

ARN-64917 EUIN - E434563

Common Transaction Form - Lumpsum Purchase and Switch (Applicable to Existing Investors only)

Application No :

I/We hereby confirm that the EUIN box has been	Key Partne	er/A	gent II	iron	iatio	11											
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above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the	Employee Unique identification No. (EUIN) (Of in E029672 I holder or Of employee relationship Wangaer/sales Person of the Distubutor)							Registered Investment Advisor Code /Portfolio Manager's Registration Number (PMRN)									
distributor/sub broker.	Folio No.								PAN	I/PEKRN							
Transaction Charges (Please tick any one of the below. For details refer KIM)	Name of First / Sole Applicant																
☐ I am a first time investor in Mutual Funds / ☐ I am an existing investor in Mutual Funds (Default)	KIN										E	Enclos	sed K	YC Proof	f 🗌		
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Financial Transaction Slip

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

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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 of the 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 Invesco India Units or Amount in Request Invesco India Amount in Requering Invesco India	(Maridatory)		'	Enlosed (Ple	ase ✓)	KYC Comp	liance Proof	Enlo	sed (Plea	ise √)	KYC	Complianc	ce Proof
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 edemption Request Invesco India Amount in ** Invesco India Amount in ** Invesco India Purchase Invesco India Amount in ** Invesco India Purchase Invesco India Amount in ** Invesco India Plan Option Option													
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rom: Scheme Invesco India Plan Option						D M		YYY					
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mount (₹) Or No. of Units Or All Units (Please ✓) Date of receipt / Time of receipt :	Amount (₹)		Or No. of Units			0r			Date of re	ceipt / T	ime of rece	ipt :	



Non - Financial Transaction Slip

olio No.								
ame of Sole / irst Unit Holder				PAN				
. Change o	f Bank Mandate (COB)							
Bank A/c. No.			Bank A	ccount lease√)	Savings	Curre	nt NRO	NRE Others
Bank Name			1,750 (1	ioudo ,				
Bank Address								
Bank City								
MICR Code		IFSC Code						
(9 digits)	Submitted (any one)	(11 digits)						
		mandate with first unit holder name	e and bank account n	umber prir	nted on the	face of the	e cheque.	
Self attes	sted copy of bank account stateme	ent/bank passbook issued by the co	oncerned bank. (not c	lder than 3	3 months)			
		uly signed by branch manager/ auth			vestor's bar	nk accoun	it number, nami	e of investor, account type,
bank bra	nch, MICR and IFSC code of the ba	ank branch. (the letter should be not	t older than 3 months).				
Note:								
In case of pho	otocopies of the documents as stat ink to any of the AMC branches or o	ted above are submitted, investor m official point of acceptance of trans	nust produce original sactions (ISC)	for verifica	ation or a co	py of the	supporting doc	uments duly attested by th
	of Contact Details							
•		d copy with change of contact det	ails request)					
		address / contact details and update						
Address								
City			Pin Code					
State			Country					
Phone [Phone					
(Office)			(Residence)					
Mobile			E-mail					
Consolid	ation of Folios							
		rd copy with change of contact det						
I/We request	you to consolidate all my/our inves Source Folio Number	stments in the below mentioned foli	io nos. to the mentior	ied larget		rce Folio I	Number	
2	Course Folio Nullipol		b.					
a.								
С.			d.					
е.			f.					
g.			h.					
rget Folio No. i	into which all folios need to be co	nsolidated (specify any one from t	he above)					
√e understand	that consolidation of folios will be	effected only if the following inform	nation is identical in a	II folios spe	ecified by m	ie/us:		
lame of Unit H	older(s) • Order	of Unit Holders	 Mode of Holding 		•	• Tax Stat	us	
		te, Address and Nomination Details acknowledge that such folios, will rea						
	oned any such folio(s).	cknowledge that such follos, will rec	quire the illiancier sc	onsent for	Consolidati	on and ne	,	Signatures & Instruction
Acknowled	dgement						For Office Use	ceiving authority
							Signature of Te	
olio Na.	Name							
		L		_				
	. f. (b)							
ceived reques	st for (Please ✓)	_			-	_		
hange of Addre	ess / Contact Details 🔲 💢 Ch	hange in KYC Declaration Form 🔲	Change of E	Bank Mand	ate (COB) 🛚		Date of receipt	/ Time of receipt :