



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-131351	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUN) (Of individual ARN holder or Of employee / Relationship Manager / Sales Person of the Distributor)	Registered Investment Advisor Code
--	------------------------------	-----------------------------------	--	------------------------------------

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.

Sign Here Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
--	-------------------------------	------------------------------

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

Application No. (New Investor) Folio No.(Existing Unitholder)

PAN / KRN Enclosed (✓) KYC Proof

Existing UMRN SIP Reference No.

Scheme Scheme Name Plan Option Dividend Frequency

Each SIP Amount (Rs.)

SIP Date (✓) 3rd 10th 15th 20th 25th or Frequency Monthly (Default) Quarterly (Jan, April, July, Oct)

SIP Period Start From End On Till Further Notice

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

Frequency (✓) Half Yearly Yearly (Default) Top Cap Month - Year

2. Demat Account Details (Optional)

Please (✓) NSDL CDSL

DP ID # Beneficiary Account No. DP Name

(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 (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)



UMRN Date

(Please ✓) Sponsor Bank Code

CREATE MODIFY CANCEL I/We hereby authorize SB CA CC SB-NRE SB-N RO Others_____

Bank Account Number

with Bank IFSC Or MICR

an amount of Rupees ₹ 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 To Or Until Cancelled

Signature of Primary Bank Account Holder Signature of Bank Account Holder Signature of Bank Account Holder

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.