

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions 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).

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

Status (✓)

- ☐ Individual
- ☐ HUF
- ☐ LLP
- ☐ Society/Club
- ☐ AOP
- ☐ Minor-NRI Repatriable
- ☐ Minor-NRI Non-Repatriable
- ☐ NRI Non-Repatriable
- ☐ Unlisted Co.
- ☐ Minor
- ☐ NRI Repatriable
- ☐ Listed Co.
- ☐ Trust
- ☐ Co. U/S 25/8 of Companies Act
- ☐ Partnership
- ☐ Body Corporate
- ☐ FPI
- ☐ Others _____

☐ In case of Non-Profit Entity*
* refer point no 20

Instructions

* No joint holder to be mentioned where minor is first holder.

^ Relative' shall be namely, Spouse; Father and Mother; Son and his wife; Daughter and her husband; Brother, Sister, stepfather, stepmother, stepson, stepbrother and stepsister

☐ I/ We hereby declare and confirm that the name of joint holder (2nd / 3rd holder) has been added with my/our knowledge and consent.

All fields marked with "+" are mandatory to be filled by the unitholder(s).

Key Partner/Agent Information

Mutual Fund Distributor ARN ARN -	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) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)	
First/Sole+ (Name as per PAN records)	Mr. / Ms. / M/s.
Father Name	Mother Name
PAN/PEKRN+	Date of Birth+ D D M M Y Y Y Y
KIN	Enclosed KYC Proof <input type="checkbox"/>
Gross Annual Income+ Net-worth in Rs.	As on (date within last 1 year) (Mandatory for Non-Individuals) D D M M Y Y Y Y
Occupation Details	<input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP <input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify) individuals <input type="checkbox"/> Not Applicable (Default)

Second** (Name as per PAN records)	Mr. / Ms. / M/s.
Father Name	Mother Name
PAN/PEKRN+	Date of Birth+ D D M M Y Y Y Y
KIN	Enclosed KYC Proof <input type="checkbox"/>
Gross Annual Income+ Net-worth in Rs.	As on (date within last 1 year) (Mandatory for Non-Individuals) D D M M Y Y Y Y
Occupation Details	<input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP <input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify) individuals <input type="checkbox"/> Not Applicable (Default)
Relationship with First Holder	<input type="checkbox"/> Relative^ <input type="checkbox"/> Mutual Fund Distributor

Third** (Name as per PAN records)	Mr. / Ms. / M/s.
Father Name	Mother Name
PAN/PEKRN+	Date of Birth+ D D M M Y Y Y Y
KIN	Enclosed KYC Proof <input type="checkbox"/>
Gross Annual Income+ Net-worth in Rs.	As on (date within last 1 year) (Mandatory for Non-Individuals) D D M M Y Y Y Y
Occupation Details	<input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP <input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify) individuals <input type="checkbox"/> Not Applicable (Default)
Relationship with First Holder	<input type="checkbox"/> Relative^ <input type="checkbox"/> Mutual Fund Distributor

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)

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option			
IDCW Frequency			
Investment Amt. (Rs.)			
DD Charges (Rs.)			
Net Amt. (Rs.)			
Total Amount (Rs.)			

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	
Bank Name	
Bank A/c. No.	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

3. Demat Account Details Optional, Refer instruction no. 12

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

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

Bank A/c. No.			
Bank Name			
City		PIN	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
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 _____		
Branch Address			
MICR Code	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
NEFT/RTGS/ IFSC Code	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
Remitter LEI No.:		Validity Date:	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
Beneficiary Name	Invesco Mutual Fund		
Beneficiary LEI No.:	5493000N71F6PVXRF54	Validity Date:	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>

5. 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 ✓)

Please provide a cancelled cheque leaf of the same bank account as mentioned. 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.

Instructions

IDCW - Income Distribution cum capital withdrawal Option
LEI declaration is mandatory for all payment transactions undertaken by entities for value >= INR 50 crore
*For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form.

Acknowledgement Slip (To be filled by the Applicant)

Received from	Mr. / Ms. / M/s.		<div>Application No :</div> <div></div> <div>Signature, Stamp & Date</div>
Towards Subscription of (Scheme Name)			
Amount ()		Cheque/DD No.	
Date	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>		

6. Nomination Details (Mandatory)




Refer Instruction no. 10

(Please fill the appropriate section and strike out the other section which is not applicable.)

If application form is being signed by POA Holder, the unitholder(s) have to mandatory sign this section of Nomination Details.

SECTION A

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.




	Nominee 1	Nominee 2	Nominee 3
Nominee Name*			
Nominee PAN			
Nominee Relationship*			
% of allocation*			
DOB of Nominee*#			
Name of the Guardian (For minor as nominee)*#			
Guardian PAN			
Guardian Relationship with nominee	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Proof of Relationship	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____
Complete address inc. City, State and PIN code			
Email ID			
Mobile/ Phone No.			
Enclosed proof of identity			
Nominee / Guardian Sign.			

applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate).

Fields marked with "*" are mandatory to be filled.

SECTION B (Declaration Form for opting out of nomination)

☐ I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.

		
Signature of Sole/First Applicant/Guardian	Signature of the 2nd unitholder	Signature of the 3rd unitholder

7. FATCA & CRS - Self Certification for Individuals Only (Non Individual Investors should mandatorily fill separate FATCA – CRS Annexure).

Address Type² ☐ Residential ☐ Business ☐ Registered Office

Are you a tax resident of any country other than India? ☐ Yes ☐ No

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card holder / Tax Resident in the respective countries

Category	First Applicant	Second Applicant	Third Applicant
City Of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification No. ⁴	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type (TIN or others, please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
If TIN is not available, please ✓ the reason A, B or C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected.

Reason C → Others; please state the reason thereof.

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

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