

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	Key Partner/Agent Information																				
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	Mutual Fund Distributor ARN ARN - ARN-64917						Sub-Broker ARN Code						Internal Sub-Broker/Employee Code							ode	
employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no. 1vii).										Registered Investment Advisor (RIA) Code / ortfolio Manager's Registration Number (PMRN)											
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)	Existing Unit	hold	er: P	lease t	fill in	Folio	Numb	er be	low a	nd th	en pro	oceed	to se	ction	2						
Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors	Name of Sole / First Unitholder																				
based on the investors' assessment of various factors, including the service rendered by the distributor.	New Unitholder																				
,	1. Applicant			oldina	ı (Onl	v for	non-d	lemat	mod	۵)	Sir	nale	□ Ini	int [Δn	vone	or Sur	vivor	(Def:	ault)	
Sign Here - Sole/First Applicanl/Guardian/POA	Firet/Cala	Mode of Holding (Only for non-demat mode) Single Joint Ar First/Sole Mr. / Ms. / M/s. Name as per PAN records																			
	First/Sole	IVII. /	IVIS. /	IVI/S.							IValli	e as p	EI PAI	N IEC	orus						
		City	of Bir	th								f Birth									
Sign Here - Second Applicant	PAN/PEKRN											Dat Birt	e of th	D	D	М	M	Υ	Υ	Υ	Υ
	KIN															End	closed	KYC	Proof	f 🗌	
	Gross Annual Income		elow 1				s (De	fault)		5-10 L		10)-25 L		$\overline{}$		cs - 1 C			>1C	rore
Sign Here - Third Applicant		Net-	worth	1	i	n Rs.						ndivid		D	D	M	M	Υ	Υ	Υ	Υ
	Occupation Details	Re	vate S tired usewit	ervice fe	St	ib. Sec udent :hers _	tor / G	Govt. S		_	culturis	I B t F lease s	orex D	ealer	(For		Politica Re	lated	to PEF	P	
	Second*	Mr. /	′ Ms. /	′ M/s.							Nam	e as p	er PAI	N rec	ords						
Country of Birth/Citizenship/Nationality or Tax Residency, other than India, for any applicant:		City of Birth Country of Birth																			
 Yes	PAN/PEKRN											Dat Birt	e of th	D	D	М	M	Υ	Υ	Υ	Υ
FATCA/CRS declarations	KIN															End	closed	KYC	Proof	f 🗌	
Non-Individual investors should mandatorily fill separate FATCA/ CRS & UBO declarations	Gross Annual Income		elow 1				s (De	fault)	_	5-10 L late w		□10)-25 L vear)				cs - 1 C	rore		>1C	rore
	Occupation Details	☐ Pri	worth vate S tired usewif	ervice	☐ Pu	n Rs. ib. Sec udent thers _	tor / G	(Ma	ndato	ory for Profe	Non-lessiona culturis	ndivid I B t F lease s	uals) usines orex D	ss ealer	(For	rs duals)	=	ly Expelated of Appl	to PEF	P	
	Third* Mr. / Ms. / M/s. Name as per PAN re									N rec	l records										
	City of Birth							Country of Birth													
	PAN/PEKRN											Dat Birt	e of	D	D	M	M	Υ	Υ	Υ	Υ
	KIN															End	closed	KYC	Proof	f 🗌	
	Gross Annual Income	Ве	low 1	Lac	1-	5 Lac	s (De	fault)		5-10 L)-25 L			25 Lac	cs - 1 (rore		>1C	rore
		Net-	worth	1	i	n Rs.						last 1 y ndivid		D	D	M	M	Υ	Υ	Υ	Υ
	Occupation Details	Pri	vate S	ervice	☐ Pu	ıb. Sec	tor / C	ovt. S	erv. 🗌	Profe	essiona	I 🗌 B	usines	SS	Othe	s 🗌	Politica	ly Exp	osed F	Person	(PEP)

Is the entity involved in any of the following services (i) Foreign Exchange/Money Changer Services $\ \square$ Yes $\ \square$ No

*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).

Others (For



		Guardian/ Contact Perso	n*	Mr./	Ms./	M/s.				1			PAN									
		Relation	Fa	ther	M	other		Court	Appo	ointe	d Gua	rdian										
		PAN/PEKRN											Dat Birt	te of [D	D	M	M	Υ	Υ	Υ	Υ
		KIN															Er	close	d KY0	C Proc	of [
		POA Holder*	Mr. /	/ Ms. /	M/s.						Nam	e as pe	er PAN	V reco	rds							
		PAN											Dat Birt	te of [D	D	M	M	Υ	Υ	Υ	Υ
		KIN															Er	ıclose	d KY0	C Proc	of [
		Mailing Address																				
(Address should be as per KYC	records,																					
refer Instruction no. 14ii)		City					PIN	١							Sta	te						
Status (✓)		Tel. No. (R)					Те	l. No	o. (O)					Мо	bile						
☐ Individual ☐ HUF	☐ Minor ☐ NRI Repatriable	E-mail																				
☐ LLP ☐ Society/Club	Listed Co. Trust	This email ID belongs to (Please refer instruction 9): Self* Family Member *Default																				
☐ AOP ☐ Minor-NRI Repatriable	Co. U/S 25/8 of Companies Act	Overseas Addres	SS ((Mand	atory	in case	e of N	IRI / I	-PI ap	plica	int)											
Minor-NRI Non-Repatriable	Partnership										<u> </u>											
☐ NRI Non-Repatriable☐ Unlisted Co.	☐ Body Corporate ☐ FPI	City	Dity								State/Province											
	Others	Country									PI	N										
☐ In case of Non-Profit Entity		2. Investmen	t an	d Pay	men	t Det	ails¹															
						cheme	1					Sche	eme 2	2				,	Sche	me 3		
		Scheme	In	vesco		cheme	:1			Inve	sco Ir		eme 2	2		lı	nveso	o Ind		me 3		
		Scheme Plan	In	vesco		cheme	:1			Inve	sco li		eme 2	2			nveso			me 3		
Instructions			In	vesco		chemo	:1			Inve	sco li		eme 2	2			nveso			me 3		
Instructions IDCW - Income Distribution cun Ontion	n capital withdrawal	Plan	In	vesco		chemo	:1			Inve	esco II		eme 2	2			nveso			me 3		
IDCW - Income Distribution cun Option Plan, Option, Facility of the sche stated. In case applications are	me should be clearly received where Plans/	Plan Option		vesco		chemo	21			Inve	sco Ir		eme 2	2			nveso			me 3		
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	3. For SIP/Mi	cro SIP1	SIP Micro SIP
	Amount	Cheque Date D	D M M Y Y Y
	Drawn on Bank	Branch	
	Period From	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Y Y Y Or Till further notice
	Cheque Nos. Fror	п То	
Applicable in case of Third Party Payme			
On behalf of Client Employee Distributor (Refer instruction no. 6).	person making payment		
	PAN/PEKRN	Enclosed KY	′C Proof
	KIN		
	Frequency	Monthly (Default) or Quarterly (Jan,Apr,Jul,Oct)	
	SIP Date	Date of your choice (except 29,30,31) (15 th Default)	
	4. Demat Acc	count Details ²	Optional, Refer instruction no. 12
		□NSDL □CDSL □DPID³ I N	
	Beneficiary Account No.		
	DP Name		
	5		
Please provide a cancelled cheque leaf bank account as mentioned above. We	J. Dalik Acci	ount Details (Mandatory As Per SEBI Guidelines)	Refer instruction no. 4
redemption/IDCW proceeds directly in account through electronic means if the	to investors'		
provided by the investors are sufficient Mentioning your IFSC will help us trans	fer the amount Bank Name		
to your bank account faster. Unitholder opted to hold Units in dematerialized for	rm must provide City	P	IN
Bank Account details linked with the Do as mentioned under section 4. In case bank details as per depository records	of discrepancy,	Current Savings SNRR NRE NRO FCNF	R Others
I would like to receive cheque payo I have provided multiple bank regis	out		
Thave provided multiple bank regi	Remitter LEI No		te: D D M M Y Y Y Y
	Beneficiary Nam	e Invesco Mutual Fund	
Instructions IDCW - Income Distribution cum capita	Beneficiary LEI No.:	5493000N71F6PVXRBF54 Validity Date	te: D D M M Y Y Y Y
Option LEI declaration is mandatory for all paym		,	
undertaken by entities for value >= INR 50 ¹For SIP through Auto-Debit (Direct Deb	oit/NACH) MICR Code ⁴		
please fill respective SIP registration cu form. ² The details of the Bank Account linked	NEFI/RIGS/		
Demat A/c as mentioned below should under section 5.	· —	receive Physical Copy of Annual Report	Refer Instruction no. 11
 Not applicable in case of CDSL. digit No. next to your Cheque No. digit character code appearing on c 	□ I/We wo	uld like to receive physical copy of Annual Report of the Scheme or ab	
Acknowledgement Slip (To	— — — — — — — — o be filled by the Applica	nt) Application	_ — — — — — — — - No :
Received from Mr. / Ms. / M/s.			
Towards Subscription of			Signature, Stamp & Date
(Scheme Name) Amount ()	Chan	ue/DD No. Date D	M M V V V V
, ()	, crieu	Date D	



Instructions

Instructions Mandatory for investors who opt to hold units in	7. Nomination	Refer Instruction no. 10									
non-demat form.		Nominee 1	Nominee 2	Nominee 3							
Nomination facility is not available in a folio held on behalf of a minor.	Name										
	Relationship										
	PAN										
	% Share										
	If nominee is a mino	or									
	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) \square										
Signature(s) for Declaration	8. Declaration										
Sign Here - Sole/First Applicant/Guardian/POA Sign Here - Second Applicant	respective schemes above and agree to of the Scheme and I investment. I/We do will result in aggreg Distributor has discl the different compe I/We hereby authoris my/our bank(s)/ Inve	derstood the contents of the Staten is, I/We hereby apply to the Trustee abide by the terms, conditions, ru I/We have not received nor have be not have any existing Micro Investate investments exceeding Rs. 50 cosed to me/us all the commissions ting Schemes of various Mutual Furse Investo Mutual Fund, its Investmence on Mutual Fund, its Investmence of Mutual Fund is Jank(s) and/or E	s of Invesco Mutual Fund for units of les and regulations of the Scheme sen induced by any rebate or gifts, trments which together with the cu 0,000/- in a year (applicable to Mic (in the form of trail commission or a nds from amongst which the Schem ent Manager and its Agents to discl distributor/Broker/Investment Advisor	me Information Document(s) of the of the Scheme/Option as indicated . I/We have understood the details directly or indirectly, in making this irrent Micro Investment application irro Investment investors only). The any other mode), payable to him for the is being recommended to me/us. ose details of my/our investment to or and to verify my/ our bank details over phone, SMS, email or any other							
Sign Here - Third Applicant Date D D M M Y Y Y Y Place	mode to address m transactions/ promo with the Customer P primary / joint unith I/We hereby declare of incomplete or inc to Invesco Mutual Ft Management (India) me/us in the Schemof contravention of Directions issued by person(s) under the Applicable to PEK hold only a single 'ft together with currer or in a financial year Applicable to NRIs remitted from abroathe details provided Yes No	y investment related queries and/cotions/ potential investments and orreference Registration Facility. I / Violder(s) / Family member (spouse, that the particulars given above at correct information, I/We would not und), their appointed service provice) Pvt. Ltd., about any changes in me of Invesco Mutual Fund is derived any Act, Rules, Regulations or any yeany governmental or statutory aurlaws of United States or residents(sRN holders: I, the first/sole holder PAN exempt PEKRN' issued by KRA at application will not result in aggretice. April to March.	or receive communication pertaining their communication material irresplace declare that the email address and dependent children or dependent e correct. If the transaction is delay hold Invesco Asset Management (Inders or representatives responsible. Myour bank account. I/We hereby distributed in the sources and is not statute or legislation or any other atthority from time to time. I/We confess of Canada as defined under the approximate that I do not hold and that my existing investment in egate investments exceeding Rs. 50 are Non-Residents of Indian Nation nels or from my/our NRE/NRO/FCNF	g to transactions/ non-commercial pective of my blocking preferences in mobile number provided is of the parents) and not of any third party. It is not of the parents of the purpose of t							

To invest: Call 1800 209 0007 SMS 'invest' to 56677 invescomutual fund.com