

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions 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

Mutual Fund Distributor ARN ARN - 146822	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIN) (Of Investor, Partner or of employee/ Relationship Manager/Sales Person of the Distributor) E-254833		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 Unitholder

New Unitholder

1. Applicant Details

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

First/Sole Mr. / Ms. / M/s. Name as per PAN records

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 in Rs. As on (date within last 1 year) (Mandatory for Non-Individuals)

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

Second* Mr. / Ms. / M/s. Name as per PAN records

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 in Rs. As on (date within last 1 year) (Mandatory for Non-Individuals)

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* Mr. / Ms. / M/s. Name as per PAN records

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 in Rs. As on (date within last 1 year) (Mandatory for Non-Individuals)

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)

Guardian/ Contact Person*	Mr. / Ms. / M/s. Name as per PAN records																			
Relation	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian																			
PAN/PEKRN	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											Date of Birth <table border="1" style="width:100%; text-align:center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y
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POA Holder*	Mr. / Ms. / M/s. Name as per PAN records																			
PAN	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											Date of Birth <table border="1" style="width:100%; text-align:center;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y
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Mailing Address		
City	PIN	State
Tel. No. (R)	Tel. No. (O)	Mobile
E-mail		
This email ID belongs to (Please refer instruction 9): <input type="checkbox"/> Self* <input type="checkbox"/> Family Member *Default		
Overseas Address (Mandatory in case of NRI / FPI applicant)		
City	State/Province	
Country	PIN	

(Address should be as per KYC records, refer Instruction no. 14ii)

Status (✓)

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Minor |
| <input type="checkbox"/> HUF | <input type="checkbox"/> NRI Repatriable |
| <input type="checkbox"/> LLP | <input type="checkbox"/> Listed Co. |
| <input type="checkbox"/> Society/Club | <input type="checkbox"/> Trust |
| <input type="checkbox"/> AOP | <input type="checkbox"/> Co. U/S 25/8 of Companies Act |
| <input type="checkbox"/> Minor-NRI Repatriable | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Minor-NRI Non-Repatriable | <input type="checkbox"/> Body Corporate |
| <input type="checkbox"/> NRI Non-Repatriable | <input type="checkbox"/> FPI |
| <input type="checkbox"/> Unlisted Co. | <input type="checkbox"/> Others _____ |

In case of Non-Profit Entity

2. Investment and Payment Details¹

	Scheme 1	Scheme 2	Scheme 3										
Scheme	Invesco India	Invesco India	Invesco India										
Plan													
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.	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>												
Name of the person making payment [§]													
PAN/PEKRN	<table border="1" style="width:100%; text-align:center;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											Enclosed KYC Proof <input type="checkbox"/>	
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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 Fund (IICF).

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

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

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

3. For SIP/Micro SIP¹

 SIP Micro SIP

Amount Cheque Date

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

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)

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

4. Demat Account Details²

Optional, Refer instruction no. 12

NSDL CDSL DP ID³

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/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.

- 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 PIN

Account Type Current Savings SNRR NRE NRO FCNR Others _____

Remitter LEI No.: Validity Date:

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

Beneficiary Name **Invesco Mutual Fund**

Beneficiary LEI No.: **549300ON71F6PVXRBF54** Validity Date:

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

Branch Address

MICR Code⁴

NEFT/RTGS/IFSC Code⁵

Instructions

IDCW - Income Distribution cum capital withdrawal Option

LEI declaration is mandatory for all payment transactions undertaken by entities for value >= INR 50 crore

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.

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 ✓)

Acknowledgement Slip (To be filled by the Applicant)

Application No :

Received from Mr. / Ms. / M/s.

Towards Subscription of (Scheme Name)

Amount () Cheque/DD No. Date

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

Signature, Stamp & Date

Instructions

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

Nomination facility is not available in a folio held on behalf of a minor.

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