



Application Form for Lumpsum / SIP / Folio Creation

Please read instructions before filling the Form

Application No :

Key Partner / Agent Information

Distributor / Broker ARN ARN -	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) (Of Individual ARN holder or Of employee / Relationship Manager / Sales Person of the Distributor)	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-inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no.1(vii)).

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 KYC)	PAN/KRN	Date of Birth
First/Sole	Mr. / Ms. / M/s. City of Birth Country of Birth		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		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		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		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)		D D M M Y Y Y Y

Mailing Address: (Address should be as per KYC records, refer Instruction no. 14b)

City	PIN
State	
Tel. No. (Residence)	Tel. No. (Office)
Mobile	
E-mail	

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

City	State/Province
Country	PIN
Status (✓) <input type="checkbox"/> Individual <input type="checkbox"/> HUF <input type="checkbox"/> LLP <input type="checkbox"/> Society/Club <input type="checkbox"/> AOP	<input type="checkbox"/> Minor <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> Listed Co. <input type="checkbox"/> Trust <input type="checkbox"/> Co. U/S 25/8 of Companies Act <input type="checkbox"/> Minor-NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Unlisted Co. <input type="checkbox"/> FII <input type="checkbox"/> Minor-NRI Non-Repatriable <input type="checkbox"/> Partnership <input type="checkbox"/> Body Corporate <input type="checkbox"/> FPI <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	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	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	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), Not applicable in Growth option

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	Signature, Stamp & Date
Towards Subscription under below Schemes	Invesco India	Scheme Name		
Amount (₹)		Cheque/DD No.		

Invesco India	<i>Scheme Name</i>	Plan	Option
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Payment Details (For Cash, refer instruction no. 7)

Investment Amt. (Rs.)	DD Charges (Rs.)	Net Amt. (Rs.)	Cheque/DD No./UMRN
		<i>Net of DD Charges</i>	

Bank Name

A/c. No.

Mode of Payment (☒)
 ☐ Cheque
 ☐ DD
 ☐ Funds Transfer
 ☐ Cash
 ☐ NACH

Account Type (☒)
 ☐ Current
 ☐ Savings
 ☐ NRE
 ☐ NRO
 ☐ FCNR
 ☐ SNRR
 ☐ Others

Applicable in case of Third Party Payment: Payment on behalf of (☒)
 ☐ Minor
☐ Client
☐ Employee
☐ Distributor (Refer instruction no. 6).

PAN/KRN¹

Name of the person making payment

Enclosed (☒)
 ☐ KYC Proof³

☐ SIP ☐ Micro SIP

Refer instruction no. 6

(For SIP through Auto-Debit (Direct Debit/ECS/NACH) please fill respective SIP registration cum mandate form)

SIP through Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)

Period From To

Cheque		To	
Nos. From			
Drawn			
on Bank			

Applicable in case of Third Party Payment: ☐ Minor ☐ Client ☐ Employee ☐ Distributor
Payment on behalf of (✓) _____

Name of the person making payment	
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[illegible]Branch

Frequency (✓) ☐ Monthly (Default) or ☐ Quarterly SIP Date (✓) ☐ 3rd ☐ 10th ☐ 15th (Default) ☐ 20th ☐ 25th Or

Optional. Refer instruction no. 11

DP ID #		Beneficiary Account No.	DP Name	(✓) <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL
I	N			

(# 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.

Refer instruction no. 4

Bank A/c. No.	<input type="text"/>	A/c. Type (✓) <input 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	<input type="text"/>	Branch Address <input type="text"/>
City	<input type="text"/>	<input type="text"/>
MICR Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (9 digit No. next to your Cheque No.)	NEFT/RTGS/IFSC Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		(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.

Refer Instruction no. 10

Name		Date of Birth (for minor)	% Share	Relationship	Nominee PAN
Nominee 1		DD MM YYYY			
Nominee 2		DD MM YYYY			
Nominee 3		DD MM YYYY			
Name of Guardian (If Nominee is Minor)			Guardian's Relation (with the minor)		PAN of Guardian
Address					

8. Declaration & Signature(s)

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

(✓) Yes ☐ No ☐

If NRI (✓) ☐ Repatriation basis ☐ Non-Repatriation basis

Date

DD	MM	YYYY
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 Place

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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.

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.

Sole / First
Applicant /
Guardian /
POA

Second
Applicant /
POA

Third
Applicant /
POA



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