

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

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).

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 Employee 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) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)
First/Sole	<input style="width: 500px; height: 20px;" type="text" value="Mr. / Ms. / M/s."/> Name as per PAN records
	<input style="width: 150px; height: 20px;" type="text" value="City of Birth"/> <input style="width: 200px; height: 20px;" type="text" value="Country of Birth"/>
PAN/PEKRN	<input style="width: 150px; height: 20px;" type="text"/> Date of Birth <input style="width: 20px; height: 20px;" type="text" value="D"/> <input style="width: 20px; height: 20px;" type="text" value="D"/> <input style="width: 20px; height: 20px;" type="text" value="M"/> <input style="width: 20px; height: 20px;" type="text" value="M"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/>
KIN	<input style="width: 150px; height: 20px;" type="text"/> Enclosed KYC Proof <input type="checkbox"/>
Gross Annual Income	<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
	<input style="width: 150px; height: 20px;" type="text" value="Net-worth in Rs."/> As on (date within last 1 year) (Mandatory for Non-Individuals) <input style="width: 20px; height: 20px;" type="text" value="D"/> <input style="width: 20px; height: 20px;" type="text" value="D"/> <input style="width: 20px; height: 20px;" type="text" value="M"/> <input style="width: 20px; height: 20px;" type="text" value="M"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/>
Occupation Details	<input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business 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) individuals) <input type="checkbox"/> Not Applicable (Default)
Second*	<input style="width: 500px; height: 20px;" type="text" value="Mr. / Ms. / M/s."/> Name as per PAN records
	<input style="width: 150px; height: 20px;" type="text" value="City of Birth"/> <input style="width: 200px; height: 20px;" type="text" value="Country of Birth"/>
PAN/PEKRN	<input style="width: 150px; height: 20px;" type="text"/> Date of Birth <input style="width: 20px; height: 20px;" type="text" value="D"/> <input style="width: 20px; height: 20px;" type="text" value="D"/> <input style="width: 20px; height: 20px;" type="text" value="M"/> <input style="width: 20px; height: 20px;" type="text" value="M"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/>
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Occupation Details	<input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business 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) individuals) <input type="checkbox"/> Not Applicable (Default)
Third*	<input style="width: 500px; height: 20px;" type="text" value="Mr. / Ms. / M/s."/> Name as per PAN records
	<input style="width: 150px; height: 20px;" type="text" value="City of Birth"/> <input style="width: 200px; height: 20px;" type="text" value="Country of Birth"/>
PAN/PEKRN	<input style="width: 150px; height: 20px;" type="text"/> Date of Birth <input style="width: 20px; height: 20px;" type="text" value="D"/> <input style="width: 20px; height: 20px;" type="text" value="D"/> <input style="width: 20px; height: 20px;" type="text" value="M"/> <input style="width: 20px; height: 20px;" type="text" value="M"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/> <input style="width: 20px; height: 20px;" type="text" value="Y"/>
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Occupation Details	<input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business 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) 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 (Default) (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates Yes No (Default) (iii) Money Lending/Pawning Yes No (Default)

(Address should be as per KYC records, refer Instruction no. 15ii)

Status (✓)

Individual Minor
 HUF NRI Repatriable
 LLP Listed Co.
 Society/Club Trust
 AOP Co. U/S 25/8 of Companies Act
 Minor-NRI Repatriable Partnership
 Minor-NRI Non-Repatriable Body Corporate
 NRI Non-Repatriable FPI
 Unlisted Co. Others _____

 In case of Non-Profit Entity*
 * refer point no 20

Mobile No. and Email ID Declaration Relationship Reference:

Family Code	Family Description
SE	Self
SP	Spouse
DC	Dependent Children
DS	Dependent Siblings
DP	Dependent Parents
GD	Guardians
CD	Custodian

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.
 †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 Plan box provided in Point no. 2.

Guardian/Contact Person* Name as per PAN records

Relation Father (Natural Guardian) Mother (Natural Guardian) Court Appointed Guardian

PAN/PEKRN **Date of Birth**

KIN Enclosed KYC Proof

POA Holder* Name as per PAN records

PAN **Date of Birth**

KIN Enclosed KYC Proof

Mailing Address

City PIN State

Tel. No. (R) Tel. No. (O)

Mobile

This mobile number belongs to (Please refer instruction 8): Self* Spouse DC DS DP GD Custodian *Default

E-mail

This email ID belongs to (Please refer instruction 8): Self* Spouse DC DS DP GD Custodian *Default

Overseas Address (Mandatory in case of NRI / FPI applicant)

City State/Province

Country PIN

2. Investment and Payment Details¹

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option	<input type="text"/>	<input type="text"/>	<input type="text"/>
IDCW Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment Amt. (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD Charges (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net Amt. (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Amount (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>		
Bank Name	<input type="text"/>		
Bank A/c. No.	<input type="text"/>		

3. For SIP/Micro SIP¹

 SIP Micro SIP

Amount Cheque Date

Drawn on Bank Branch

Period From To Or Till further notice

Cheque Nos. From To

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

SIP Date Date of your choice (except 29,30,31) (15th Default)

4. Demat Account Details²

Optional, Refer instruction no. 12

NSDL CDSL DP ID³

Beneficiary Account No.

DP Name

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

Branch Address

MICR Code⁴

NEFT/RTGS/IFSC Code⁵

Remitter LEI No.: Validity Date:

Beneficiary Name **Invesco Mutual Fund**

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

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

¹For SIP through Auto-Debit (Direct Debit/NACH)

please fill respective SIP registration cum mandate form.

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

Signature, Stamp & Date

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 Invesco Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed above in the event of my / our death.




	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	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Proof of Relationship	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____
Address			
City			
State			
PIN			

* applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

SECTION B (Declaration Form for opting out of nomination)

I/We **DO NOT** wish to make a nomination. (Please tick ✓ if the unitholder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

 Signature of Sole/First Applicant/Guardian	 Signature of the 2nd unitholder	 Signature of the 3rd unitholder
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