

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions on page no. 16 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

- **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**

Key Partner/Agent Information

Distributor / Broker ARN <small>ARN -</small> ARN-183038	Sub-Broker ARN Code <small>ARN -</small>	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIN) E (Of Individual ARN holder or of employee/Relationship Manager/Sales Person of the Distributor)		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 Unit Holder

New Unit Holder

1. Applicant Details

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

First/Sole

City of Birth Country of Birth

PAN/PEKRN

Date of Birth

KIN Enclosed KYC Proof

Gross Annual Income
 Below 1 Lac 1-5 Lacs (Default) 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore

Net-worth As on (date within last 1 year)

Occupation Details
 Private Service Pub. Sector / Govt. Serv. Professional Business **Others** Politically Exposed Person (PEP)
 Retired Student Agriculturist Forex Dealer (For Related to PEP
 Housewife Others _____ (Please specify) individuals Not Applicable (Default)

Second*

City of Birth Country of Birth

PAN/PEKRN

Date of Birth

KIN Enclosed KYC Proof

Gross Annual Income
 Below 1 Lac 1-5 Lacs (Default) 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore

Net-worth As on (date within last 1 year)

Occupation Details
 Private Service Pub. Sector / Govt. Serv. Professional Business **Others** Politically Exposed Person (PEP)
 Retired Student Agriculturist Forex Dealer (For Related to PEP
 Housewife Others _____ (Please specify) individuals Not Applicable (Default)

Third*

City of Birth Country of Birth

PAN/PEKRN

Date of Birth

KIN Enclosed KYC Proof

Gross Annual Income
 Below 1 Lac 1-5 Lacs (Default) 5-10 Lacs 10-25 Lacs 25 Lacs - 1 Crore > 1 Crore

Net-worth As on (date within last 1 year)

Occupation Details
 Private Service Pub. Sector / Govt. Serv. Professional Business **Others** Politically Exposed Person (PEP)
 Retired Student Agriculturist Forex Dealer (For Related to PEP
 Housewife Others _____ (Please specify) individuals Not Applicable (Default)

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).

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)

3. For SIP/Micro SIP¹ (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
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Drawn on Bank Branch

Period From

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Or Till further notice

Cheque Nos. From To

Name of the person making payment

PAN/PEKRN Enclosed KYC Proof

KIN

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

I	N						
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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

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 ✓)

Applicable in case of Third Party Payment:
On behalf of Minor Client Employee
 Distributor (Refer instruction no. 6).

Please provide a cancelled cheque leaf of the same bank account as mentioned above. We will credit the redemption/dividend 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. Unit holders 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.

- I would like to receive cheque payout
 I have provided multiple bank registration form

Instructions

- ¹For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form.
²The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5.
³Not applicable in case of CDSL.
⁴9 digit No. next to your Cheque No.
⁵11 digit character code appearing on cheque leaf.

Acknowledgement Slip (To be filled by the Applicant)

Received from Application No :

Towards Subscription of (Scheme Name) Signature, Stamp & Date

Amount (₹) Cheque/DD No. Date

D	D	M	M	Y	Y	Y	Y
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Instructions

¹Mandatory for investors who opt to hold units in non-demat form.

7. Nomination Details¹

Refer Instruction no. 10

	Nominee 1	Nominee 2	Nominee 3
Name			
Relationship			
PAN			
% Share			
If nominee is a minor			
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)

Signature(s) for Declaration

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place

8. Declaration

The Trustees, Invesco Mutual Fund

Having read and understood the contents of the Statement of Additional Information/Scheme Information Document(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. I/We do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors only). The Distributor has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us. I/We hereby authorise Invesco Mutual Fund, its Investment Manager and its Agents to disclose details of my/our investment to my/our bank(s)/ Invesco Mutual Fund's Bank(s) and/or Distributor/Broker/Investment Advisor and to verify my/our bank details provided by me/us. I/We give my consent to AMC and its agents / Registrar to contact me over phone, SMS, email or any other mode to address my investment related queries and/or receive communication pertaining to transactions/ non-commercial transactions/ promotions/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility. I / We declare that the email address and mobile number provided is of the primary / joint unitholder(s) / Family member (spouse, dependent children or dependent parents) and not of any third party. I/We hereby declare that the particulars given above are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold Invesco Asset Management (India) Pvt. Ltd. (Investment Manager to Invesco Mutual Fund), their appointed service providers or representatives responsible. I/We will also inform Invesco Asset Management (India) Pvt. Ltd., about any changes in my/our bank account. I/We hereby declare that the amount invested by me/us in the Scheme of Invesco Mutual Fund is derived through legitimate sources and is not held or designed for the purpose of contravention of any Act, Rules, Regulations or any statute or legislation or any other applicable laws or any Notifications, Directions issued by any governmental or statutory authority from time to time. I/We confirm that I/We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable laws of Canada.

Applicable to PEKRN holders : I, the first/sole holder hereby declare that I do not hold a Permanent Account Number and hold only a single 'PAN exempt PEKRN' issued by KRA and that my existing investment in schemes of Invesco Mutual Fund together with current application will not result in aggregate investments exceeding Rs. 50,000/- in a rolling 12 months period or in a financial year i.e. April to March.

Applicable to NRIs only: I/We confirm that I am/we are Non-Residents of Indian Nationality /Origin and that the funds are remitted from abroad through approved banking channels or from my/our NRE/NRO/FCNR/SNRR Account. I/We confirm that the details provided by me/us are true and correct.

Yes No

If NRI Repatriation basis Non-Repatriation basis

Systematic Investment Plan (SIP) Registration cum mandate form for NACH/Direct Debit

New Investors are requested to fill-in the scheme application form also.

Application No :

For details on transaction charges payable to distributors, please refer to KIM.

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.

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.

New SIP Micro SIP

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

New Investors are requested to fill-in the scheme application form also.

¹Investors applying under the direct plan must mention "Direct" against Scheme name.

²The SIP Form should be submitted at least 30 Calendar days before the first SIP debit date.

Key Partner/Agent Information

Distributor/ Broker ARN <small>ARN -</small>	Sub-Broker ARN Code <small>ARN -</small>	Internal Sub-Broker/ Employee Code
Employee Unique Identification No. (EUIIN)		Registered Investment Advisor (RIA) Code/ Portfolio Manager's Registration Number (PMRN)

1. Applicant Details

First/ Sole	<input type="text" value="(Mr./ Ms./ M/s.)"/>		
Application No. (New Investor)	<input type="text"/>	Folio No. (Existing Unit Holder)	<input type="text"/>
PAN/PEKRN	<input type="text"/>	Enclosed KYC Proof	<input type="checkbox"/>
KIN	<input type="text"/>		
UMRN No.	<input type="text"/>		

2. Investment and SIP Details¹

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dividend Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIP Date ²	<input type="text"/> Any Date: 1-28; Default -15 th	<input type="text"/> Any Date: 1-28; Default -15 th	<input type="text"/> Any Date: 1-28; Default -15 th
Frequency	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)
SIP Period	From <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y (or) <input type="checkbox"/> Till further notice	From <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y (or) <input type="checkbox"/> Till further notice	From <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y (or) <input type="checkbox"/> Till further notice
Each SIP Amount (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total SIP amount (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank A/c. No.	<input type="text"/>	Bank Name	<input type="text"/>
SIP Top-Up (Optional)			
Top-up Amount Rs.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Top-up Start Month	<input type="text"/> For existing investors	<input type="text"/> For existing investors	<input type="text"/> For existing investors
Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)
Top-up End Month	<input type="text"/> M M Y Y Y Y	<input type="text"/> M M Y Y Y Y	<input type="text"/> M M Y Y Y Y

NACH/Auto Debit Mandate (Applicable for SIP Registration)

UMRN	<input type="text"/>	Date	<input type="text"/>
Sponsor Bank Code	<input type="text"/>	<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel	
Utility Code	<input type="text"/>	I/We hereby authorize Invesco Mutual Fund	
To debit (✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others _____	Bank Account No.	<input type="text"/>
with Bank	Name of customers bank		IFSC / MICR <input type="text"/>
An amount of Rupees	<input type="text"/>	In Words	<input type="text"/>
Debit Type :	<input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency:	<input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented
Folio No.	<input type="text"/>	PAN	<input type="text"/>

1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.

PERIOD

From D D M M Y Y Y Y

To D D M M Y Y Y Y

Or Until Cancelled

Mobile

 Signature of Primary Bank Account Holder	 Signature of Bank Account Holder	 Signature of Bank Account Holder
Name as in bank records	Name as in bank records	Name as in bank records

Instructions

³Not applicable in case of CDSL. Applicable only to existing investors for fresh SIP enrolment.

3. Demat Account Details (Optional)

NSDL CDSL

DP ID³

I	N								
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 Beneficiary Account No.

DP Name

Declaration :

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply to the Trustee of Invesco Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Invesco Asset Management (India)/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Sign Here -Sole/First Applicant/Guardian

Sign Here - Second Applicant

Sign Here - Third Applicant