

Key Partner / Agent Information (Investors applying under Direct Plan must mention "Direct" in ARN No. column.)

Distributor / Broker ARN ARN - ARN-64917	Sub-Broker ARN Code ARN -	Employee Unique Identification No. (EUIIN) (Of Individual Employee / Relationship Manager/Sales Person of the Distributor) E434563	Registered Investment Advisor Code
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Folio No. Name of Sole / First Holder

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.

Sign Here Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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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. For details on transaction charges payable to distributors; please refer to Key Information Memorandum

- Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓): Yes / No (Mandatory to ✓). If yes, please fill FATCA declaration.
- NRI investors should mandatorily fill separate FATCA / CRS declarations.
- Non Individual investors should mandatorily fill separate FATCA / CRS & UBO declarations

1. Additional Purchase (Cheque / DD should be drawn in favor of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided below)

Scheme Invesco India	Plan	Option	Dividend Frequency
Investment Amount (₹) <input type="text"/>	Net Amount (₹) <input type="text"/>	Dated	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Payment Mode <input type="checkbox"/> Cheque/ <input type="checkbox"/> DD/ <input type="checkbox"/> RTGS/ <input type="checkbox"/> NEFT/ <input type="checkbox"/> NACH (Please ✓)	Drawn on Bank <input type="text"/>		
Cheque/DD/RTGS/NEFT UTR No./UMRN <input type="text"/>	A/c Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others _____		
Bank A/c. No. <input type="text"/>	<input type="checkbox"/> Minor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Distributor		
Applicable in case of Third Party Payment: Payment on behalf of (Please ✓)	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof PAN/KRN <input type="text"/>		
Name of the Person making Payment <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

2. Switch Request

From : Scheme Invesco India	Plan	Option	Dividend Frequency
To : Scheme Invesco India	Plan	Option	Dividend Frequency
Amount (₹) <input type="text"/>	Or No. of Units <input type="text"/>	Or All Units <input type="checkbox"/> (Please ✓)	

3. Redemption Request

Scheme Invesco India	Plan	Option	Dividend Frequency
Amount (₹) <input type="text"/>	Or No. of Units <input type="text"/>	Or All Units <input type="checkbox"/> (Please ✓)	

For investors who have registered for multiple Bank A/c facility, kindly credit / issue cheque for the redemption proceeds in the following Bank A/c registered with you.

Bank Name <input type="text"/>	Bank A/c No. <input type="text"/>	Branch <input type="text"/>
Bank City <input type="text"/>	Account Type <input type="text"/>	IFSC Code <input type="text"/>

Disclaimer: If the Banks A/c details mentioned above does not match with the registered Bank A/c details in the folio or not mentioned above then the payment will be remitted in the default Bank A/c.

Demat Account Detail (Optional) (Please ✓) NSDL CDSL

DP ID ¹ <input type="text"/>	Beneficiary Account No. <input type="text"/>	DP Name <input type="text"/>
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¹ Not applicable in case of CDSL. The investor shall receive payments of Dividend / Redemption proceeds in the Bank A/c linked to the Demat A/c as mentioned above.

PAN / KRN (Mandatory) <input type="text"/>	<input type="text"/>	<input type="text"/>
Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof
Enclosed (Please ✓) <input type="checkbox"/> Banker Certificate for DD		

Declaration: Having read and understood the contents of the Statement of Additional Information / Scheme Information Document(s) and Key Information Memorandum(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.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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To be signed by unitholders as per mode of holding opted. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

Acknowledgement

Folio No. <input type="text"/>	Name <input type="text"/>	For Office Use Signature of receiving authority
Redemption Request Invesco India	Units or Amount in ₹ <input type="text"/>	<input type="text"/>
Additional Purchase Invesco India	Amount in ₹ <input type="text"/>	
Cheque / DD / RTGS / NEFT UTR No. / UMRN <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
From: Scheme Invesco India	Plan <input type="text"/> Option <input type="text"/>	
To: Scheme Invesco India	Plan <input type="text"/> Option <input type="text"/>	
Amount (₹) <input type="text"/>	Or No. of Units <input type="text"/>	Date of receipt / Time of receipt :
	Or All Units <input type="checkbox"/> (Please ✓)	

Folio No.

Name of Sole / First Unit Holder

PAN

1. Change of Bank Mandate (COB)

Bank A/c. No. Bank Account Type (Please ✓) Savings Current NRO NRE Others _____

Bank Name

Bank Address

Bank City

MICR Code (9 digits)

IFSC Code (11 digits)

Documents Submitted (any one)

- Cancelled original cheque of the new bank mandate with first unit holder name and bank account number printed on the face of the cheque.
- Self attested copy of bank account statement/bank passbook issued by the concerned bank. (not older than 3 months)

Note:
In case of photocopies of the documents as stated above are submitted, investor must produce original for verification or a copy of the supporting documents duly attested by the concerned bank to any of the AMC branches or official point of acceptance of transactions (ISC).

2. Updation of Contact details Confirmation of existing contact details / family declaration

(Please ensure to attach Self-attested PAN Card copy with change of contact details request)

To facilitate the ease of two factor authentication(2FA) we request you to update contact details for all the unit holders.

First Unit Holder

Phone (Office) Phone (Residence)

Mobile^ This mobile number belongs to : Self* Spouse DC DS DP GD CD | *Default

E-mail^ This email ID belongs to : Self* Spouse DC DS DP GD CD | *Default

Second Unit Holder

Mobile^ This mobile number belongs to : Self* Spouse DC DS DP GD CD | *Default

E-mail^ This email ID belongs to : Self* Spouse DC DS DP GD CD | *Default

Third Unit Holder

Mobile^ This mobile number belongs to : Self* Spouse DC DS DP GD CD | *Default

E-mail^ This email ID belongs to : Self* Spouse DC DS DP GD CD | *Default

3. Change of Address

Please submit forms prescribed by KYC Registration Agency for change of address along with prescribed documents.

4. Updation/Correction of Date of Birth

(Please ensure to attach Self-attested PAN Card copy with updation of date of birth)

Applicant Name

Date of Birth

P.T.O. for Signatures & Instructions

Acknowledgement

Folio No. Name

Received request for (Please ✓)

Change of Contact Details

Change in KYC Declaration Form

Change of Bank Mandate (COB)

For Office Use
Signature of receiving authority

Date of receipt / Time of receipt :

5. KYC Declaration Form

Applicant's Details

 PAN/KRN

 Date of Birth / Incorporation

 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 ₹ as on (Not older than 1 year) (Mandatory for Non-individuals)

 Occupation Details (✓) Private Service Public Sector / Govt. Service Business Professional Housewife Retired Student Forex Dealer Agriculturist Others _____ (Please specify)

Others (✓)

 For Individuals Politically Exposed Person Related to Politically Exposed Person Not Applicable

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

(Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials etc.)

Declaration & Signature(s)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it. I hereby authorise sharing of the information furnished on this form with all SEBI registered intermediaries.



Sole / First Holder



Second Holder



Third Holder

To be signed by unitholders as per mode of holding opted. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

 Place

 Date

Instructions

KYC compliant folios / clients are required to submit forms prescribed by KYC Registration Agency for change of address along with prescribed documents as proof of change of address.

^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	Guardian
CD	Custodian

Get in Touch

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