

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions before filling the form

Application No :

I/We hereby confirm that the EUN 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

Instructions

*No joint holder where minor is first holder PAN/KRN (Refer Instruction no. 3), Date of birth is mandatory in case of Minor, additionally refer Instruction no. 2, KYC & Networth (Refer Instruction no. 13). If the name given in the application does not match the name as appearing on the AADHAAR card, authentication, application may be liable to get rejected or further transactions may be liable to get rejected.

Key Partner/Agent Information

Distributor / Broker ARN ARN-162514	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUN) ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor	Registered Investment Advisor Code	

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's Details (Name as per AADHAAR card)

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

First/Sole

Mr. / Ms. / M/s.											
City of Birth						Country of Birth					
PAN/KRN						Date of Birth		D D M M Y Y Y Y			
(As per AADHAAR card)											
AADHAAR No.											
Enclosed KYC Proof <input type="checkbox"/>											
KIN 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 Net-worth in Rs. As on (date within last 1 year) (Mandatory for Non-individuals)											
Occupation Details <input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Others Politically Exposed Person (PEP) <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For individuals) <input type="checkbox"/> Related to PEP <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify) <input type="checkbox"/> Not Applicable (Default)											

Second*

Mr. / Ms.											
City of Birth						Country of Birth					
PAN/KRN						Date of Birth		D D M M Y Y Y Y			
(As per AADHAAR card)											
AADHAAR No.											
Enclosed KYC Proof <input type="checkbox"/>											
KIN 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 Net-worth in Rs. As on (date within last 1 year)											
Occupation Details <input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Others Politically Exposed Person (PEP) <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For individuals) <input type="checkbox"/> Related to PEP <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify) <input type="checkbox"/> Not Applicable (Default)											

Third*

Mr. / Ms.											
City of Birth						Country of Birth					
PAN/KRN						Date of Birth		D D M M Y Y Y Y			
(As per AADHAAR card)											
AADHAAR No.											
Enclosed KYC Proof <input type="checkbox"/>											
KIN 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 Net-worth in Rs. As on (date within last 1 year)											
Occupation Details <input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Others Politically Exposed Person (PEP) <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For individuals) <input type="checkbox"/> Related to PEP <input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify) <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)



4. Demat Account Details¹

Optional, Refer instruction no. 11

NSDL CDSL DP ID: I N

Beneficiary Account No. DP Name

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.

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

5. Bank Account Details (Mandatory As Per SEBI Guidelines)

Refer instruction no. 4

Bank A/c No. Bank Name City Branch Address MICR Code NEFT/RTGS/IFSC Code Account Type Current Savings SNRR NRE NRO FCNR Others

Instructions

¹The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5.

²Not applicable in case of CDSL.

³9 digit No. next to your Cheque No.

⁴11 digit character code appearing on cheque leaf.

⁵Mandatory for investors who opt to hold units in non-demat form.

6. Nomination Details⁵

Refer Instruction no. 10

Nominee 1 Name Relationship Date of Birth (Mandatory for minor) PAN % Share D D M M Y Y Y Y Name Relationship Date of Birth (Mandatory for minor) PAN % Share D D M M Y Y Y Y Name Relationship Date of Birth (Mandatory for minor) PAN % Share D D M M Y Y Y Y Name of Guardian (If Nominee is Minor) Guardian's Relation Address PAN of Guardian 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

Signature box

Sign Here - Second Applicant

Signature box

Sign Here - Third Applicant

Signature box

Date D D M M Y Y Y Y

Place

7. 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 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 hereby provide my/our consent in accordance with AADHAAR Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our AADHAAR number(s) in accordance with the AADHAAR Act, 2016 (and regulations made thereunder) and PMLA.

I/We hereby provide my/our consent for sharing/disclosing of my AADHAAR number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios.

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 KRN holders: I, the first/sole holder hereby declare that I do not hold a Permanent Account Number and hold only a single 'PAN exempt KRN' 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

Acknowledgement Slip (To be filled by the Applicant) ARN-162514

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