

# 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).

**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

## Key Partner/Agent Information

Mutual Fund Distributor ARN ARN - ARN-64917	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIN) (Of Individual Investor or of employee/ Relationship Manager/Sales Person of the Distributor) E434563		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)  Single  Joint  Anyone or Survivor (Default)

**First/Sole** Mr. / Ms. / M/s. Name as per PAN records

City of Birth  Country of Birth

PAN/PEKRN  Date of Birth

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. / M/s. Name as per PAN records

City of Birth  Country of Birth

PAN/PEKRN  Date of Birth

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)

**Third\*** Mr. / Ms. / M/s. Name as per PAN records

City of Birth  Country of Birth

PAN/PEKRN  Date of Birth

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)

**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)

## Instructions

\*No joint holder where minor is first holder PAN/ PEKRN (Refer Instruction no. 3). Date of birth is mandatory in case of Minor, additionally refer Instruction no. 2, KYC & Networth (Refer Instruction no. 14).

<b>Guardian/ Contact Person*</b>	Mr. / Ms. / M/s. <span style="float:right">Name as per PAN records</span>																			
<b>Relation</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian																			
<b>PAN/PEKRN</b>	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											<b>Date of Birth</b> <table border="1" style="width:100%; text-align:center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y													
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<b>POA Holder*</b>	Mr. / Ms. / M/s. <span style="float:right">Name as per PAN records</span>																			
<b>PAN</b>	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											<b>Date of Birth</b> <table border="1" style="width:100%; text-align:center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y
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Mailing Address		
City	PIN	State
Tel. No. (R)	Tel. No. (O)	Mobile
E-mail		
This email ID belongs to (Please refer instruction 9): <input type="checkbox"/> Self* <input type="checkbox"/> Family Member    *Default		
Overseas Address (Mandatory in case of NRI / FPI applicant)		
City	State/Province	
Country	PIN	

(Address should be as per KYC records, refer Instruction no. 14ii)

**Status (✓)**

- |  |  |
|--|--|
| <input type="checkbox"/> Individual                | <input type="checkbox"/> Minor                         |
| <input type="checkbox"/> HUF                       | <input type="checkbox"/> NRI Repatriable               |
| <input type="checkbox"/> LLP                       | <input type="checkbox"/> Listed Co.                    |
| <input type="checkbox"/> Society/Club              | <input type="checkbox"/> Trust                         |
| <input type="checkbox"/> AOP                       | <input type="checkbox"/> Co. U/S 25/8 of Companies Act |
| <input type="checkbox"/> Minor-NRI Repatriable     | <input type="checkbox"/> Partnership                   |
| <input type="checkbox"/> Minor-NRI Non-Repatriable | <input type="checkbox"/> Body Corporate                |
| <input type="checkbox"/> NRI Non-Repatriable       | <input type="checkbox"/> FPI                           |
| <input type="checkbox"/> Unlisted Co.              | <input type="checkbox"/> Others _____                  |

In case of Non-Profit Entity

**2. Investment and Payment Details<sup>1</sup>**

	Scheme 1	Scheme 2	Scheme 3										
Scheme	Invesco India	Invesco India	Invesco India										
Plan													
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.	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>												
Name of the person making payment <sup>§</sup>													
PAN/PEKRN	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											Enclosed KYC Proof <input type="checkbox"/>	
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**Instructions**

IDCW - Income Distribution cum capital withdrawal Option

Plan, Option, Facility of the scheme should be clearly stated. In case applications are received where Plans/ Options for investment is not selected, the default Plan/ Option as prescribed in the SID of the Scheme will be applicable.

\*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.

<sup>1</sup>Cheque/DD should be drawn in favor of the Scheme. Investment in single scheme - Invesco India Contra Fund (IICF).

Investment in multiple schemes - "Invesco MF Multiple Schemes".

Investors applying under direct plan must mention "Direct" in the box provided in Point no. 2.

<sup>§</sup>Applicable in case of Third Party Payment: On behalf of  Client     Employee     Distributor (Refer instruction no. 6).

### 3. For SIP/Micro SIP<sup>1</sup>

 SIP  Micro SIP

Amount  Cheque Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Drawn on Bank  Branch

Period From 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Or  Till further notice

Cheque Nos. From  To

Name of the person making payment

PAN/PEKRN  Enclosed KYC Proof

KIN

Frequency  Monthly (Default) or  Quarterly (Jan, Apr, Jul, Oct)

SIP Date Date of your choice (except 29,30,31)  (15<sup>th</sup> Default)

Applicable in case of Third Party Payment:  
On behalf of  Client  Employee  
 Distributor (Refer instruction no. 6).

### 4. Demat Account Details<sup>2</sup>

Optional, Refer instruction no. 12

NSDL  CDSL  DP ID<sup>3</sup>

I	N						
---	---	--	--	--	--	--	--

Beneficiary Account No.

DP Name

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

- 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.

Bank Name

City  PIN

Account Type  Current  Savings  SNRR  NRE  NRO  FCNR  Others \_\_\_\_\_

Remitter LEI No.:  Validity Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Beneficiary Name **Invesco Mutual Fund**

Beneficiary LEI No.: **549300ON71F6PVXRBF54** Validity Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Branch Address

MICR Code<sup>4</sup>

NEFT/RTGS/IFSC Code<sup>5</sup>

#### Instructions

IDCW - Income Distribution cum capital withdrawal Option

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

<sup>1</sup>For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form.

<sup>2</sup>The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5.

<sup>3</sup>Not applicable in case of CDSL.

<sup>4</sup>9 digit No. next to your Cheque No.

<sup>5</sup>11 digit character code appearing on cheque leaf.

### 6. 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 ✓)

### Acknowledgement Slip (To be filled by the Applicant)

Application No :

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

Towards Subscription of (Scheme Name)

Amount ( )  Cheque/DD No.  Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature, Stamp & Date

**Instructions**

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

Nomination facility is not available in a folio held on behalf of a minor.

**7. Nomination Details<sup>1</sup>**

Refer Instruction no. 10

	Nominee 1	Nominee 2	Nominee 3
Name			
Relationship			
PAN			
% Share			
<b>If nominee is a minor</b>			
Date of Birth			
Guardian's Name			
Guardian's Relation			
Address			

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
---	---	---	---	---	---	---	---

Place

**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