



# Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions on page no. 16 before filling the form

Application No :

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. (Refer Instruction no. 1vii).

### Transaction Charges (Please tick any one of the below. For details refer KIM)

- I am a first time investor in Mutual Funds /
- I am an existing investor in Mutual Funds (Default)

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.

### 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**

## Key Partner/Agent Information

|  |                              |   |
|--|------------------------------|---|
| Distributor / Broker ARN<br>ARN - <b>ARN-154960</b>  | Sub-Broker ARN Code<br>ARN - | Internal Sub-Broker/Employee Code   |
| Employee Unique Identification No. (EUIN)<br><b>E</b> (Of Individual ARN holder or of employee/Relationship Manager/Sales Person of the Distributor) |                              | Registered Investment Advisor (RIA) Code / Portfolio Manager's Registration Number (PMRN) |

### Existing Unitholder : Please fill in Folio Number below and then proceed to section 2

Folio Number

Name of Sole / First Unit Holder

## New Unit Holder

### 1. Applicant Details

**Mode of Holding** (Only for non-demat mode)  Single  Joint  Anyone or Survivor (Default)

**First/Sole**

City of Birth  Country of Birth

**PAN/PEKRN**

**Date of Birth**

**KIN**  Enclosed KYC Proof

**Gross Annual Income**  
 Below 1 Lac  1-5 Lacs (Default)  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Crore  > 1 Crore  
 Net-worth  As on (date within last 1 year)

**Occupation Details**  
 Private Service  Pub. Sector / Govt. Serv.  Professional  Business  Retired  Student  Agriculturist  Forex Dealer  Housewife  Others \_\_\_\_\_ (Please specify) **Others**  Politically Exposed Person (PEP)  Related to PEP  Not Applicable (Default)

**Second\***

City of Birth  Country of Birth

**PAN/PEKRN**

**Date of Birth**

**KIN**  Enclosed KYC Proof

**Gross Annual Income**  
 Below 1 Lac  1-5 Lacs (Default)  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Crore  > 1 Crore  
 Net-worth  As on (date within last 1 year)

**Occupation Details**  
 Private Service  Pub. Sector / Govt. Serv.  Professional  Business  Retired  Student  Agriculturist  Forex Dealer  Housewife  Others \_\_\_\_\_ (Please specify) **Others**  Politically Exposed Person (PEP)  Related to PEP  Not Applicable (Default)

**Third\***

City of Birth  Country of Birth

**PAN/PEKRN**

**Date of Birth**

**KIN**  Enclosed KYC Proof

**Gross Annual Income**  
 Below 1 Lac  1-5 Lacs (Default)  5-10 Lacs  10-25 Lacs  25 Lacs - 1 Crore  > 1 Crore  
 Net-worth  As on (date within last 1 year)

**Occupation Details**  
 Private Service  Pub. Sector / Govt. Serv.  Professional  Business  Retired  Student  Agriculturist  Forex Dealer  Housewife  Others \_\_\_\_\_ (Please specify) **Others**  Politically Exposed Person (PEP)  Related to PEP  Not Applicable (Default)

**Others** (For Non-individuals) Is the entity involved in any of the following services (i) Foreign Exchange/Money Changer Services  Yes  No (Default) (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates  Yes  No (Default) (iii) Money Lending/Pawning  Yes  No (Default)

### Instructions

\*No joint holder where minor is first holder PAN/PEKRN (Refer Instruction no. 3). Date of birth is mandatory in case of Minor, additionally refer Instruction no. 2, KYC & Networth (Refer Instruction no. 14).

|                                      |  |  |  |  |  |  |  |   |                      |                      |                      |                      |                      |                      |                      |
|--------------------------------------|--|--|--|--|--|--|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <b>Guardian/<br/>Contact Person*</b> | Mr. / Ms. / M/s.   |  |  |  |  |  |  |   |                      |                      |                      |                      |                      |                      |                      |
| <b>Relation</b>                      | <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian                                  |  |  |  |  |  |  |   |                      |                      |                      |                      |                      |                      |                      |
| <b>PAN/PEKRN</b>                     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |  |  |  |  |  | <b>Date of Birth</b>                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>KIN</b>                           | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |  |  |  |  |  | Enclosed KYC Proof <input type="checkbox"/> |                      |                      |                      |                      |                      |                      |                      |
| <b>POA Holder#</b>                   | Mr. / Ms. / M/s.   |  |  |  |  |  |  |   |                      |                      |                      |                      |                      |                      |                      |
| <b>PAN</b>                           | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |  |  |  |  |  | <b>Date of Birth</b>                        | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <b>KIN</b>                           | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |  |  |  |  |  |  | Enclosed KYC Proof <input type="checkbox"/> |                      |                      |                      |                      |                      |                      |                      |

|  |                |        |
|--|----------------|--------|
| Mailing Address  |                |        |
|  |                |        |
| City   | PIN            | State  |
| Tel. No. (R)   | Tel. No. (0)   | Mobile |
| E-mail   |                |        |
| This email ID belongs to (Please refer instruction 9): <input type="checkbox"/> Self* <input type="checkbox"/> Family Member    *Default |                |        |
| Overseas Address (Mandatory in case of NRI / FPI applicant)  |                |        |
|  |                |        |
| City   | State/Province |        |
| Country  | PIN            |        |

(Address should be as per KYC records, refer Instruction no. 14ii)

**Status (✓)**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                | <input type="checkbox"/> Minor           |
| <input type="checkbox"/> HUF                       | <input type="checkbox"/> NRI Repatriable |
| <input type="checkbox"/> LLP                       | <input type="checkbox"/> Listed Co.      |
| <input type="checkbox"/> Society/Club              | <input type="checkbox"/> Trust           |
| <input type="checkbox"/> AOP                       | <input type="checkbox"/> Co. U/S 25/8 of |
| <input type="checkbox"/> Minor-NRI Repatriable     | <input type="checkbox"/> Companies Act   |
| <input type="checkbox"/> Minor-NRI Non-Repatriable | <input type="checkbox"/> Partnership     |
| <input type="checkbox"/> NRI Non-Repatriable       | <input type="checkbox"/> Body Corporate  |
| <input type="checkbox"/> Unlisted Co.              | <input type="checkbox"/> FPI             |
|  | <input type="checkbox"/> Others _____    |

In case of Non-Profit Entity

**2. Investment and Payment Details<sup>1</sup>**

|                                   | 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"/> |  |  |  |  |   |
| Dividend Frequency                | <input type="text"/>  | <input type="text"/> | <input type="text"/> |  |  |  |  |   |
| Investment Amt. (Rs.)             | <input type="text"/>  | <input type="text"/> | <input type="text"/> |  |  |  |  |   |
| DD Charges (Rs.)                  | <input type="text"/>  | <input type="text"/> | <input type="text"/> |  |  |  |  |   |
| Net Amt. (Rs.)                    | <input type="text"/>  | <input type="text"/> | <input type="text"/> |  |  |  |  |   |
| Total Amount (Rs.)                | <input type="text"/>  |                      |                      |  |  |  |  |   |
| Mode of Payment                   | <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NACH <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS/NEFT  |                      |                      |  |  |  |  |   |
| Account Type                      | <input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> SNRR <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> Others _____   |                      |                      |  |  |  |  |   |
| Cheque/DD No./ UMRN/UTR           | <input type="text"/>  |                      |                      |  |  |  |  |   |
| Bank Name                         | <input type="text"/>  |                      |                      |  |  |  |  |   |
| Bank A/c. No.                     | <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"/> <input type="text"/> <input type="text"/> |                      |                      |  |  |  |  |   |
| Name of the person making payment | <input type="text"/>  |                      |                      |  |  |  |  |   |
| PAN/PEKRN                         | <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"/>  |                      |                      |  |  |  |  | Enclosed KYC Proof <input type="checkbox"/> |
| KIN                               | <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"/>  |                      |                      |  |  |  |  |   |

**Instructions**

\*In case of Guardian, Investor needs to update their gross annual income, Occupation and other details as provided in first/sole holder. Contact Person-In case of non-individual investors only. #If the investment is being made by a Constituted Attorney, please furnish the details of POA holder. <sup>1</sup>Cheque/DD should be drawn in favor of the Scheme. Investment in single scheme - "Invesco India Dynamic Equity Fund" or "IIDEF". Investment in multiple schemes - "Invesco MF Multiple Schemes". Investors applying under direct plan must mention "Direct" in the box provided in Point no. 2.

Applicable in case of Third Party Payment:  
On behalf of  Minor     Client     Employee  
 Distributor (Refer instruction no. 6).

**3. For SIP/Micro SIP<sup>1</sup>** (For Post Dated Cheques Use Cheque Truncation System (CTS) cheques only)  SIP  Micro SIP

Amount  Cheque Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Drawn on Bank  Branch

Period From 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 To 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 Or  Till further notice

Cheque Nos. From  To

Name of the person making payment

PAN/PEKRN 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

 Enclosed KYC Proof

KIN 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Frequency  Monthly (Default) or  Quarterly (Jan, Apr, Jul, Oct)

SIP Date Date of your choice (except 29,30,31) 

|  |  |
|--|--|
|  |  |
|--|--|

 (15<sup>th</sup> Default)

**4. Demat Account Details<sup>2</sup>** Optional, Refer instruction no. 12

NSDL  CDSL  DP ID<sup>3</sup>

|   |   |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| I | N |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|

Beneficiary Account No.

DP Name

**5. Bank Account Details** (Mandatory As Per SEBI Guidelines) Refer instruction no. 4

Bank A/c. No.

Bank Name

City  PIN 

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|--|--|--|--|--|--|

Account Type  Current  Savings  SNRR  NRE  NRO  FCNR  Others

Branch Address

MICR Code<sup>4</sup>

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

NEFT/RTGS/IFSC Code<sup>5</sup>

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

**6. Option to receive Physical Copy of Annual Report** Refer Instruction no. 11

I/We would like to receive physical copy of Annual Report of the Scheme or abridged summary thereof (Please ✓)

Applicable in case of Third Party Payment:  
On behalf of  Minor  Client  Employee  
 Distributor (Refer instruction no. 6).

Please provide a cancelled cheque leaf of the same bank account as mentioned above. We will credit the redemption/dividend proceeds directly into investors' account through electronic means if the details provided by the investors are sufficient for the same. Mentioning your IFSC will help us transfer the amount to your bank account faster. Unit holders who have opted to hold Units in dematerialized form must provide Bank Account details linked with the Demat account, as mentioned under section 4. In case of discrepancy, bank details as per depository records will be final.

- I would like to receive cheque payout  
 I have provided multiple bank registration form

**Instructions**

- <sup>1</sup>For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form.  
<sup>2</sup>The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5.  
<sup>3</sup>Not applicable in case of CDSL.  
<sup>4</sup>9 digit No. next to your Cheque No.  
<sup>5</sup>11 digit character code appearing on cheque leaf.

**Acknowledgement Slip** (To be filled by the Applicant)

Received from  Mr. / Ms. / M/s.

Towards Subscription of (Scheme Name)

Amount (₹)  Cheque/DD No.  Date 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Application No :   
Signature, Stamp & Date

**Instructions**

<sup>1</sup>Mandatory for investors who opt to hold units in non-demat form.

**7. Nomination Details<sup>1</sup>**

Refer Instruction no. 10

|              | Nominee 1 | Nominee 2 | Nominee 3 |
|--------------|-----------|-----------|-----------|
| Name         |           |           |           |
| Relationship |           |           |           |
| PAN          |           |           |           |
| % Share      |           |           |           |

**If nominee is a minor**

|                     |  |  |  |
|---------------------|--|--|--|
| Date of Birth       |  |  |  |
| Guardian's Name     |  |  |  |
| Guardian's Relation |  |  |  |
| Address             |  |  |  |

I do not intend to nominate ( ✓ the box in case you do not wish to nominate)

**Signature(s) for Declaration**

**Sign Here - Sole/First Applicant/Guardian/POA**

**Sign Here - Second Applicant**

**Sign Here - Third Applicant**

Date

Place

**8. Declaration**

The Trustees, Invesco Mutual Fund

Having read and understood the contents of the Statement of Additional Information/Scheme Information Document(s) of the respective schemes, I/We hereby apply to the Trustees of Invesco Mutual Fund for units of the Scheme/Option as indicated above and agree to abide by the terms, conditions, rules and regulations of the Scheme. I/We have understood the details of the Scheme and I/We have not received nor have been induced by any rebate or gifts, directly or indirectly, in making this investment. I/We do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors only). The Distributor has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby authorise Invesco Mutual Fund, its Investment Manager and its Agents to disclose details of my/our investment to my/our bank(s)/ Invesco Mutual Fund's Bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details provided by me/us. I/We give my consent to AMC and its agents / Registrar to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotions/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility. I / We declare that the email address and mobile number provided is of the primary / joint unitholder(s) / Family member (spouse, dependent children or dependent parents) and not of any third party. I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Invesco Asset Management (India) Pvt. Ltd. (Investment Manager to Invesco Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform Invesco Asset Management (India) Pvt. Ltd., about any changes in my/our bank account. I/We hereby declare that the amount invested by me/us in the Scheme of Invesco Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. I/We confirm that I/We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada.

**Applicable to PEKRN holders :** I, the first/sole holder hereby declare that I do not hold a Permanent Account Number and hold only a single 'PAN exempt PEKRN' issued by KRA and that my existing investment in schemes of Invesco Mutual Fund together with current application will not result in aggregate investments exceeding Rs. 50,000/- in a rolling 12 months period or in a financial year i.e. April to March.

**Applicable to NRIs only:** I/We confirm that I am/we are Non-Residents of Indian Nationality /Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO/FCNR/SNRR Account. I/We confirm that the details provided by me/us are true and correct.

Yes  No

If NRI  Repatriation basis  Non-Repatriation basis



# 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 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

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.

## Key Partner/Agent Information

|  |  |  |
|--|--|--|
| Distributor/<br>Broker ARN - <input type="text"/>                    | Sub-Broker<br>ARN Code - <input type="text"/>  | Internal Sub-Broker/<br>Employee Code - <input type="text"/> |
| Employee Unique<br>Identification No. (EUIIN) - <input type="text"/> | Registered Investment Advisor (RIA) Code/<br>Portfolio Manager's Registration Number (PMRN) - <input type="text"/> |  |

## 1. Applicant Details

First/ Sole  (Mr./ Ms./ M/s.)

Application No. (New Investor)  Folio No. (Existing Unit Holder)

PAN/PEKRN  Enclosed KYC Proof

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                         | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Option                       | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Dividend Frequency           | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| SIP Date <sup>2</sup>        | <input type="text"/> Any Date: 1-28;<br>Default -15 <sup>th</sup>   | <input type="text"/> Any Date: 1-28;<br>Default -15 <sup>th</sup>   | <input type="text"/> Any Date: 1-28;<br>Default -15 <sup>th</sup>   |
| Frequency                    | <input type="checkbox"/> Monthly (Default) or<br><input type="checkbox"/> Quarterly (Jan, Apr, July, Oct) | <input type="checkbox"/> Monthly (Default) or<br><input type="checkbox"/> Quarterly (Jan, Apr, July, Oct) | <input type="checkbox"/> Monthly (Default) or<br><input type="checkbox"/> Quarterly (Jan, Apr, July, Oct) |
| SIP Period                   | From <input type="text"/> To <input type="text"/><br>(or) <input type="checkbox"/> Till further notice    | From <input type="text"/> To <input type="text"/><br>(or) <input type="checkbox"/> Till further notice    | From <input type="text"/> To <input type="text"/><br>(or) <input type="checkbox"/> Till further notice    |
| Each 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"/>  | Cheque No. <input type="text"/>   |
| <b>SIP Top-Up (Optional)</b> |   |   |   |
| Top-up Amount Rs.            | <input type="text"/>  | <input type="text"/>  | <input type="text"/>  |
| Top-up Start Month           | <input type="text"/> For existing investors   | <input type="text"/> For existing investors   | <input type="text"/> For existing investors   |
| 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**

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

**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.

|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| <p>Sign Here -Sole/First Applicant/Guardian</p> | <p>Sign Here - Second Applicant</p> | <p>Sign Here - Third Applicant</p> |
|---|-------------------------------------|------------------------------------|