

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

Instructions

IDCW - Income Distribution cum capital withdrawal Option

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

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

Key Partner/Agent Information

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

1. Applicant Details

First/ Sole

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

PAN/PEKRN Enclosed KYC Proof

KIN

UMRN No.

2. Investment and SIP Details¹

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option	<input type="text"/>	<input type="text"/>	<input type="text"/>
IDCW Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIP Date ²	<input type="text"/> Any Date: 1-28; Default -15 th	<input type="text"/> Any Date: 1-28; Default -15 th	<input type="text"/> Any Date: 1-28; Default -15 th
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"/> To <input type="text"/> (or) <input type="checkbox"/> Till further notice	From <input type="text"/> To <input type="text"/> (or) <input type="checkbox"/> Till further notice	From <input type="text"/> To <input type="text"/> (or) <input type="checkbox"/> Till further notice
SIP Amount (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total SIP amount (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank A/c. No.	<input type="text"/>	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"/> M M Y Y Y Y	<input type="text"/> M M Y Y Y Y	<input type="text"/> M M Y Y Y Y
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"/> M M Y Y Y Y	<input type="text"/> M M Y Y Y Y	<input type="text"/> M M Y Y Y Y

NACH/Auto Debit Mandate (Applicable for SIP Registration)

UMRN For Office Use only Date

Sponsor Bank Code Create Modify Cancel

Utility Code For Office Use only I/We hereby authorize **Invesco Mutual Fund**

To debit (✓) SB CA CC NRE NRO Others Bank Account No.

with Bank Name of customers bank IFSC / MICR

An amount of Rupees In Words ₹ In Figures

Debit Type : Fixed Amount Maximum Amount Frequency: Monthly Quarterly Half Yearly Yearly As & when presented

Folio No. PAN

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 To Or Until Cancelled

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

Mobile Name as in bank records Name as in bank records Name as in bank records

Instructions

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

3. Demat Account Details (Optional)

NSDL CDSL

DP ID³

I	N								
---	---	--	--	--	--	--	--	--	--

Beneficiary Account No.

DP Name

Declaration : (Mandatory)

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

Systematic Transfer Plan (STP)

Please refer instructions before filling the form

I/We hereby apply to the Trustees of Invesco Mutual Fund for Systematic Transfer Plan (STP) enrollment under the following scheme and I/We agree to abide by the terms and conditions of the Plan

Key Partner/Agent Information

Mutual Fund Distributor ARN ARN - ARN-64917	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIN) (Of Individual Employee/Relationship Manager/Sales Person of the Distributor) E434563	Registered Investment Advisor (RIA) Code / Portfolio Manager's Registration Number (PMRN)	

Upfront commission 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.

Folio Number

Application Number

1. Applicant's Personal Details

First/Sole Applicant Name

PAN/PEKRN

KIN

2. Systematic Transfer Plan (STP) Mandate

(Refer Instructions. Investors applying under the direct plan must mention "Direct" in the box provided below.)

STP Type (✓ A/B/C) A. Fixed Option (Default)

Frequency Daily Fortnightly Monthly (Default) Quarterly

Weekly (✓ Any One) Monday (Default) Tuesday Wednesday Thursday Friday

Date of choice except 29, 30, 31 (15th Default) Date of choice except 29, 30, 31 (15th Default)

B. Appreciation Option Monthly (Default) Quarterly

Date of choice except 29, 30, 31 (15th Default) Date of choice except 29, 30, 31 (15th Default)

C. Flex STP (Applicable to Growth Option of Target Scheme only)

Monthly (Default) Quarterly

Date of choice except 29, 30, 31 (15th Default) Date of choice except 29, 30, 31 (15th Default)

Source Scheme (from where you wish to transfer)

Plan: Regular Direct

Target Scheme (to where you wish to transfer)

Plan: Regular Direct

Period of Enrollment from (1st Installment) To (Last Installment)

Transfer Amount (Per installment) (Not applicable for Appreciation Option)

No. of Installments Total Transfer (Rs.) (Amt. per installment x No. of installments)

3. Applicant's Signature

Please note: Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unitholders are required to sign

<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole/First Applicant/Guardian	Second Applicant	Third Applicant

Date Place

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 int eraction 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/rela tionship manager/sales person of the distributor/sub broker.

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

Systematic Withdrawal Plan (SWP)

Please refer instructions before filling the form

I/We hereby apply to the Trustees of Invesco Mutual Fund for Systematic Withdrawal Plan (SWP) enrollment under the following scheme and I / We agree to abide by the terms and conditions of the Plan

Key Partner/Agent Information

Mutual Fund Distributor ARN ARN - ARN-64917	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIIN) (Of Individual Employee or of employee/ Relationship Manager/Sales Person of the Distributor) E434563	Registered Investment Advisor (RIA) Code / Portfolio Manager's Registration Number (PMRN)	

Upfront commission 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.

Folio Number

Application Number

1. Applicant's Personal Details

First/Sole Applicant Name

PAN/PEKRN

KIN

2. Systematic Withdrawal Plan (SWP) Mandate

(Investors applying under the direct plan must mention "Direct" in the Plan box provided below)

Scheme

Plan: Regular Direct

Fixed Amount Capital Appreciation Amount

Frequency Weekly (1st business day of each week) Monthly (Default) Quarterly

SWP Date (✓ Any One) 3rd 10th 15th (Default) 20th 25th

Period of Enrollment from (1st Installment) To (Last Installment)

Withdrawal Amount (Per Installment)
(Not applicable for Appreciation Option)

No. of Installments Total Withdrawal

3. Applicant's Signature

Please note: Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unitholders are required to sign

<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole/First Applicant/Guardian	Second Applicant	Third Applicant

Date Place

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 int ervention 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/rela tionship manager/sales person of the distributor/sub broker.

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant