

## Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions on page no. 28 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	Key Partne	er/A	gen	t In	forr	nati	on																		
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	Distrib ARN -	utor / E	Broker	ARN			ARN		Sub-Br	oker A	RN Co	de			Inte	ernal S	ub-Bro	ker/Emp	loyee	e Code	)				
employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no. 1vii).	Employee Unique Identification No. (EUIN) (Of Individual ARN holder or of employee/											Registered Investment Advisor Code													
Transaction Charges (Please tick any one of the	(Of Relationsl								)																
below. For details refer KIM)  I am a first time investor in Mutual Funds /	Existing Unit	holde	er: Pl	lease f	ill in F	olio N	umber	belov	v and	then p	roceed	d to se	ction 2	2							Y Y Y  CCror Y Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y				
I am an existing investor in Mutual Funds ( <i>Default</i> )	Folio Number																								
Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors	Name of Sole / First Unit Holder																								
based on the investors' assessment of various factors,	New Unit Ho	lder																							
including the service rendered by the distributor.	1. Applicant's									_			_								Cror Y In (PE)				
Sign Here - Sole/First Applicant/Guardian/POA		Mode of Holding (Only for non-demat mode) Single Joint Anyone or Survivor (Default)																							
	First/Sole	Mr. / Ms. / M/s.																							
		City	of Bir	th								Cou	ntry of	f Birth											
Sign Here - Second Applicant	PAN/KRN												te of th	D	D	M	М	Υ	Υ	Υ	Υ				
	AADHAAR No.														(/	As per i	AADHA	AR card	,	Y Y  > 1 Cror Y Y  d Person (PE  Default)  Y Y  d Person (PE  Default)					
	KIN															Encl	osed K	YC Proof							
Sign Here - Third Applicant	Gross Annual Income	Bel	low 1 L	.ac		1-5 La	cs (Def	ault)		5-10	Lacs		10-25	5 Lacs		25 l	acs - 1	Crore		> 1	Cror				
		Net-	-worth		i	n Rs.						last 1 y n-indivi		D	D	M	М	Y	Υ	Υ	Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y  Y				
	Occupation	=	vate Se	ervice			tor / Go	ovt. Ser		Profes			usiness		Othe	rs		,		Perso	ı (PE				
	Details		tired usewife	е		tudent thers _				Agricu	Iturist	Fo	se spec		(For indivi	duals)	_	ated to F t Applica		efault	)				
Country of Birth/Citizenship/Nationality or Tax     Decidency other than India for any applicant to	Second*	Mr.	/ Ms.																						
Residency, other than India, for any applicant:  ☐ Yes ☐ No (Mandatory to √)  If Yes, please fill FATCA/CRS declaration		City of Birth									Country of Birth														
NRI investors should mandatorily fill separate FATCA/CRS declarations	PAN/KRN												te of	D	D	M	М	Υ	Υ	Υ	Υ				
Non-Individual investors should mandatorily fill separate FATCA / CRS & UBO declarations	AADHAAR No.														(/	As per i	AADHA	AR card	)						
	KIN															Encl	osed K	YC Proof							
	Gross Annual Income	Bel	low 1 L	.ac		L 1-5 La	cs (Def	ault)		5-10	Lacs		10-25	5 Lacs		25 L	acs - 1	Crore		> 1	Cror				
		Net-	-worth		i	n Rs.			As on	(date	within	last 1 y	ear)	D	D	M	М	Υ	Υ	Υ	Υ				
	Occupation	=	vate Se	ervice			tor / Go	ovt. Ser		Profes			usiness		Othe (For	rs		,	,	Perso	1 Crory  Y  1 Crory  Y				
	Details		tired usewife	е		tudent thers _				Agricu	iturist	Fo (Plea:	orex De se spec		(For indivi	duals)		ated to F t Applica		efault					
	Third*	Mr.	/ Ms.																		_				
		City	of Bir	th								Cou	ntry of	f Birth											
	PAN/KRN												te of	D	D	M	М	Υ	Υ	Υ	Υ				
	AADHAAR No.														()	As per i	AADHA	AR card	,	,	Cror Y On (PEt)				
	KIN															Encl	osed K	YC Proof							
Instructions	Gross Annual Income	Bel	low 1 L	.ac		1-5 La	cs (Def	ault)		5-10	Lacs		10-25	5 Lacs		25 L	acs - 1	Crore	Ļ	> 1	Croi				
*No joint holder where minor is first holder PAN/KRN (Refer Instruction no. 3), Date of birth is	-	Net-	-worth		i	n Rs.			As on	(date	within I	last 1 y	ear)	D	D	M	М	Υ	Υ	Υ	Υ				
rany and the instruction inc. 3), but 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	Occupation Details	Ret	vate Se tired usewife			ub. Sec tudent thers	tor / Go	ovt. Ser		Profes Agricu		Fo	usiness orex De se spec	ealer	Othe (For indivi		Re	itically Ex ated to F t Applica	PEP						
appearing on the AADHAAR card, authentication,	Others (For						ne follo	wina s	ervice	s (i) F	reian			,.				r Applica Yes							
application may be liable to get rejected or further transactions may be liable to get rejected.	Non-individuals)																	ingY							



vesco_	Guardian/ Contact Person*	k																			
utual Fund			Father Ocurt Appointed Guardian																		
	PAN/KRN											Da	Date Of Birth			M	M	Υ	γ	Υ	Υ
	AADHAAR No.											Bii	rth		D	(As p		HAAR (	Card)		
	KIN															Encl	losed K	(YC Pro	of 🗌		
	POA Holder#							<u> </u>				<u> </u>				J					
	PAN	PAN Date Of Birth										D M M Y Y Y Y									
	AADHAAR No.											DII	T III			(As p	er AAI	)HAAR (	Card)		
	KIN															Encl	losed k	(YC Pro	of 🗌		
(Address should be as per KYC records, refer Instruction no. 13ii)	Mailing Address																				
	City						PIN								State						
Status (J)	Tel. No. (Residence)										Tel. N	o. (Off	ice)								
☐ Individual ☐ Minor ☐ NRI Repatriable	Mobile E-mail  Overseas Address (Mandatory in case of NRI / FII / FPI applicant)																				
LLP Listed Co. Society/Club Trust ADP Co. U/S 25/8 of	Overseas Address	(M	andat	ory in	case	of NRI	/ FII /	FPI ap	plican	t)											
Minor-NRI Non-Repatriable Companies Act																					
Unlisted Co. Body Corporate	City										State	/Provir	nce								
Others  In case of Non-Profit Entity	Country										PIN										
	2. Investment and Payment Details¹ (For Cash, refer instruction no. 7)																				
	Scheme: Invesco India																				
Mode of Payment	Plan										0ptio	n									
Cheque Cash DD Funds Transfer	Investment Amt. (Rs	s) [	)								Net Amt. (Rs)										
NACH RTGS/NEFT  Account Type	Cheque/DD No./ UMRN/UTR														DD Charges (Rs.)						
Current Savings SNRR NRE NRO FCNR	Bank Name												Bank A	v/c. No	. No.						
Others	Name of the person making payment	1																			
Applicable in case of Third Party Payment:	PAN/KRN												Enc	losed	KYC Pr	oof [					
On behalf of Minor Client Employee Distributor (Refer instruction no. 6).	KIN																				
	3. For SIP/Micro	SIP <sup>2</sup>	<sup>2</sup> (For F	Post Da	ated Cl	heques	s Use C	heque	e Trun	cation	Syste	em (CT	S) che	ques	only)	1		SI	P	Mi	icro SIP
	Amount											Cheq	ue Date	D	D	M	М	Υ	Υ	Υ	Υ
Applicable in case of Third Party Payment:  On behalf of Minor Client Employee	Drawn on Bank										1 [	Br	anch	L							
Distributor (Refer instruction no. 6).	Period From		D	D	М	М	Υ	Υ	Υ	Υ	To	D	D	М	M	Υ	Υ	Υ	Y Or		ill furthe otice
Instructions *In case of Guardian, Investor needs to update their gross	Cheque Nos. From											To									
annual income, Occupation and other details as provided in first/sole holder. Contact Person-In case of non-individual	Name of the person making payment	1 [																			
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 favour of the Scheme.	PAN/KRN													closed C Proo							
Investors applying under direct plan must mention "Direct" in the box provided in Point no. 2.	KIN																				
<sup>2</sup> For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form	Frequency	[	Mo	nthly (	(Defaul		Qua (Jan, A	arterly apr, Jul		S	IP Date	9			your 29,30	choice (),31)			(:	15 <sup>th</sup> D	efault)



Amount (₹)

4. Demat Account Details1 Optional, Refer instruction no. 11 NSDL \_\_\_ CDSL DP ID<sup>2</sup> N DΡ Beneficiary Account No. Name Please provide a cancelled cheque leaf of the same bank 5. Bank Account Details (Mandatory As Per SEBI Guidelines) Refer instruction no. 4 account as mentioned above. We will credit the Account Type redemption/dividend proceeds directly into investors' account Current SNRR A/c. No. Savings through electronic means if the details provided by the NRE NR0 FCNR investors are sufficient for the same. Mentioning your IFSC will Bank Others help us transfer the amount to your bank account faster. Unit Name holders who have opted to hold Units in dematerialised form must provide Bank Account details linked with the Demat PIN account, as mentioned under section 4. In case of discrepancy, bank details as per depository records will be final. Branch MICR I would like to receive cheque payout Address Code<sup>3</sup> I have provided multiple bank registration form NEFT/RTGS/ IFSC Code<sup>4</sup> 6. Nomination Details<sup>5</sup> Instructions Refer Instruction no. 10 Name Relationship <sup>1</sup>The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5. Nominee 1 <sup>2</sup>Not applicable in case of CDSL PAN Date of Birth (Mandatory for minor) % Share <sup>3</sup>9 digit No. next to your Cheque No.  $^411$  digit character code appearing on cheque leaf. <sup>5</sup>Mandatory for investors who opt to hold units in Relationship Name non-demat form. Nominee 2 PΔN % Share Date of Birth (Mandatory for minor) Name Relationship Nominee 3 Date of Birth (Mandatory for minor) PAN % Share 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 7. Declaration derived through legitimate sources and is not held or designed for the Sign Here - Sole/First Applicant/Guardian/POA purpose of contravention of any Act, Rules, Regulations or any statute or The Trustees, Invesco Mutual Fund legislation or any other applicable laws or any Notifications, Directions Having read and understood the contents of the Statement of Additional issued by any governmental or statutory authority from time to time.

I/We hereby provide my /our consent in accordance with AADHAAR Act, 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, 2016 and regulations made thereunder, for (i) collecting, storing and 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 usage (ii) validating/authenticating and (ii) updating my/our AADHAAR number(s) in accordance with the AADHAAR Act, 2016 (and regulations any rebate or gifts, directly or indirectly, in making this investment. I/We made thereunder) and PMLA. Sign Here - Second Applicant I/We hereby provide my/our consent for sharing/disclosing of my AADHAAR do not have any existing Micro Investments which together with the current Micro Investment application will result in aggregate investments number(s) including demographic information with the asset management exceeding Rs. 50,000/- in a year (applicable to Micro Investment investors companies of SEBI registered mutual fund and their Registrar and Transfer only). The Distributor has disclosed to me/us all the commissions (in the 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 form of trail commission or any other mode), payable to him for the different competing Schemes of various Mutual Funds from amongst which United States or residents(s) of Canada as defined under the applicable the Scheme is being recommended to me/us. I/We hereby authorise Invesco Mutual Fund, its Investment Manager and its Agents to disclose laws of Canada. Sign Here - Third Applicant Applicable to KRN holders: I, the first/sole holder hereby declare that I do details of my/our investment to my/our bank(s)/Invesco Mutual Fund's not hold a Permanent Account Number and hold only a single 'PAN exempt 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 KRN' issued by KRA and that my existing investment in schemes of Invesco Mutual Fund together with current application will not result in aggregate given above are correct. If the transaction is delayed or not effected at all investments exceeding Rs. 50,000/- in a rolling 12 months period or in a for reasons of incomplete or incorrect information, I/We would not hold financial year i.e. April to March. Applicable to NRIs only: I/We confirm that I am/we are Non-Residents of Invesco Asset Management (India) Pvt. Ltd. (Investment Manager to Invesco Indian Nationality /Origin and that the funds are remitted from abroad Mutual Fund), their appointed service providers or representatives Date responsible. I/We will also inform Invesco Asset Management (India) Pvt. 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 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 Place If NRI Repatriation basis Non-Repatriation basis Yes No **Acknowledgement Slip** (To be filled by the Applicant) Application No : Received from Mr. / Ms. / M/s. Towards Subscription of Signature, Stamp & Date (Scheme Name

Cheque/DD No.



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

New Investors are requested to fill-in the scheme aplication form also. For instructions please refer page no. 34

Application No:

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

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.

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
¹Investors applying under the direct plan must mention "Direct" against Scheme name.
<sup>2</sup> Not applicable in case of CDSL. Applicable only to existing

investors for fresh SIP enrolment.

Bank A/C

<b>Key Partne</b>	er/Ager	t Infor	mation											
Distrib	outor / Broke	ARN	AR		o-Broker	ARN Co	ode		In	ternal S	ub-Broker	/Emplo	yee Code	
(Of	ployee Uniqu Individual AF hip Manager/	N holder o	Of employe				F	Register	ed Inve	estment	Advisor (	Code		
1. Investment	and SIP Deta	ails¹												
First / Sole	Mr. / Ms. /	M/s.												
Application No. (New Investor)							Folio No (Existina Unit Hol	g						
PAN/KRN							Enclose	d KYC Pr	roof [					
KIN														
Existing UMRN in folio					'	,	or 🗆	Last Re	gistere	⊐ d UMRN i	n the folio			
SIP Reference No.	Fo	r existing i	nvestors											
Scheme	Invesco India						Plan							
Each S <b>I</b> P Amount (Rs.)			(	Option					idend quenc	у				
SIP Date	Date of your choice	(5		Default)		vth - Def uency		nthly (D	efault)	or [	Quarter	ly (Jan	, Apr, Jun, Oct)	
SIP Period From	D D	(Except 29,	30, 31)   Y   Y	Y	Y То	D	D M	М	Υ	Υ	ΥΥΥ	(or)	Till further	
SIP Top-Up (Optional)	Top-up Amount Rs.					up Start M	lonth		Fo	r existing	invest	ors		
	Frequency	Half Y	early 🔲	Yearly (Dei	fault)	Top-	up Cap		мм уууу					
2. First SIP To	ansaction													
Cheque No.			Cheque Date	D D	М	М	Y	Υ	Υ	Amoun (Rs.)	t			
Bank														

		NO.	
			P.T.O. for Signatures
Invesc Mutua		NACH/Auto Debit M Applicable for Lumpsum/Additional Purchase	
	Sponsor Bank Code		Utility Code For office Use only
✓ CREATE MODI	FY I/We hereby authorize	Invesco Mutual Fund	☐ SB ☐ CA ☐ CC ☐ SB-NRE ☐ SB-NRO ☐ Others —
⊠ CANC	Bank Account Number		
with Bank	<	Name of customers bank	IFSC Or MICR
an amour of Rupees		In Words	₹ In Figures
Frequenc	y: Monthly × C	Quarterly X Half Yearly X Yearly	✓ As & when presented Debit Type: ⊠ Fixed Amount ✓ Maximum Amount
Folio No.			Phone
PAN			E-mail
	I agree for the debit of mandat	te processing charges by the bank whom ${f I}$ am authorizing to	debit my account as per latest schedule of charges of the banks.
GO Fro	D D M M Y Y Y	Y Y Signature of Primary Bank Account Holder	Signature of Bank Account Holder
≃ To	D D M M Y Y Y	Y Y	
or	Until Cancelled	Name as in bank records	Name as in bank records Name as in bank records



3. Demat Accou	ınt De	tails (	Option	ıal)								NSDL	-		CDSL			
DP ID <sup>2</sup>	I	N								Beneficiar Account N	<b>'</b>							
DP Name																		
Declaration: I/We terms & conditions of renrolment unde the particulars give authorise the bank verification of this officers directors, page to incorrect inform or incorrect inform investment. The AR the different compe	of SIP e r the S n above to he manda person f addit ation, of star N hold	enrolm IP of the reare onour ate, if nel and tional s I/We w nding i er has	ent thro he Sche correct the ins any. I/V d emplo sum on vould no instruct disclos	ough Dir eme(s)/ F t and exp struction We agree oyees, sl a specif ot hold t tion. I/W sed to m	rect De Plan(s) press m is as m e that hall no fied da the use le have	bit/NAC / Option ny willin nentione Invesco t be hel te from er instite e not re II the co	cH and a in(s) and ngness the ed in the Asset Id respondence of my accounting eccived of mmissi	agree to d agree to to make he appli Manage onsible f count. If esponsib nor bee	abide to abid paym cation ment or any the trole. I/V en ind	by the same de by the te ents referre i form. I/We (India)/Inve r delay/wror ansaction is We undertak uced by an rm of trail c	e. I /We rms are ed abore e also esco M ng deb s delay e to k ny reba	hereby and conditive through hereby utual Fuluits on the yed or not eep suffate or gession or	apply tions igh pa auth nd (ii ne par ot eff icien ifts, any o	to the of the articipal orise to cluding the control of the contro	Truste same. ation in bank to bank to bank at all for in the yor in node),	e of Invo I/We her NACH/I o debit ffiliates for exe or reaso funding directly	esco Muto reby decl Direct Del charges (i), and ar cuting the ins of inco g account	ual Fund are that bit. I/We towards ny of its e direct complete t on the ing this
<b>Sign Here -</b> Sole / Fir	st App	licant /	Guardia	an / POA	Siç	gn Here	- Secon	nd Applica	ant			Sign	Here	- Third	Applica	nt		