> Default) Frequency  Monthly (Default) or  Quarterly (Jan, Apr, Jun, Oct)

SIP Period From  M  M  Y  Y  Y  Y To  M  M  Y  Y  Y  Y (or)  Till further notice

SIP Top-Up (Optional) Top-up Amount Rs.  Top-up Start Month  For existing investors

Frequency  Half Yearly  Yearly (Default) Top-up Cap  M M Y Y Y Y

### 2. First SIP Transaction

Cheque No.  Amount (Rs.)  Bank Name

### 3. Demat Account Details (Optional)

NSDL  CDSL

DP ID<sup>3</sup>  I N  Beneficiary Account No.

DP Name

**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 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) 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



## NACH/Auto Debit Mandate ARN-105519

Applicable for Lumpsum/Additional Purchase/SIP Registration

UMRN  For Office Use only  Date  DD  MM  YYY  Y

Sponsor Bank Code  Utility Code  For Office Use only

CREATE  MODIFY  CANCEL

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

Bank Account Number

with Bank  Name of customers bank  IFSC  Or MICR

an amount of Rupees  In Words  ₹ In Figures

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"/> DD <input type="text"/> MM <input type="text"/> YYY <input type="text"/> Y	<input type="text"/> Signature of Primary Bank Account Holder	<input type="text"/> Signature of Bank Account Holder	<input type="text"/> Signature of Bank Account Holder
	To	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YYY <input type="text"/> 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.