

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions before filling the form

Application No :

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. (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

Instructions

*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 appearing on the AADHAAR card, authentication, application may be liable to get rejected or further transactions may be liable to get rejected.

Key Partner/Agent Information

Distributor / Broker ARN ARN-0018	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIIN) (Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	Registered Investment Advisor Code	

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's Details (Name as per AADHAAR card)

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

First/Sole
 Mr. / Ms. / M/s.
 City of Birth Country of Birth

PAN/KRN **Date of Birth** (As per AADHAAR card)

AADHAAR No.

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.
 City of Birth Country of Birth

PAN/KRN **Date of Birth** (As per AADHAAR card)

AADHAAR No.

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)

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.
 City of Birth Country of Birth

PAN/KRN **Date of Birth** (As per AADHAAR card)

AADHAAR No.

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)

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)



4. Demat Account Details¹

NSDL CDSL DP ID²

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Optional, Refer instruction no. 11

Beneficiary Account No. DP Name

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 dematerialised 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 style="width: 90%;" type="text"/>	Account Type	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> SNRR
Bank Name	<input style="width: 90%;" type="text"/>	<input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR	
City	<input style="width: 90%;" type="text"/>	PIN	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
Branch Address	<input style="width: 90%;" type="text"/>	MICR Code³	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
		NEFT/RTGS/IFSC Code⁴	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

Instructions

¹The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5.

²Not applicable in case of CDSL.

³9 digit No. next to your Cheque No.

⁴11 digit character code appearing on cheque leaf.

⁵Mandatory for investors who opt to hold units in non-demat form.

6. Nomination Details⁵

Refer Instruction no. 10

Nominee 1	Name	Relationship								
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>								
	Date of Birth (Mandatory for minor)	PAN								
	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
D	D	M	M	Y	Y	Y	Y			
	% Share	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>								
Nominee 2	Name	Relationship								
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>								
	Date of Birth (Mandatory for minor)	PAN								
	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
D	D	M	M	Y	Y	Y	Y			
	% Share	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>								
Nominee 3	Name	Relationship								
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>								
	Date of Birth (Mandatory for minor)	PAN								
	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
D	D	M	M	Y	Y	Y	Y			
	% Share	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>								
	Name of Guardian (If Nominee is Minor)	Guardian's Relation								
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>								
	Address	PAN of Guardian								
	<input style="width: 90%;" type="text"/>	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" 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

D	D	M	M	Y	Y	Y	Y
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Place

7. 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 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

Yes No

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 hereby provide my /our consent in accordance with AADHAAR Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our AADHAAR number(s) in accordance with the AADHAAR Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my AADHAAR number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer 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 United States or residents(s) of Canada as defined under the applicable laws of Canada. Applicable to KRN holders: I, the first/sole holder hereby declare that I do not hold a Permanent Account Number and hold only a single 'PAN exempt KRN' 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.

If NRI Repatriation basis Non-Repatriation basis

Acknowledgement Slip (To be filled by the Applicant)

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

Towards Subscription of (Scheme Name)

Amount (₹) Cheque/DD No.

Application No :

Signature, Stamp & Date

Date

D	D	M	M	Y	Y	Y	Y
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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

- 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 <h1 style="margin: 0;">ARN-0018</h1>	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIDN) <small>(Of Individual ARN holder or Of employee/ Relationship Manager/Sales Person of the Distributor)</small>	Registered Investment Advisor Code	

1. Investment and SIP Details¹

First / Sole	Mr. / Ms. / M/s.		
Application No. (New Investor)		Folio No. (Existing Unit Holder)	
PAN/KRN		Enclosed KYC Proof	<input type="checkbox"/>
KIN			
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	Dividend Frequency	
SIP Date	(Growth - Default)		
	Date of your choice	Frequency	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, Jun, Oct)
	(15 th Default) (Except 29, 30, 31)		
SIP Period From		To	(or) <input type="checkbox"/> Till further notice
	D D M M Y Y Y Y	D D M M Y Y Y Y	
SIP Top-Up (Optional)	Top-up Amount Rs.	Top-up Start Month	For existing investors
	Frequency	Top-up Cap	M M Y Y Y Y
	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)		

2. Demat Account Details (Optional)

	<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL
DP ID ²	I N	Beneficiary Account No.
DP Name		

3. First SIP Transaction

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

Note: Investors who have not registered for NACH Debit facility, fill the attached NACH mandate.

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

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 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)/Invesco 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.



NACH/Auto Debit Mandate

Applicable for Lumpsum/Additional Purchase/SIP Registration

- CREATE
- MODIFY
- CANCEL

Sponsor Bank Code

Utility Code

I/We hereby authorize

Invesco Mutual Fund

 SB CA CC SB-NRE SB-NRO Others _____

Bank Account Number

with Bank

IFSC

Or MICR

an amount of Rupees

In Words

₹ In Figures

Frequency:

- Monthly Quarterly Half Yearly Yearly As & when presented

Debit Type :

- Fixed Amount Maximum Amount

Folio No.

Phone

PAN

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	<input type="text"/>
	To	<input type="text"/>
	Or	<input type="checkbox"/> Until Cancelled

[Signature] Signature of Primary Bank Account Holder

[Signature] Signature of Bank Account Holder

[Signature] Signature of Bank Account Holder

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.