

# Application Form for Lumpsum/SIP/Folio Creation

Application No :

I/We hereby confirm that the EUIIN 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. 1.vii).

**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**

**Instructions**

\*No joint holder where minor is first holder PAN/KRN (Refer Instruction no. 3), Date of birth is mandatory in case of Minor, additionally refer Instruction no. 2, KYC & Networth (Refer Instruction no. 1.3). If the name given in the application does not match the name as appearing on the AADHAAR card, authentication, application may be liable to get rejected or further transactions may be liable to get rejected.

## Key Partner/Agent Information

Distributor / Broker ARN ARN - ARN: 64917	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIIN) (Of Individual PAN holder or of employee/ Relationship Manager/Sales Person of the Distributor) E-029678	Registered Investment Advisor Code	

**Existing Unitholder :** Please fill in Folio Number below and then proceed to section 2

Folio Number

Name of Sole / First Unit Holder

## New Unit Holder

**1. Applicant's Details** (Name as per AADHAAR card)

**Mode of Holding** (Only for non-demat mode)  Single  Joint  Anyone or Survivor (Default)

<b>First/Sole</b>	Mr. / Ms. / M/s.	
	City of Birth	Country of Birth
<b>PAN/KRN</b>	<input style="width: 100%; height: 20px;" type="text"/>	
<b>AADHAAR No.</b>	<input style="width: 100%; height: 20px;" type="text"/>	
<b>KIN</b>	<input style="width: 100%; height: 20px;" type="text"/>	
<b>Gross Annual Income</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore	
	Net-worth in Rs.	As on (date within last 1 year) (Mandatory for Non-individuals)
<b>Occupation Details</b>	<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) (Please specify) individuals) <input type="checkbox"/> Not Applicable (Default)	

<b>Second*</b>	Mr. / Ms.	
	City of Birth	Country of Birth
<b>PAN/KRN</b>	<input style="width: 100%; height: 20px;" type="text"/>	
<b>AADHAAR No.</b>	<input style="width: 100%; height: 20px;" type="text"/>	
<b>KIN</b>	<input style="width: 100%; height: 20px;" type="text"/>	
<b>Gross Annual Income</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore	
	Net-worth in Rs.	As on (date within last 1 year)
<b>Occupation Details</b>	<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) (Please specify) individuals) <input type="checkbox"/> Not Applicable (Default)	

<b>Third*</b>	Mr. / Ms.	
	City of Birth	Country of Birth
<b>PAN/KRN</b>	<input style="width: 100%; height: 20px;" type="text"/>	
<b>AADHAAR No.</b>	<input style="width: 100%; height: 20px;" type="text"/>	
<b>KIN</b>	<input style="width: 100%; height: 20px;" type="text"/>	
<b>Gross Annual Income</b>	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore	
	Net-worth in Rs.	As on (date within last 1 year)
<b>Occupation Details</b>	<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) (Please specify) individuals) <input type="checkbox"/> 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  
 (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates Yes  No  (iii) Money Lending/Pawning  Yes  No



(Address should be as per KYC records, refer Instruction no. 13ii)

**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 _____                  |
| <input type="checkbox"/> FII                       |  |

In case of Non-Profit Entity

**Mode of Payment**

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> Cheque | <input type="checkbox"/> Cash           |
| <input type="checkbox"/> DD     | <input type="checkbox"/> Funds Transfer |
| <input type="checkbox"/> NACH   | <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 _____ |                                  |                               |

Applicable in case of Third Party Payment:

- On behalf of  Minor  Client  Employee  
 Distributor (Refer instruction no. 6).

Applicable in case of Third Party Payment:

- On behalf of  Minor  Client  Employee  
 Distributor (Refer instruction no. 6).

**Instructions**

\*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 favour of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided in Point no. 2.

<sup>2</sup>For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form

<b>Guardian/ Contact Person*</b>							
Relation	<input type="checkbox"/> Father		<input type="checkbox"/> Mother		<input type="checkbox"/> Court Appointed Guardian		
<b>PAN/KRN</b>							<b>Date Of Birth</b>
							D D M M Y Y Y Y
	(As per AADHAAR Card)						
<b>AADHAAR No.</b>							
<b>KIN</b>							Enclosed KYC Proof <input type="checkbox"/>
<b>POA Holder#</b>							
<b>PAN</b>							<b>Date Of Birth</b>
							D D M M Y Y Y Y
	(As per AADHAAR Card)						
<b>AADHAAR No.</b>							
<b>KIN</b>							Enclosed KYC Proof <input type="checkbox"/>

Mailing Address		
City	PIN	State
Tel. No. (Residence)		Tel. No. (Office)
Mobile		E-mail
Overseas Address (Mandatory in case of NRI / FII / FPI applicant)		
City	State/Province	
Country	PIN	

**2. Investment and Payment Details<sup>1</sup>** (For Cash, refer instruction no. 7)

Scheme: Invesco India	
Plan	Option
Investment Amt. (Rs)	Net Amt. (Rs)
Cheque/DD No./ UMRN/UTR	DD Charges (Rs.)
Bank Name	Bank A/c. No.
Name of the person making payment	
PAN/KRN	Enclosed KYC Proof <input type="checkbox"/>
KIN	

**3. For SIP/Micro SIP<sup>2</sup>** (For Post Dated Cheques Use Cheque Truncation System (CTS) cheques only)  SIP  Micro SIP

Amount	Cheque Date	D D M M Y Y Y Y
Drawn on Bank	Branch	
Period From	To	D D M M Y Y Y Y Or <input type="checkbox"/> Till further notice
Cheque Nos. From	To	
Name of the person making payment		
PAN/KRN	Enclosed KYC Proof <input type="checkbox"/>	
KIN		
Frequency	SIP Date	Date of your choice (except 29,30,31) <input type="checkbox"/> <input type="checkbox"/> (15 <sup>th</sup> Default)
	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, Jul, Oct)	

