

# 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 :

## Key Partner/Agent Information

Mutual Fund Distributor ARN	ARN-181211	Sub-Broker ARN Code	ARN -	Internal Sub-Broker/ Employee Code
Employee Unique Identification No. (EUIIN)	E	Registered Investment Advisor (RIA) Code/ Portfolio Manager's Registration Number (PMRN)		

### 1. Applicant Details

First/ Sole	(Mr./ Ms./ M/s.)		
Application No. (New Investor)		Folio No. (Existing Unitholder)	
PAN/PEKRN		Enclosed KYC Proof	<input type="checkbox"/>
KIN			
UMRN No.			

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

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan			
Option			
IDCW Frequency			
SIP Date <sup>2</sup>	<input type="text"/> Any Date: 1-28; Default -15 <sup>th</sup>	<input type="text"/> Any Date: 1-28; Default -15 <sup>th</sup>	<input type="text"/> Any Date: 1-28; Default -15 <sup>th</sup>
Frequency	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)
SIP Period	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (or) <input type="checkbox"/> Till further notice	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (or) <input type="checkbox"/> Till further notice	From <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> To <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (or) <input type="checkbox"/> Till further notice
SIP Amount (Rs.)			
Total SIP amount (Rs.)			Cheque No. <input type="text"/>
Bank A/c. No.		Bank Name	<input type="text"/>

#### SIP Top-Up (Optional)

Top-up Amount Rs.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Top-up Start Month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)
Top-up End Month	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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

IDCW - Income Distribution cum capital withdrawal Option

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.

## NACH/Auto Debit Mandate (Applicable for SIP Registration)

UMRN	<input type="text"/>	For Office Use only	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sponsor Bank Code	<input type="text"/>	<input checked="" type="checkbox"/> Create	<input checked="" type="checkbox"/> Modify	<input checked="" type="checkbox"/> Cancel							
Utility Code	<input type="text"/>	For Office Use only	<input type="text"/>	I/We hereby authorize	Invesco Mutual Fund						
To debit (✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others <input type="text"/>	Bank Account No.	<input type="text"/>								
with Bank	Name of customers bank			IFSC / MICR	<input type="text"/>						
An amount of Rupees	In Words <input type="text"/>			₹	In Figures <input type="text"/>						
Debit Type :	<input checked="" type="checkbox"/> Fixed Amount	<input checked="" type="checkbox"/> Maximum Amount	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			
Folio No.	<input type="text"/>			PAN	<input type="text"/>						

1. 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 bank. 2. 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.

PERIOD	
From	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
To	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Or	<input type="checkbox"/> Until Cancelled

Mobile

 Signature of Primary Bank Account Holder

Name as in bank records

 Signature of Bank Account Holder

Name as in bank records

 Signature of Bank Account Holder

Name as in bank records

**Instructions**

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

**3. Demat Account Details (Optional)**☐ NSDL ☐ CDSLDP ID<sup>3</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 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