

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions before filling the form

						J							A	Appli	catio	n No	١:				
I/We hereby confirm that the EUIN box has been	Key Partne	r/Ag	ent	Info	rm	atio	n														_
intentionally left blank by me/us as this transaction is executed without any interaction or advice by the	Mutual Fu							Su	ıb-Bro	ker AF	RN Co	ode Internal Sub-Broker/Employee Cod						de			
employee/relationship manager/sales person of the above distributor/sub broker or notwithstanding the	ARN	-18	12	11		А	RN -														
advice of in-appropriateness, if any, provided by the employee/relationship manager/sales person of the	Employ	ee Uni	que lo	dentif	icatio	on No.	(EUII	N)										(RIA)			_
distributor/sub broker. (Refer Instruction no. 1vii).		E	52 8	868	82						Po	ortfol	io Mar	nager	's Reg	istrat	ion N	Numbe	er (PN	/IRN)	
Sign Here - Sole/First Applicanl/Guardian/POA	Existing Unit	holde	er: Pl	ease t	fill in	Folio	Numb	er b	elow a	nd th	en pr	ocee	d to s	ectior	12						
	Folio Number																				
	Name of Sole / First Unitholder																				
Sign Here - Second Applicant	New Unithol	der																			
у предоставления пред	1. Applicant	t Deta	ils																		
		Mode	of Ho	olding	j (On	ly for	non-c	dema	at mod	le)	Si	ngle	Jo	oint	Ar	iyone	or S	urvivo	r (De	fault)	
	First/Sole ⁺ (Name as per PAN records)	Mr. /	Ms./	M/s.																	_
Sign Here - Third Applicant		Father Name							Mother Name												
	PAN/PEKRN+												ate of rth ⁺	D	D	M	M	Υ	Υ	Υ	Υ
	KIN															En	close	ed KY0	C Pro	of \square	
	Gross Annual	Be	low 1	Lakh]1-5 L	akhs		5-10	Lakhs		10-2	⊥ 25 Lak	hs [25	_ Lakhs	s - 1 (Crore		> 1 Cro	re
Status (✓)	Income ⁺ Occupation Details	Net-	worth	 I		in Rs.			s on (D	M	M	Y	Υ	Y	Υ
☐ Individual ☐ Minor ☐ NRI Repatriable		Priv	rate Se	ervice	□ Pı	uh Sec	tor / G		¶andat Serv. □						Othe	rs 🗆	Politic	cally Fx	nosec	l Person	PFF
LLP Listed Co. Society/Club Trust		Ret			St	tudent thers _				Agric	ulturis	st 🗌		Dealer	(For			Related	d to Pl		
☐ AOP ☐ Co. U/S 25/8 of ☐ Minor-NRI Repatriable ☐ Companies Act ☐ Minor-NRI Non-Repatriable ☐ Partnership	Second*+ (Name as per PAN	Mr. /	Ms./	M/s.																	_
□ NRI Non-Repatriable □ Body Corporate □ Unlisted Co. □ FPI	records)	Father Name									Mother Name										
☐ In case of Non-Profit Entity* * refer point no 20	PAN/PEKRN+												ate of	D	D	M	M	Υ	Υ	Υ	Υ
	KIN															En	close	ed KY0	C Pro	of 🗌	
	Gross Annual	Be	low 1	Lakh		1-5 L	akhs		_ ☐5-10	Lakhs		10-2	⊥ 25 Lak	hs [25	_ Lakhs	s - 1 (Crore		> 1 Cro	re
	Income ⁺	Net-	worth			in Rs.			s on (D	M	M	Ty	У	Y	Υ
Instructions * No joint holder to be mentioned where minor is first	Occupation						tor / G		landat Sorv □	,									nococ	Dorcon	/DEI
holder.	Details	Private Service Pub. Sector / Govt. Serv. Professional Business Others Politically Exposed Person (PEF Retired Student Agriculturist Forex Dealer (For Related to PEP																			
^ Relative' shall be namely, Spouse; Father and Mother; Son and his wife; Daughter and her husband; Brother, Sister, stepfather, stepmother, stepson, stepbrother and stepsister	Relationship with First Holde	∐ Hoi r □ Re	usewif lative		_	thers _ Iutual	Fund	Dist	ributo	r	(P	Please	specif	y)	indivi	duals)	<i> </i>	Not Ap	plicab	le (Defa	ult)
	Third*+ (Name as per PAN	Mr. /	Ms./	M/s.																	
I/ We hereby declare and confirm that the name of joint holder (2nd / 3rd holder) has been added with my/our knowledge and consent.	records)		er Nan									Moti	ner Na	me							=

All fields marked with "+" are mandatory to be filled by the unitholder(s).

PAN/PEKRN+

Gross Annual

Occupation

Income+

Details

Below 1 Lakh

Net-worth

Retired

Housewife

1-5 Lakhs

Student

Others _

Private Service Pub. Sector / Govt. Serv. Professional Business

KIN

Relationship with First Holder Relative	Mutual Fund Distributor
Non-individuals) (Default) (ii	nvolved in any of the following services (i) Foreign Exchange/Money Changer Services No Gaming/Gambling/Lottery/Casino Services/Betting Syndicates No (Default) (iii) Money Lending/es No (Default)

As on (date within last 1 year)

(Mandatory for Non-Individuals)

Date of

5-10 Lakhs 10-25 Lakhs 25 Lakhs - 1 Crore

Enclosed KYC Proof

Others Politically Exposed Person (PEP)

Related to PEP

> 1 Crore

Birth+

Agriculturist Forex Dealer (For

__ (Please specify)



*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

To be filled mandatory by Non-Individual investors.
We are falling under "Non-Profit Organization" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013). Yes No
If Yes, please quote Registration No. of Darpan portal
of Niti Aayog
If you have not registered with Darpan Portal, please register immediately and confirm the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the

Mobile No. and Email ID Declaration Relationship Reference:

might be applicable.

respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/ us or collect such fines/charges in any other manner as

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.

¹Cheque/DD should be drawn in favor of the Scheme. Investment in single scheme - Invesco India Contra

Investment in multiple schemes - "Invesco MF Multiple Schemes".

Investors applying under direct plan must mention "Direct" in the box provided in Point no. 2.

⁺ Mandatory

Guardian/ Contact Pers (Name as per PAN ro		Mr.	/ Ms.	/ M/s																	
Relation	Fa	ther	(Natu	ıral Gı	uard	ian)		M	other	(Na	ntural G	uardi	an)		Court	t App	ointe	d Gua	ırdian		
PAN/PEKRN+												1	te of th ⁺	D	D	M	M	Υ	Υ	Υ	Υ
KIN																En	close	d KY0	C Proc	of 🗌	
POA Holder# (Name as per PAN records)	Mr.	/ Ms.	/ M/s																		
PAN												Da Biı	te of th	D	D	M	M	Υ	Υ	Υ	Υ
KIN																En	close	d KY0	C Proc	of 🗌	
Mailing Addres	s																				
City						PIN								Sta	ate						
Tel. No. (R)										(A	ddress	shou	d be a	s per	KYC r	ecord	ls, ref	er Ins	tructi	on no.	14ii)
Contact details	s of 1st	t Hol	der							-											
Mobile							Eı	ma	il												
This mobile num This email ID bel			s to:	=	elf* elf*	_	pous			IC IC			DP DP		GD GD	=	Custo			*Defa	
Contact details	s of 2n	d Ho	lder																		
Mobile							Eı	ma	il												
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Contact details	s of 3r	d Ho	lder																		
Mobile							E	ma	il												
This mobile num This email ID bel		_	s to:	=	elf* elf*		pous		=	IC IC		=	DP DP	=	GD GD	=	Custo			*Defa *Defa	
Overseas Addre	ess	(Mano	dator	y in c	ase (of NRI	/ FPI	l ap	pplica	nt)											
City										3	State/P	rovin	ce								
Country										F	PIN										

2. Investment and Payment Details¹

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan	Regular Direct	Regular Direct	Regular Direct
Option			
IDCW Frequency			
Investment Amt. (Rs.)			
DD Charges (Rs.)			
Net Amt. (Rs.)			
Total Amount (Rs.)			



Mode of Payment Cheque DD NACH RTGS/NEFT Funds Transfer Account Type NRO FCNR Others ☐ Current ☐ Savings ☐ SNRR ■ NRE Cheque/DD No./ UTR Bank Name Bank A/c. No. 3. Demat Account Details Optional, Refer instruction no. 12 ■ NSDL CDSL DP ID Beneficiary Account No. DP Name 4. 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 Code** NEFT/RTGS/ IFSC Code Remitter LEI No.: **Validity Date: Invesco Mutual Fund Beneficiary Name Beneficiary LEI** 5493000N71F6PVXRBF54 **Validity Date:** No.: 5. 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 🗸)

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.

Acknowledge	ement Slip (To be filled by the Applicant)	Application No :
Received from	Mr. / Ms. / M/s.	
Towards Subscription of (Scheme Name)		Signature, Stamp & Date
Amount ()	Cheque/DD No.	Date D D M M Y Y Y Y



6. 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

	the event of my / our death		minate the following person(s) w	/110	o stidii receive dii tile dssets field ili fily /				
	Nominee 1		Nominee 2		Nominee 3				
Nominee Name*									
Nominee PAN									
Nominee Relationship*									
% of allocation*									
DOB of Nominee*# Name of the Guardian (For minor as nominee)*#									
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 Certifica Legal Guardian P Others	te assport	Birth Certificate School Leaving Certificate Legal Guardian Passp Others	ро	Birth Certificate School Leaving Certificate rt Legal Guardian Passport Others				
Complete address inc. City, State and PIN code									
Email ID									
Mobile/ Phone No.									
Enclosed proof of identity									
Nominee / Guardian Sign.	Z.		Z.		Ø.				
# applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate). Fields marked with "*" are mandatory to be filled.									
SECTION B (Declaration Form for opting out of nomination)									
I/ We hereby confirm that I/ We do not wish to appoint any nominee(s) in my / our MF 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 / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.									
Ø		Ø			Ø				
Signature of So	ole/First Applicant/Guardian	Sig	gnature of the 2nd unitholder		Signature of the 3rd unitholder				

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



fill separate FATCA - CRS Annexure). Address Type Residential Business Registered Office Are you at a xersident of any country other than India? Yes No If YES; please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Clitzen / Resident / Green Card holder / Tax Resident in the respective countries Category First Applicant Second Applicant Third Applicant Country of Birth Second Applicant Third Applicant Country of Tax Resident/ Order Second Applicant Third Applicant Country of Tax Resident/ Order Second Applicant Third Applicant Country of Tax Resident Second Applicant Third Applicant If TIN is not available Second Applicant Second Applicant Third Applicant If Till is not available Second Applicant Second Applican	7. FATC	& CRS - Self Certification	for Individuals	Only (Non Individ	ual Investors should mandatorily			
Are you a tax resident of any country other than India? Yes No If YES, please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card holder / Tax Resident in the respective countries Category First Applicant Second Applicant Third Applicant Country of Birth				, c, (,			
If "YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card holder / Tax Resident in the respective countries Category First Applicant Second Applicant Third Applicant City Of Birth Second Applicant Third Applicant Country of Birth Second Applicant Second Applicant Third Applicant Country of Tax Residency' Residency' Country of Tax Residency' Reside		— —)			
a Citizen / Resident / Green Card holder / Tax Resident in the respective countries Category First Applicant Second Applicant Third Applicant Country of Birth	•				Jank fan kan minmaaan ; ah ana			
City of Birth Country of Birth Nationality Country of Tax Residency ³ Tax Identification No. ⁴ Identification No. ⁶ Identification Nye (If Nis not available), please y the reason A B C A Reason A B C Reason A The country where the Account holder is liable to pay tax does not issue Tax Identification Numbers to its residents. Reason C > Others; please state the reason thereof. 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. (Jive hereby apply to the Trustees of Invesco Mutual Fund for units of the Scheme/Option as indicated above and agree to additional information/Scheme Information Document(s) of the Scheme. (Jive hereby apply to the details of the Scheme and the Scheme. (Jive have understood the details of the Scheme and the Scheme. (Jive have understood the details of the Scheme and the Scheme. (Jive hereby additional information powers are correct. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information. If we would not have any existing Micro investments which the Scheme (Jive hereby additional information) Pvt. Ltd., about any work and the current Micro Investment scheme for investment with the current Micro Investment investors only). The Distributor has disclosed to medical may be a commission or any other model, payable to him for the different with the current Micro Investment investors only). The Distributor has disclosed to disclose details of mylour investment to my our bank(s) Invesco Mutual Fund. Its Investment Manager and Investment Albary and to verify my our bank(s) Invesco Mutual Fund Seark(s) and/or Distributory bank account. Universidate to work of the designed or the purpose of contravention of any Act, the first/sole holder hereby our bank of the disconder that the mails address and mo		•		•				
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Baving read and understood the contents of the Statement of Additional Information/Scheme Information Document(s) of the 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 All (Investment Manager to Invesco Mutual Fund), their appointed service providers or representatives responsible. J/We will also units of the Scheme All (Investment Manager to Invesco Mutual Fund, their appointed service providers or representatives responsible. J/We will also units of the Scheme and I/We have understood the details of the Scheme and I/We have understood the details of the Scheme and I/We have understood the details of the Scheme and 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 spilication 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 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 as the provised by me/us. I/We are not United States person(s) under the laws of United States or residents(s) of Canada as defined under the applicable was of Canada. Applicable to PEKRN holders: I, the first/sole holder hereby declare that I do not hold a Permanent Account Number and hold on receive communication pertaining to transactions/ potential investments and other communication pertaining to trans	8. Decla	ration						
Additional Information/Scheme Information Document(s) of the respective schemes. Additional Information/Scheme Information Information Invested We would not hold Invesco Austual Fund(), their appointed service providers or representatives responsible. I/We would not hold Invesco Autual Fund(), their appointed service providers or representatives responsible. I/We would not hold Invesco Autual Fund(), their appointed service providers or representatives responsible. I/We would not hold Invesco Autual Fund(), their appointed service providers or representatives responsible. I/We would not hold Invesco Autual Fund(), their appointed service providers or representatives responsible. I/We would not hold Invesco Autual Fund(), their appointed service providers or representatives responsible. I/We would not hold presentatives responsible. I/We would not hold Invesco Autual Fund Investored by melus and I	The Trustees	Invesco Mutual Fund						
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Date D D M M Y Y Y Y	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 Investment swhich together with the current Micro Investment splication 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 Fund, its Investment Manager to Invesco Asset Management (India) Pvt. Ltd. (Investment Manager to Invesco Mutual Fund; here provided by me/us in the Scheme of Invesco Mutual Fund; and its agents of Marcol Investment which together with the current 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 Fund, its Investment Manager to Invesco Mutual Fund; and the details of the primary of the purpose of contravention of any Act, Rules, Regulations or any statute or legislation 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 declare that I do not hold a Permanent Account Number and hold hereby declare that I do not hold a Permanent Account Number and hold hereby declare that I do not hold a Permanent Account Number and hold hereby declare that I do not hold a Permanent Account Number and hold a signed by me/us. I/We give my consent to AMC and its agents / Registrar to contact me over phone, SMS, email or my conse							
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