

Common Transaction Form - Lumpsum Purchase and Switch

(Applicable to Existing Investors only)

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.

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

Instructions:

1. This transaction slip is to be used for single transaction request only, do not combine purchase & switch transaction on one single transaction slip.
2. For detailed Instructions on switch, please refer to the general instructions on the KIM.

LEI declaration is mandatory for all payment transactions undertaken by entities for value >= INR 50 crore.

- **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-64917	Sub-Broker ARN Code ARN
Employee Unique identification No. (EUIN) (Of in E029672 holder or Of employee relationship manager/sales Person of the Distributor)	Registered Investment Advisor Code /Portfolio Manager's Registration Number (PMRN)
Folio No. <input style="width: 100%;" type="text"/>	PAN/PEKRN <input style="width: 100%;" type="text"/>
Name of First / Sole Applicant <input style="width: 100%;" type="text"/>	
KIN <input style="width: 100%;" type="text"/>	Enclosed KYC Proof <input type="checkbox"/>

1. Purchase (Cheque / DD Should be drawn in favor of the Scheme, Investors applying under direct plan must mention "Direct" in the box provided below)

Scheme <input style="width: 100%;" type="text"/>	Plan (✓) Regular <input type="checkbox"/> Direct <input type="checkbox"/>								
Option (✓)	<input type="checkbox"/> Growth (Default) <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option (earlier known as Dividend Payout) <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option (earlier known as Dividend Reinvestment)								
Investment Amount (₹) <input style="width: 100%;" type="text"/>	DD Amount (₹) <input style="width: 100%;" type="text"/>								
Net Amount (₹) <input style="width: 100%;" type="text"/>	Dated <input style="width: 100%; text-align: center;"/> <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
D	D	M	M	Y	Y	Y	Y		
Cheque /DD No. <input style="width: 100%;" type="text"/>	Drawn on Bank <input style="width: 100%;" type="text"/>								
Bank A/c. No. <input style="width: 100%;" type="text"/>	A/c Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FNCR <input type="checkbox"/> SNRR <input type="checkbox"/> Other _____								
Remitter LEI No.: <input style="width: 100%;" type="text"/>	Validity Date: <input style="width: 100%; text-align: center;"/> <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
D	D	M	M	Y	Y	Y	Y		
Beneficiary Name Invesco Mutual Fund									
Beneficiary LEI No.: 5493000N71F6PVXRBF54	Validity Date: <input style="width: 100%; text-align: center;"/> <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
D	D	M	M	Y	Y	Y	Y		
Applicable in case of Third Party Payments <input type="checkbox"/>	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof								
Folio No. <input style="width: 100%;" type="text"/>	PAN/PEKRN <input style="width: 100%;" type="text"/>								
KIN <input style="width: 100%;" type="text"/>	Enclosed KYC Proof <input type="checkbox"/>								

2. Switch Request

From: Scheme <input style="width: 100%;" type="text" value="Invesco India"/>	<input style="width: 100%;" type="text" value="Plan"/>
<input style="width: 100%;" type="text" value="Option"/>	<input style="width: 100%;" type="text" value="IDCW Frequency"/>
To: Scheme <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text" value="Plan"/>
<input style="width: 100%;" type="text" value="Option"/>	<input style="width: 100%;" type="text" value="IDCW Frequency"/>
Amount (₹) <input style="width: 100%;" type="text"/>	OR No. of Units <input style="width: 100%;" type="text"/> OR All Units <input type="checkbox"/> (Please ✓)

3. Demat Account Details (Optional)

(Please ✓) NSDL CDSL DP ID

I	N				
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 ('Not Applicable in case of CDSL)

Beneficiary Account No.

DP Name

The investor shall receive payments of IDCW / Redemption proceeds in the Bank A/c linked to the Demat A/c as mentioned above.

Declaration & Signature(s)

Having read and understood the contents of the Statement of Additional Information/Scheme Information Document(s) and Key Information Memorandum(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 understood the details of the Scheme and I/We have not received nor have been induced by any rebate or gifts, indirectly, in making this investment

To be signed by unitholders as per holding opted. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

Acknowledgement

Folio No. (Please ✓) Purchase Switch

Name of the Applicant

For Office Use
Signature of receiving authority

Financial Transaction Slip

(For Schemes of Invesco Mutual Fund other than Invesco India Nifty ETF and Invesco India Gold ETF)

Key Partner / Agent Information (Investors applying under Direct Plan must mention "Direct" in ARN No. column.)

Distributor / Broker ARN ARN -	Sub-Broker ARN Code ARN -	Employee Unique Identification No. (EUIN) (Of Individual ARN holder or Of employee Relationship Manager/Sales Person of the Distributor)	Registered Investment Advisor Code
Folio No	Name of Sole / First Holder	D D M M Y Y Y Y	

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.

Sign Here Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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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. For details on transaction charges payable to distributors; please refer to Key Information Memorandum

- Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓): Yes / No (Mandatory to ✓). If yes, please fill FATCA declaration.
- NRI investors should mandatorily fill separate FATCA / CRS declarations.
- Non Individual investors should mandatorily fill separate FATCA / CRS & UBO declarations

1. Additional Purchase (Cheque / DD should be drawn in favor of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided below)

Scheme	Invesco India	Plan	Option	Dividend Frequency
Investment Amount (₹)		Net Amount (₹)	Dated	D D M M Y Y Y Y
Payment Mode	<input type="checkbox"/> Cheque/ <input type="checkbox"/> DD/ <input type="checkbox"/> RTGS/ <input type="checkbox"/> NEFT/ <input type="checkbox"/> NACH (Please ✓)			
Cheque/DD/RTGS/NEFT UTR No./UMRN	Drawn on Bank			
Bank A/c. No.	A/c Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others			
Applicable in case of Third Party Payment: Payment on behalf of (Please ✓)	<input type="checkbox"/> Minor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Distributor			
Name of the Person making Payment	Enclosed (Please ✓)	<input type="checkbox"/> KYC Compliance Proof	PAN/KRN	

2. Switch Request

From : Scheme	Invesco India	Plan	Option	Dividend Frequency
To : Scheme	Invesco India	Plan	Option	Dividend Frequency
Amount (₹)	Or No. of Units	Or All Units	<input type="checkbox"/> (Please ✓)	

3. Redemption Request

Scheme	Invesco India	Plan	Option	Dividend Frequency
Amount (₹)	Or No. of Units	Or All Units	<input type="checkbox"/> (Please ✓)	
For investors who have registered for multiple Bank A/c facility. Kindly credit / issue cheque for the redemption proceeds in the following Bank A/c registered with you.				
Bank Name	Bank A/c No.	Branch		
Bank City	Account Type	IFSC Code		

Disclaimer: If the Banks A/c details mentioned above does not match with the registered Bank A/c details in the folio or not mentioned above then the payment will be remitted in the default Bank A/c.

Demat Account Detail (Optional) (Please ✓) NSDL CDSL

DP ID ¹	Beneficiary Account No.	DP Name
I N		

¹ Not applicable in case of CDSL.

The investor shall receive payments of Dividend / Redemption proceeds in the Bank A/c linked to the Demat A/c as mentioned above.

PAN / KRN (Mandatory)	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof
	Enclosed (Please ✓) <input type="checkbox"/> Banker Certificate for DD		

Declaration: Having read and understood the contents of the Statement of Additional Information / Scheme Information Document(s) and Key Information Memorandum(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.

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To be signed by unitholders as per mode of holding opted. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

Acknowledgement

Folio No.	Name	For Office Use Signature of receiving authority
Redemption Request	Invesco India	Units or Amount in ₹
Additional Purchase	Invesco India	Amount in ₹
Cheque / DD / RTGS / NEFT UTR No. / UMRN		D D M M Y Y Y Y
From: Scheme	Invesco India	Plan Option
To: Scheme	Invesco India	Plan Option
Amount (₹)	Or No. of Units	Or All Units <input type="checkbox"/> (Please ✓)
		Date of receipt / Time of receipt :

Folio No.

Name of Sole /
First Unit Holder

PAN

1. Change of Bank Mandate (COB)

Bank A/c. No.

Bank Name

Bank Address

Bank City

MICR Code (9 digits) IFSC Code (11 digits)

Bank Account Type (Please ✓) Savings Current NRO NRE Others _____

Documents Submitted (any one)

- Cancelled original cheque of the new bank mandate with first unit holder name and bank account number printed on the face of the cheque.
- Self attested copy of bank account statement/bank passbook issued by the concerned bank. (not older than 3 months)
- Bank letter, on the letterhead of the bank duly signed by branch manager/ authorized personnel stating the investor's bank account number, name of investor, account type, bank branch, MICR and IFSC code of the bank branch. (the letter should be not older than 3 months).

Note:

In case of photocopies of the documents as stated above are submitted, investor must produce original for verification or a copy of the supporting documents duly attested by the concerned bank to any of the AMC branches or official point of acceptance of transactions (ISC).

2. Change of Contact Details

(Please ensure to attach Self-attested PAN Card copy with change of contact details request)

I/We request you to take note of change of my address / contact details and update your records.

Address

City Pin Code

State Country

Phone (Office) Phone (Residence)

Mobile E-mail

3. Consolidation of Folios

(Please ensure to attach Self-attested PAN Card copy with change of contact details request)

I/We request you to consolidate all my/our investments in the below mentioned folio nos. to the mentioned Target Folio No.

Source Folio Number	Source Folio Number
a. <input type="text"/>	b. <input type="text"/>
c. <input type="text"/>	d. <input type="text"/>
e. <input type="text"/>	f. <input type="text"/>
g. <input type="text"/>	h. <input type="text"/>
	<input type="text"/>

Target Folio No. into which all folios need to be consolidated (specify any one from the above)

I/We understand that consolidation of folios will be effected only if the following information is identical in all folios specified by me/us:

- Name of Unit Holder(s)
- Order of Unit Holders
- Mode of Holding
- Tax Status

I/We agree that the Mode of Holding, Bank Mandate, Address and Nomination Details in the Target Folio will be applicable and will prevail after consolidation. I/We also confirm that there is no pledge / lien marked in these folios and acknowledge that such folios, will require the financier's consent for consolidation and hence these may be ignored for consolidation, if we have mentioned any such folio(s).

P.T.O. for Signatures & Instructions

Acknowledgement

Folio No. Name

Received request for (Please ✓)

Change of Address / Contact Details

Change in KYC Declaration Form

Change of Bank Mandate (COB)

For Office Use
Signature of receiving authority

Date of receipt / Time of receipt :