

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 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 ✓)
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 - ARN-53118	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIN) (Of Individual ARN holder/ Of employee/ Relationship Manager/Sales Person of the Distributor) E054672		Registered Investment Advisor Code

1. Investment and SIP Details¹

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

2. First SIP Transaction

Cheque No.		Cheque Date	D	D	M	M	Y	Y	Y	Y	Amount (Rs.)	
Bank												
Bank A/C No.												

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

Bank Account Number

with Bank

an amount of Rupees

Frequency:

Folio No.

PAN

UMRN

For Office Use only

Date

Utility Code

For Office Use only

Invesco Mutual Fund

☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others_____

Name of customers bank

IFSC

Or MICR

In Words

₹ In Figures

☒ Monthly ☒ Quarterly ☒ Half Yearly ☒ Yearly ☒ As & when presented

Debit Type : ☒ Fixed Amount ☒ Maximum Amount

Phone

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	D D M M Y Y Y Y	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
	To	D D M M Y Y Y 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.