

## Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions on page no. 28 before filling the form

Application No:

I/We hereby confirm that the EUIN box has been	Kov Partne	or/A	aent	Inf	orr	nati	۸n														
intentionally left blank by me/us as this transaction is executed without any interaction or advice by the	•	Key Partner/Agent Information  Distributor / Broker ARN Sub-Broker ARN Code Internal Sub-Broker/Employee														00 Cod	lo.				
executed without any interaction of 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	ARN -						ARN		SUD-DI	UKEI F	TRIN CO	merial sub broker/Employee code							it		
employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no. 1vii).			No. (EUIN)						Registered Investment Advisor Code												
<b>Transaction Charges</b> (Please tick any one of the below. For details refer KIM)	Relationsh	If Individual ARN holder or of employee/ ship Manager/Sales Person of the Distributor)  itholder: Please fill in Folio Number below and then proce																			
I am a first time investor in Mutual Funds /	Existing Unit	holde	er: Ple	ase fi	ll in F	olio N	umber	r belov	v and	then p	roceed	to se	ction 2	2	_						
I am an existing investor in Mutual Funds (Default)	Folio Number																				
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.	Name of Sole / First Unit Holder									-											
	New Unit Hol	der																			
	1. Applicant's	Details	(Name	as pe	r AA[	DHAAR	card)														
Sign Here - Sole/First Applicant/Guardian/POA		Mode	of Holdi	<b>ng</b> (0r	nly fo	r non-c	lemat	mode)		Singl	e	Joint	A	nyone	or Sur	vivor ([	Default	)			
	First/Sole	Mr. / Ms. / M/s.																			
		City	of Birtl							Cou	ntry o	f Birth	sirth								
Sign Here - Second Applicant  Sign Here - Third Applicant	PAN/KRN												ite of rth	D	D	M	М	Υ	Υ	Υ	Υ
	AADHAAR No.														(4	s per	AADHA	AR	card)		
	KIN Gross Annual Income															Encl	osed K	YC P	roof _	]	
		Bel	low 1 La	С		1-5 La	cs (Def	ault)		5-10				5 Lacs		25	Lacs - I	1 Cro	ore [	> 1	Cror
		Net-	-worth			n Rs.				(date datory				D	D	М	М	Υ	Υ	Υ	Υ
	Occupation		vate Ser		ector / Govt. Serv. Professional								Others Politically Exposed Person (PE								
	Details		tired usewife		_	tudent thers _	_ ,					_	se spe		(For Related to PEP individuals) Not Applicable (Default)						
Country of Birth/Citizenship/Nationality or Tax	Second*	Mr. / Ms.																			
Residency, other than India, for any applicant:  Yes No (Mandatory to √)  If Yes, please fill FATCA/CRS declaration		City of Birth									Country of Birth										
NRI investors should mandatorily fill separate FATCA/CRS declarations  Non-individual investors should mandatorily fill separate FATCA / CRS & UBO declarations  The investors should mandatorily fill separate FATCA / CRS & UBO declarations  No joint holder where minor is first holder PAN/KRN (Refer Instruction no. 3), Date of birth is mandatory in case of Minor, additionally refer instruction no. 2, KYC & Networth (Refer Instruction no. 13). If the name given in the application does not match the name as	PAN/KRN												ite of	D	D	M	М	Υ	Υ	Υ	Υ
	AADHAAR No.														( <i>A</i>	s per	AADHA	AAR (	card)		l
	KIN Gross Annual Income															Encl	osed K	YC P	roof _	]	
		Bel	low 1 La	С		 1-5 Lac	cs (Def	ault)		5-10	Lacs		10-2	5 Lacs		25	Lacs - 1	1 Cro	ore [	> 1	Cror
		Net-worth in					As on (date within					last 1 y	/ear)	D	D	M	М	γ	Υ	Υ	Υ
	Occupation	Private Service Pub			ub. Sec									Others Politically Exposed Person (PE						n (PE	
	Details		tired usewife		_	tudent thers_				Agricu	ılturist		orex Do se spe		(For indivi	duals)			l to PEP plicable (	Defaul	t)
	Third*		/ Ms.	-								_,cu	ope	1/					,		
			of Birtl	Birth							Cou	ntry o	f Birth	rth							
	PAN/KRN												ite of	D	D	M	M	Υ	Υ	Υ	Υ
				<u> </u>								DI	ul		( <i>A</i>	s per	 AADH <i>A</i>	AAR (	card)		
	AADHAAR No.																				
	KIN													Enclosed KYC Proof							
	Gross Annual Income	Below 1 Lac 1			1-5 Lac	acs (Default)			5-10 Lacs		10-2		5 Lacs	acs		25 Lacs - 1 Crore		> 1	Cror		
		Net-	-worth			n Rs.			As on	(date	within	last 1 y	/ear)	D	D	M	М	Υ	Υ	Υ	Υ
	Occupation Details	Private Service Pub. Sector / Govt. Serv. Professional Business Others Politically Exposed Persical Retired Student Agriculturist Forex Dealer (For Related to PEP Individuals) Not Applicable (Defau																			
appearing on the AADHAAR card, authentication,	Others (For			havlo,			e follo	winn s	ervice	s (i) F	oreian								No (		
application may be liable to get rejected or further transactions may be liable to get rejected.	Non-individuals)																		Yes		



vesco	Guardian/ Contact Person	*																						
utual Fund	Relation Father Mother									Court Appointed Guardian														
	PAN/KRN											Da	te O			) M	N	ı Y	Y	Υ	γ			
	AADHAAR No.											Bi	rth					 ADHAAI	_  R Card	)				
	KIN															En	closed	I KYC Pi	roof [					
	POA Holder#																							
	PAN												ate Of	f		) M	N.	ı Y	Y Y Y Y					
	AADHAAR No.											Bi	rth					ADHAAI		)				
	KIN															En	closed	I KYC P	roof [					
(Address should be as per KYC records, refer Instruction no. 13ii)	Mailing Address																							
	City													State	ıte									
[	Tel. No. (Residence)										Tel. No. (Office)													
Status (V)  Individual Minor  HUF NRI Repatriable  LLP Listed Co.  Society/Club Trust  AOP  MOP  Co. U/S 25/8 of	Mobile E-mail																							
	Overseas Address (Mandatory in case of NRI / FII / FPI applicant)																							
Minor-NRI Repatriable Minor-NRI Non-Repatriable NRI Non-Repatriable NRI Non-Repatriable NRI Non-Repatriable																								
Unlisted Co. Body Corporate FII FPI	City										State/Province													
In case of Non-Profit Entity	Country										PIN													
	2. Investment and Payment Details¹ (For Cash, refer instruction no. 7)																							
	Scheme: Invesco India																							
Mode of Payment	Plan	Plan									Option													
Cheque Cash DD Funds Transfer	Investment Amt. (R	s)	N.									Net Amt. (Rs)												
NACH RTGS/NEFT  Account Type	Cheque/DD No./ UMRN/UTR											DD Charges (Rs.)												
Current Savings SNRR  NRE NRO FCNR	Bank Name												Bank /	A/c. N	lo									
Others	Name of the persor making payment	the person payment																						
Applicable in case of Third Party Payment: On behalf of Minor Client Employee Distributor (Refer instruction no. 6).  Applicable in case of Third Party Payment: On behalf of Minor Client Employee Distributor (Refer instruction no. 6).	PAN/KRN												Enc	close	sed KYC Proof									
	KIN																							
	3. For SIP/Micro	SIP	<sup>2</sup> (For	Post D	ated Cl	heques	Use C	heque	Trun	cation	Syst	em (C1	rs) che	ques	only				SIP		Micro SIP			
	Amount		Cheque Date D D M M Y Y									Υ	Υ											
	Drawn on Bank		Branch																					
	Period From		D	D	М	М	Υ	Υ	Υ	Υ	To	D	D	М	М	Υ	Υ	Υ	Υ		Till furth notice			
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.  ¹Cheque/DD should be drawn in favour of the Scheme.	Cheque Nos. From		То																					
	Name of the persor making payment	n																						
	PAN/KRN													close C Pro		]	_							
Investors applying under direct plan must mention "Direct" in the box provided in Point no. 2.	KIN																		$\neg$					
<sup>2</sup> For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form	Frequency		Mo	nthly	(Defaul		Qua (Jan, A	arterly pr,Jul		S	IP Dat	е				r choic 30,31)				(15 <sup>th</sup>	Default)			



Amount (₹)

Optional, Refer instruction no. 11 NSDL \_\_\_ CDSL DP ID2 N DΡ Beneficiary Account No. Name Please provide a cancelled cheque leaf of the same bank 5. Bank Account Details (Mandatory As Per SEBI Guidelines) Refer instruction no. 4 account as mentioned above. We will credit the Account Type redemption/dividend proceeds directly into investors' account Current SNRR A/c. No. Savings through electronic means if the details provided by the NRE NR0 FCNR investors are sufficient for the same. Mentioning your IFSC will Bank 0thers help us transfer the amount to your bank account faster. Unit Name holders who have opted to hold Units in dematerialised form must provide Bank Account details linked with the Demat PIN account, as mentioned under section 4. In case of discrepancy, bank details as per depository records will be final. Branch MICR I would like to receive cheque payout Address Code<sup>3</sup> I have provided multiple bank registration form NEFT/RTGS/ IFSC Code<sup>4</sup> 6. Nomination Details<sup>5</sup> Instructions Refer Instruction no. 10 Name Relationship <sup>1</sup>The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5. Nominee 1 <sup>2</sup>Not applicable in case of CDSL PAN Date of Birth (Mandatory for minor) % Share <sup>3</sup>9 digit No. next to your Cheque No.  $^411$  digit character code appearing on cheque leaf. <sup>5</sup>Mandatory for investors who opt to hold units in Name Relationship non-demat form. Nominee 2 PΔN % Share Date of Birth (Mandatory for minor) Name Relationship Nominee 3 Date of Birth (Mandatory for minor) PAN % Share Name of Guardian (If Nominee is Minor) Guardian's Relation PAN of Guardian I do not intend to nominate ( √ the box in case you do not wish to nominate) Signature(s) for Declaration 7. Declaration derived through legitimate sources and is not held or designed for the Sign Here - Sole/First Applicant/Guardian/POA purpose of contravention of any Act, Rules, Regulations or any statute or The Trustees, Invesco Mutual Fund legislation or any other applicable laws or any Notifications, Directions 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 issued by any governmental or statutory authority from time to time. I/We hereby provide my /our consent in accordance with AADHAAR Act, Scheme/Option as indicated above and agree to abide by the terms, 2016 and regulations made thereunder, for (i) collecting, storing and 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 usage (ii) validating/authenticating and (ii) updating my/our AADHAAR number(s) in accordance with the AADHAAR Act, 2016 (and regulations any rebate or gifts, directly or indirectly, in making this investment. I/We made thereunder) and PMLA. Sign Here - Second Applicant do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments I/We hereby provide my/our consent for sharing/disclosing of my AADHAAR number(s) including demographic information with the asset management exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors companies of SEBI registered mutual fund and their Registrar and Transfer only). The Distributor has disclosed to me/us all the commissions (in the Agent (RTA) for the purpose of updating the same in my/our folios. I/We confirm that I/We are not United States person(s) under the laws of form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which United States or residents(s) of Canada as defined under the applicable the Scheme is being recommended to me/us. I/We hereby authorise Invesco Mutual Fund, its Investment Manager and its Agents to disclose laws of Canada. Sign Here - Third Applicant Applicable to KRN holders: I, the first/sole holder hereby declare that I do details of my/our investment to my/our bank(s)/Invesco Mutual Fund's not hold a Permanent Account Number and hold only a single 'PAN exempt Bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/ our bank details provided by me/us. I/We hereby declare that the particulars KRN' issued by KRA and that my existing investment in schemes of Invesco Mutual Fund together with current application will not result in aggregate given above are correct. If the transaction is delayed or not effected at all investments exceeding Rs. 50,000/- in a rolling 12 months period or in a for reasons of incomplete or incorrect information, I/We would not hold financial year i.e. April to March. Applicable to NRIs only: I/We confirm that I am/we are Non-Residents of Invesco Asset Management (India) Pvt. Ltd. (Investment Manager to Invesco Indian Nationality /Origin and that the funds are remitted from abroad Mutual Fund), their appointed service providers or representatives Date responsible. I/We will also inform Invesco Asset Management (India) Pvt. 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 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 Place If NRI Repatriation basis Non-Repatriation basis Yes No **Acknowledgement Slip** (To be filled by the Applicant) Application No: Received from Mr. / Ms. / M/s. Towards Subscription of Signature, Stamp & Date (Scheme Name)

Cheque/DD No.

4. Demat Account Details1