

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	Key Partner/Agent Information																			
is executed without any interaction or advice by the employee/relationship manager/sales person of the	Mutual Fu				N			Sul	b-Bro	ker AR	N Co	de		li	nterna	al Suk	-Brok	er/Emp	oloye	e Code
above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any, provided by the	ARN - AR	N-6	491	7			RN -													
employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no. 1vii).	Employ (Of Indi Relationshi	vidual				f emp			utor)									RIA) Co Imber		N)
Transaction Charges (Please tick any one of the below. For details refer KIM)	Existing Unit	holde	er: P	lease f	fill in I	Folio	Numb	er be	elow	and the	en pro	ocee	d to se	ection	2					
☐ I am a first time investor in Mutual Funds ☐ I am an existing investor in Mutual Funds (Default)	Folio Number																			
Upfront commission, if any, shall be paid directly	Name of Sole / First Unitholder																			
by the investor to the AMFI registered distributors based on the investors' assessment of various factors,	New Unitholo	ler																		
including the service rendered by the distributor.	1. Applicant	Deta	ils																	
Sign Here - Sole/First Applicant/Guardian/POA		Mode	of H	olding	(Onl	y for	non-c	lema	t mod	de)	Sir	ngle		int [An	yone	or Sur	vivor (Defau	ult)
	First/Sole	Mr. /	Ms. /	′ M/s.							Nam	e as p	oer PA	N rec	ords					
		City	of Bir	th								Cou	ntry o	f Birth	1					
Sign Here - Second Applicant	PAN/PEKRN											1	ite of rth	D	D	M	M	Υ	Υ	YY
	KIN															En	closed	KYC P	roof	
	Gross Annual	Ве	low 1	Lac	1-	5 Lac	s (De	fault)		5-10 L	acs	1	0-25	Lacs		25 La	cs - 1 (Crore	>	1 Crore
	Income	Net-	worth)	i	n Rs.				date wo				D	D	M	M	Υ	Υ	YY
Sign Here - Third Applicant	Occupation Details	Ret	vate S tired usewit	ervice fe	St	b. Sec udent hers _			_	Profe	ssiona ulturis	al 🗌 st 🔲	-	Dealer			Re	elated to	PEP	rson (PEP) (Default)
	Second*	econd* Mr. / Ms. / M/s. Name as per PAN record									records									
		City	of Bir	th								Cou	ntry o	f Birth	1					
	PAN/PEKRN												ite of	D	D	М	M	Υ	Υ	YY
	KIN															En	closed	KYC F	roof	
	Gross Annual	Ве	low 1	Lac	1-	5 Lac	s (De	fault)		5-10 L	acs	1	0-25	Lacs		25 La	cs - 1 (Crore	>	1 Crore
	Income	Net-	worth	1	i	n Rs.				date wo				D	D	M	M	Υ	Υ	YY
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	Occupation Details	Ret	vate S tired usewit	ervice fe	St	b. Sec udent hers _			_	Profe Agric	ssiona ulturis	al 🗌 st 🔲	Busine	Dealer			Re	elated to	PEP	rson (PEP) (Default)
Instruction no. 2, KYC & Networth (Refer Instruction no. 14).	Third*	Mr. / Ms. / M/s. Name as per PAN records																		
		City	of Bir	th								Cou	ntry o	f Birth	1					
	PAN/PEKRN											1	ite of rth	D	D	M	M	Υ	Υ	YY
	KIN															En	closed	KYC P	roof	
	Gross Annual	Be	low 1	Lac	1-	5 Lac	s (De	fault)		5-10 L	acs	1	0-25	Lacs		ı 25 La	cs - 1 (Crore	_>	1 Crore
	Income	Net-	worth	1	i	n Rs.				date wo				D	D	M	M	Υ	Υ	YY
	Occupation Details	Ret	vate S tired usewit	ervice fe	St	b. Sec udent hers _		Sovt. S	Serv.	Profe Agric	ulturis	st 🗌		Dealer			Re	elated to	PEP	rson (PEP) (Default)
	Others (For Non-individuals)	(Defau	ılt) (ii	involv) Gamii Yes [ng/Gai	mbling	g/Lotte	follow ry/Cas	ring so	ervices ervices,	(i) Fo	oreign ng Syn	Excha dicate	ange/I	Money Yes	Char No	nger Se (Defaul	ervices t) (iii)	Yo Money	es No Lending/



		Guardian/ Contact Person	*	Mr./	Ms. /	M/s.					Nan	ne as p	per P	AN rec	ords							
				her (Natur	al Gu	ardiaı	n)		Mothe	er (Na	atural	Gua	rdian)		Cou	ırt Ar	pointe	d Gu	ardia	n	
(Address should be as	ner KVC records refer	PAN/PEKRN												Date o Birth	f D	D	N	1 M	Υ	Υ	Υ	Υ
Instruction no. 15ii)	per Kro records, refer	KIN															F	Inclose	ed KY	C Pro	of 🗌]
Status (✓)		POA Holder*	/lr. /	Ms./	M/s.						Nai			PAN red								
☐ Individual ☐ HUF ☐ LLP	☐ Minor ☐ NRI Repatriable ☐ Listed Co. ☐ Trust	PAN KIN												Date o Birth	f D	D	$\frac{1}{1}$	I M Enclose	Y ed KY	Y C Pro	of \square	Y
	Co. U/S 25/8 of ble Companies Act atriable Partnership	Mailing Address															-					
☐ NRI Non-Repatriab☐ Unlisted Co.	☐ FPI	City					Р	IN							Sta	ate						
☐ In case of Non-Pro	Others	Tel. No. (R)										Tel. N	lo. (C))			_					
* refer point no 20		Mobile																				
	D Declaration Relationship	This mobile number b	oelor	ngs to	(Plea	se ref	er ins	tructi	ion 8)	: S	elf*	Spo	ouse	DC		3 []DP	GD	Cu	ıstodi	an *[Defau
Reference:	I	E-mail																				
Family Code SE	Family Description Self	This email ID belong	s to	(Pleas	se refe	er ins	tructio	on 8):	: 🔲 🤄	Self*	S	ouse		DC _	DS [DP	, _	GD [Cus	todia	n *De	efaul
SP	Spouse															_	_		_			
DC	Dependent Children	Overseas Address	(1	Vland	atory	ın ca	se of	NRI /	FPI a	applic	ant)											
DS	Dependent Siblings																					
DP	Dependent Parents																					
GD	Guardians	City									:	State/	/Prov	ince								
CD	Custodian	Country										PIN										
		2. Investment	and	l Pay	mer	nt De	etails	31														
					S	chen	ne 1					Sc	chen	ne 2					Sche	me 3		
		Scheme	Inv	/esco	India	1				Inv	esco	India					Inve	sco Inc	ia			
	tion cum capital withdrawal	Plan		Reg	gular		irect				Reg	ular		Direct			F	Regula	r 🗌	Direc	et	
Option Plan, Option, Facility of	the scheme should be clearly	Option																				
Options for investment	ons are received where Plans/ is not selected, the default Plan/ the SID of the Scheme will be	IDCW Frequency																				
applicable.		Investment Amt. (Rs.)																				
gross annual income, C	vestor needs to update their occupation and other details as older. Contact Person-In case of	DD Charges (Rs.)																				
non-individual investor made by a Constituted details of POA holder.	s only. #If the investment is being Attorney, please furnish the	Net Amt. (Rs.)															_					
	drawn in favor of the Scheme.	Total Amount (Rs.)																				
• •	cheme - Invesco India Contra	Mode of Payment		Che	eque		DD		NA	СН		Funds	s Tra	nsfer	R	TGS/	/NEF	Т				
Investment in multiple Schemes".	schemes - "Invesco MF Multiple	Account Type		Cur	rent	S	aving	s	SNI	RR [N	RE [NR	0 [FCN	R	O	thers_	_			
Investors applying unc	ler direct plan must mention c provided in Point no. 2.	Cheque/DD No./ UTR																				
		Bank Name																				

Bank A/c. No.



3. For SIP/Mic						_					SIP		cro S	"
Amount						Ch	eque Da	ate D	D	M	M	/ Y	Y	Y
Drawn on Bank							Branc	h						
Period From	D D	MM	YYY	Υ	o D	D	M	YY	Υ	Υ	Or [] Till f	urthe	r notic
Cheque Nos. From							To							
Frequency	Month!	ly (Default)	or Qua	rterly (Jan,A	pr,Jul,C	ct)							
SIP Date	Date of yo	our choice (except 29,30),31)		(1	5 th Defa	ult)						
4. Demat Acco	ount Det	:ails²							Op	otiona	l, Refe	r instr	uctio	n no.
	NSDL	CDSL	DP ID ³	ı	N									
Beneficiary Account No.														
DP Name														
5. Bank Accou	unt Deta	ils (Manda	tory As Per S	SEBI G	uidelii	nes)					Refe	er inst	ructio	on no
Bank A/c. No.														
Bank Name														
City								PIN	1					
Account Type	Curre	nt Sav	rings SNI	RR 🗆	NRE		IRO [FCNR		Other	S			
Branch Address			<u> </u>											
MICR Code ⁴														
NEFT/RTGS/ IFSC Code ⁵														
Remitter LEI No.:							Valid	lity Date	D D	D	M M	Υ	Υ	Υ
Beneficiary Name		Inves	co Mutua	l Fun	d									
Beneficiary LEI No.:		54930	00N71F6PV	/XRBF5	54		Valid	lity Date	: D	D	M	Υ	Υ	Υ
6. Option to re												r Insti		

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

Instructions

IDCW - Income Distribution cum capital withdrawal Option

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

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

Acknowledger	ment Slip (To be filled by the Ap	pplicant)	Applio	cation No :			
Received from	Mr. / Ms. / M/s.						
Towards Subscription of (Scheme Name)					Signature	e, Stamp	& Date
Amount (₹)		Cheque/DD No.	Date	D D M	MY	Υ	Y



7. Nomination Details (Mandatory)

Refer Instruction no. 10

(Please fill the appropriate section and strike out the other section which is not applicable.)

If application form is being signed by POA Holder, the unitholder(s) have to mandatory sign this section of Nomination Details.

SECTION A

I/We the above named Unitholders of Invesce Mutual Fund do hereb

	Nominee 1		Nominee 2		Nominee 3
Nominee Name					
Nominee PAN					
Nominee Relationship					
% of allocation					
DOB of Nominee*					
Name of the Guardian*					
Guardian PAN					
Guardian Relationship with nominee	Mother Father Legal Guardian		Mother Father Legal Guardian		Mother Father Legal Guardian
Proof of Relationship	Birth Certificate School Leaving Certificat Legal Guardian Passport Others	re	Birth Certificate School Leaving Certificate Legal Guardian Passport Others		Birth Certificate School Leaving Certificate Legal Guardian Passport Others
Address					
City					
State					
PIN					
* applicable in o	case the Nominee is a Minor. (Also, plea	se attach a copy of the minor's bir	rth	certificate)
SECTION B (Declaration Form for opti	ng out o	f nomination)		
I/We DO	NOT wish to make a nomir	ation. (P	lease tick 🗸 if the unitholder doe	es	not wish to nominate anyone)
fund folio and of all the acco	l understand the issues invo ount holder(s), my / our lega	lved in ne al heirs w	on-appointment of nominee(s) a	ano uis	Itual fund units held in my / our mutual d further are aware that in case of death ite documents issued by Court or other D.
		- 4			
Signature of So	ole/First Applicant/Guardian	Sig	nature of the 2nd unitholder		Signature of the 3rd unitholder

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