

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

#If the investment is being made by a Constituted Attorney, please furnish the details of POA holder

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).

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 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 might be applicable.

**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.

<sup>1</sup>Cheque/DD should be drawn in favor of the Scheme.

Investment in single scheme - Invesco India Contra Fund (IICE).

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

<b>Guardian/ Contact Person**</b>	Mr. / Ms. / M/s.																	
(Name as per PAN records)																		
<b>Relation</b>	<input type="checkbox"/> Father (Natural Guardian)					<input type="checkbox"/> Mother (Natural Guardian)					<input type="checkbox"/> Court Appointed Guardian							
<b>PAN/PEKRN+</b>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<b>Date of Birth+</b>	<div>D</div>	<div>D</div>	<div>M</div>	<div>M</div>	<div>Y</div>	<div>Y</div>	<div>Y</div>	<div>Y</div>
<b>KIN</b>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Enclosed KYC Proof <input type="checkbox"/>
<b>POA Holder#</b>	Mr. / Ms. / M/s.																	
(Name as per PAN records)																		
<b>PAN</b>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<b>Date of Birth</b>	<div>D</div>	<div>D</div>	<div>M</div>	<div>M</div>	<div>Y</div>	<div>Y</div>	<div>Y</div>	<div>Y</div>
<b>KIN</b>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Enclosed KYC Proof <input type="checkbox"/>

Mailing Address		
City	PIN	State
Tel. No. (R)		(Address should be as per KYC records, refer Instruction no. 14(ii))

### Contact details of 1st Holder

Mobile	Email							
This mobile number belongs to:	<input type="checkbox"/> Self*	<input type="checkbox"/> Spouse	<input type="checkbox"/> DC	<input type="checkbox"/> DS	<input type="checkbox"/> DP	<input type="checkbox"/> GD	<input type="checkbox"/> Custodian	*Default
This email ID belongs to :	<input type="checkbox"/> Self*	<input type="checkbox"/> Spouse	<input type="checkbox"/> DC	<input type="checkbox"/> DS	<input type="checkbox"/> DP	<input type="checkbox"/> GD	<input type="checkbox"/> Custodian	*Default

### Contact details of 2nd Holder

Mobile:  Email:

This mobile number belongs to: ☐ Self\* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ Custodian \*Default

This email ID belongs to: ☐ Self\* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ Custodian \*Default

**Contact details of 3rd Holder**

Mobile	Email							
This mobile number belongs to:	<input type="checkbox"/> Self*	<input type="checkbox"/> Spouse	<input type="checkbox"/> DC	<input type="checkbox"/> DS	<input type="checkbox"/> DP	<input type="checkbox"/> GD	<input type="checkbox"/> Custodian	*Default
This email ID belongs to :	<input type="checkbox"/> Self*	<input type="checkbox"/> Spouse	<input type="checkbox"/> DC	<input type="checkbox"/> DS	<input type="checkbox"/> DP	<input type="checkbox"/> GD	<input type="checkbox"/> Custodian	*Default

Overseas Address (Mandatory in case of NRI / FPI applicant)	
City	State/Province
Country	PIN

## 2. Investment and Payment Details<sup>1</sup>

	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			
IDCW Frequency			
Investment Amt. (Rs.)			
DD Charges (Rs.)			
Net Amt. (Rs.)			
Total Amount (Rs.)			

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	
Bank Name	
Bank A/c. No.	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

### 3. Demat Account Details Optional, Refer instruction no. 12

<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL <input type="checkbox"/> DP ID <div> <div>I</div> <div>N</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	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	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
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 _____		
Branch Address			
MICR Code	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
NEFT/RTGS/ IFSC Code	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
Remitter LEI No.:		Validity Date:	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
Beneficiary Name	Invesco Mutual Fund		
Beneficiary LEI No.:	5493000N71F6PVXRF54	Validity Date:	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>

### 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.

## Acknowledgement Slip (To be filled by the Applicant)

Received from	Mr. / Ms. / M/s.		<div>Application No :</div> <div></div> <div>Signature, Stamp &amp; Date</div>
Towards Subscription of (Scheme Name)			
Amount ( )	Cheque/DD No.	Date	
			<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>

## 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

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account 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 (For minor as nominee)*#			
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 _____
Complete address inc. City, State and PIN code			
Email ID			
Mobile/ Phone No.			
Enclosed proof of identity			
Nominee / Guardian Sign.			

# 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.

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

## 7. FATCA & CRS - Self Certification for Individuals Only (Non Individual Investors should mandatorily fill separate FATCA – CRS Annexure).

Address Type<sup>2</sup> ☐ Residential ☐ Business ☐ Registered Office

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
City Of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency <sup>3</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification No. <sup>4</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type (TIN or others, please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
If TIN is not available, please ✓ the reason A, B or C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Reason A → The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B → No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected.

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/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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole/First Applicant/Guardian	Second Applicant	Third Applicant
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Place	<input type="text"/>	