

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions on page no. 13 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

Mutual Fund Distributor ARN ARN - ARN-280217	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIN) (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 Unitholder

New Unitholder

1. Applicant Details

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

First/Sole Mr. / Ms. / M/s. Name as per PAN records

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 in Rs. As on (date within last 1 year) (Mandatory for Non-Individuals)

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

Second* Mr. / Ms. / M/s. Name as per PAN records

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 in Rs. As on (date within last 1 year) (Mandatory for Non-Individuals)

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

Third* Mr. / Ms. / M/s. Name as per PAN records

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 in Rs. As on (date within last 1 year) (Mandatory for Non-Individuals)

Occupation Details ☐ Private Service ☐ Pub. Sector / Govt. Serv. ☐ Professional ☐ Business ☐ Others ☐ Politically Exposed Person (PEP)
☐ Retired ☐ Student ☐ Agriculturist ☐ Forex Dealer (For ☐ Related to PEP
☐ Housewife ☐ Others (Please specify) individuals ☐ 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).

(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 Companies Act |
| <input type="checkbox"/> Minor-NRI Repatriable | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Minor-NRI Non-Repatriable | <input type="checkbox"/> Body Corporate |
| <input type="checkbox"/> NRI Non-Repatriable | <input type="checkbox"/> FPI |
| <input type="checkbox"/> Unlisted Co. | <input type="checkbox"/> Others _____ |

☐ In case of Non-Profit Entity

Instructions

IDCW - Income Distribution cum capital withdrawal Option

Plan, Option, Facility of the scheme should be clearly stated. In case applications are received where Plans/Options for investment is not selected, the default Plan/Option as prescribed in the SID of the Scheme will be applicable.

*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.

¹Cheque/DD should be drawn in favor of the Scheme. Investment in single scheme - Invesco India Contra Fund (IICF).

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 ☐ Client ☐ Employee
☐ Distributor (Refer instruction no. 6).

Guardian/ Contact Person*	Mr. / Ms. / M/s. <small>Name as per PAN records</small>														
Relation	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian														
PAN/PEKRN	<div></div>								Date of Birth	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
KIN	<div></div> Enclosed KYC Proof <input type="checkbox"/>														
POA Holder*	Mr. / Ms. / M/s. <small>Name as per PAN records</small>														
PAN	<div></div>								Date of Birth	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>
KIN	<div></div> Enclosed KYC Proof <input type="checkbox"/>														

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

2. Investment and Payment Details¹

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan	<div></div>	<div></div>	<div></div>
Option	<div></div>	<div></div>	<div></div>
IDCW Frequency	<div></div>	<div></div>	<div></div>
Investment Amt. (Rs.)	<div></div>	<div></div>	<div></div>
DD Charges (Rs.)	<div></div>	<div></div>	<div></div>
Net Amt. (Rs.)	<div></div>	<div></div>	<div></div>
Total Amount (Rs.)	<div></div>		
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./ UTR	<div></div>		
Bank Name	<div></div>		
Bank A/c. No.	<div></div>		
Name of the person making payment ^{\$}	<div></div>		
PAN/PEKRN	<div></div>	Enclosed KYC Proof <input type="checkbox"/>	
KIN	<div></div>		

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

3. For SIP/Micro SIP¹

☐ SIP ☐ Micro SIP

Amount	<input type="text"/>	Cheque Date	<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"/>
Drawn on Bank	<input type="text"/>	Branch	<input type="text"/>								
Period From	<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"/>	<input type="text"/>
Cheque Nos. From	<input type="text"/>	To	<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"/>
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"/>
Frequency	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, Jul, Oct)										
SIP Date	Date of your choice (except 29,30,31) <input type="text"/> <input type="text"/> (15 th Default)										

4. Demat Account Details²

Optional, Refer instruction no. 12

<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL <input type="checkbox"/> DP ID ³	<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"/>
Beneficiary Account No.	<input type="text"/>								
DP Name	<input type="text"/>								

Please provide a cancelled cheque leaf of the same bank account as mentioned above. We will credit the redemption/IDCW 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. Unitholders 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

5. Bank Account Details (Mandatory As Per SEBI Guidelines)

Refer instruction no. 4

Bank A/c. No.	<input type="text"/>										
Bank Name	<input type="text"/>										
City	<input type="text"/>	PIN	<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"/>
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 <input type="text"/>										
Remitter LEI No.:	<input type="text"/>						Validity Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Beneficiary Name	Invesco Mutual Fund										
Beneficiary LEI No.:	549300ON71F6PVXRB54						Validity Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch Address	<input type="text"/>										
MICR Code ⁴	<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"/>
NEFT/RTGS/IFSC Code ⁵	<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"/>

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 ✓)

Instructions

IDCW - Income Distribution cum capital withdrawal Option
LEI declaration is mandatory for all payment transactions undertaken by entities for value >= INR 50 crore
¹For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form.
²The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5.
³Not applicable in case of CDSL.
⁴9 digit No. next to your Cheque No.
⁵11 digit character code appearing on cheque leaf.

Acknowledgement Slip (To be filled by the Applicant)

Application No :

Received from	<input type="text"/>	<input type="text"/>							
Towards Subscription of (Scheme Name)	<input type="text"/>								
Amount (₹)	<input type="text"/>								
Cheque/DD No.	<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"/>

Signature, Stamp & Date

Instructions

*Mandatory for investors who opt to hold units in non-demat form.

Nomination facility is not available in a folio held on behalf of a minor.

7. Nomination Details¹

Refer Instruction no. 10

	Nominee 1	Nominee 2	Nominee 3
Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>
PAN	<input type="text"/>	<input type="text"/>	<input type="text"/>
% Share	<input type="text"/>	<input type="text"/>	<input type="text"/>

If nominee is a minor

Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian's Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian's Relation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 :

Key Partner/Agent Information

Mutual Fund Distributor ARN	ARN-280217	Sub-Broker ARN Code	ARN -	Internal Sub-Broker/ Employee Code
Employee Unique Identification No. (EUIIN)		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 Details¹

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan			
Option			
IDCW Frequency			
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"/> <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
Each 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.			
Top-up Start Month	For existing investors	For existing investors	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"/> <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.
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.

NACH/Auto Debit Mandate (Applicable for SIP Registration)

UMRN	<input type="text"/>	For Office Use only	Date	<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	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	<input type="text"/>	In Words	₹	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	Signature of Primary Bank Account Holder	Signature of Bank Account Holder	Signature of Bank Account Holder
Mobile	<input type="text"/>	Name as in bank records	Name as in bank records	Name as in bank records