



Application Form for Lumpsum / SIP / Folio Creation

Please read instructions before filling the Form

Application No :

Key Partner / Agent Information

Distributor / Broker ARN ARN - 132061	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) (Of Individual ARN holder or Of employee / Relationship Manager of the Distributor) E352389	Registered Investment Advisor Code
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I/We hereby confirm that the EUIIN 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.1(viii)).

Sign Here Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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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.

Existing Unitholder : Pl. fill in Folio Number below and then proceed to section 2.

Folio Number

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)

- 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.

Name of Sole / First Unitholder

New Unitholder

1. Applicant's Details	Name (as per PAN)	PAN/KRN & KIN (Mandatory)	Date of Birth
First/Sole	Mr. / Ms. / M/s. City of Birth Country of Birth	PAN/KRN (10 Digit No.) KIN (14 Digit No.)	D D M M Y Y Y Y Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Second	No joint holder where minor is first holder City of Birth Country of Birth	PAN/KRN (10 Digit No.) KIN (14 Digit No.)	D D M M Y Y Y Y Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Third	No joint holder where minor is first holder City of Birth Country of Birth	PAN/KRN (10 Digit No.) KIN (14 Digit No.)	D D M M Y Y Y Y Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Guardian/ Contact Person	(if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Relation <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Guardian	PAN/KRN (10 Digit No.) KIN (14 Digit No.)	D D M M Y Y Y Y Enclosed (please ✓) <input type="checkbox"/> KYC Proof
POA Holder	(If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)	PAN/KRN (10 Digit No.) KIN (14 Digit No.)	D D M M Y Y Y Y

Mailing Address: (Address should be as per CKYC records, refer Instruction no. 13(ii))

<input type="text"/>	<input type="text"/>
City	PIN
State	
Tel. No. (Residence)	Tel. No. (Office)
Mobile	
E-mail	

Overseas Address: (Mandatory in case of NRI / FII / FPI applicant)

<input type="text"/>	<input type="text"/>
City	State/Province
Country	PIN
Status (✓) <input type="checkbox"/> Individual <input type="checkbox"/> Minor <input type="checkbox"/> Minor-NRI Repatriable <input type="checkbox"/> Minor-NRI Non-Repatriable <input type="checkbox"/> HUF <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Listed Co. <input type="checkbox"/> Unlisted Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society/Club <input type="checkbox"/> Trust <input type="checkbox"/> FPI <input type="checkbox"/> AOP <input type="checkbox"/> Co. U/S 25/8 of Companies Act <input type="checkbox"/> Others	

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

In case of Non-Profit Entity (please ✓) ☐

2. KYC Details Mandatory (✓)

Gross Annual Income	First/Sole	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth	<input type="text"/>	in ~	as on	D D M M Y Y Y Y	(Not older than 1 year) (Mandatory for Non-individuals)
	Second	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth	<input type="text"/>	in ~	as on	D D M M Y Y Y Y	(Not older than 1 year)
	Third	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth	<input type="text"/>	in ~	as on	D D M M Y Y Y Y	(Not older than 1 year)
Occupation Details	First/Sole	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others	(Please specify)			
	Second	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others	(Please specify)			
	Third	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others	(Please specify)			
Others (For individuals)	First/Sole	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable						
	Second	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable						
	Third	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable						

Others (For Non-individuals) Is the entity involved in any of the following services

(i) Foreign Exchange/Money Changer Services ☐ Yes ☐ No (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates ☐ Yes ☐ No (iii) Money Lending/Pawning ☐ Yes ☐ No

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).
KIN: KYC Identification Number from Central KYC Registry

Acknowledgement Slip (To be filled by the Applicant)

Application No :

Received from	Mr. / Ms. / M/s.	Date	D D M M Y Y Y Y
Towards Subscription under below Schemes	Invesco India	Scheme Name	
Amount (Rs.)		Cheque/DD No.	
			Signature, Stamp & Date

3. Investment Details (Cheque / DD should be drawn in favour of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided below.)

Invesco India		Scheme Name		Plan	Option
Payment Details (For Cash, refer instruction no. 7)					
Investment Amt. (Rs)		DD Charges (Rs.)		Net Amt. (Rs)	Cheque/DD No./UMRN
				Net of DD Charges	
Bank Name		A/c. No.			
Mode of Payment <input checked="" type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> Cash <input type="checkbox"/> NACH		Account Type <input checked="" type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others			
Applicable in case of Third Party Payment: Payment on behalf of <input checked="" type="checkbox"/> Minor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Distributor (Refer instruction no. 6).		PAN/KRN			
Name of the person making payment		Enclosed <input checked="" type="checkbox"/> KYC Proof			

4. For SIP / Micro SIP for Post Dated Cheques

<input type="checkbox"/> SIP <input type="checkbox"/> Micro SIP		Refer instruction no. 6			
SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)		(For SIP through Auto-Debit (Direct Debit/ECS/NACH) please fill respective SIP registration cum mandate form)			
Period From <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y To <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		Applicable in case of Third Party Payment: <input type="checkbox"/> Minor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Distributor		Payment on behalf of <input checked="" type="checkbox"/>	
Cheque Nos. From <input type="text"/> To <input type="text"/>		Name of the person making payment			
Drawn on Bank <input type="text"/>		Enclosed <input checked="" type="checkbox"/> KYC Proof		PAN / KRN <input type="text"/>	
Frequency <input checked="" type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly		SIP Date <input checked="" type="checkbox"/> 3 rd <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th (Default) <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th Or		Mention Date of your choice	

5. Demat Account Details

DP ID #		Beneficiary Account No.		DP Name		Optional, Refer instruction no. 11	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input checked="" type="checkbox"/> NSDL <input type="checkbox"/> CDSL	
# Not applicable in case of CDSL.		The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5.					

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

Bank A/c. No.		A/c. Type <input checked="" type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others	
Bank Name		Branch Address	
City			
MICR Code <input type="text"/>		NEFT/RTGS/IFSC Code <input type="text"/> PIN <input type="text"/>	
(9 digit No. next to your Cheque No.)		(11 digit character code appearing on cheque leaf)	

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. Mentioning your IFSC will help us transfer the amount to your bank account faster. To receive cheque payout, ☒ If you have provided multiple bank registration form ☒ Unit holders who have opted to hold Units in dematerialised 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.

7. Nomination Details (Mandatory for investors who opt to hold units in non-demat form.)

Name		Date of Birth (for minor)		% Share		Relationship		Nominee PAN	
Nominee 1		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Nominee 2		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Nominee 3		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Name of Guardian (If Nominee is Minor)		Guardian's Relation (with the minor)		PAN of Guardian					
<input type="text"/>		<input type="text"/>		<input type="text"/>					
Address <input type="text"/>									
I do not intend to nominate <input checked="" type="checkbox"/> the box , in case you do not wish to nominate <input type="checkbox"/>									

8. Declaration & Signature(s)

<p>The Trustees, Invesco Mutual Fund Having read and understood the contents of the Statement of Additional Information / Scheme Information Document(s) of the scheme, 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</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date <input type="text"/> DD <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y</p> <p>Place <input type="text"/></p>		<p>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 being 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.</p> <p>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.</p> <p>If NRI <input checked="" type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis</p>		<p>Sole / First Applicant / Guardian / POA</p> <p>Second Applicant / POA</p> <p>Third Applicant / POA</p>		<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
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GET IN TOUCH

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