

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions on page no. 10 before filling the form

ARN-4464

E032737 VIKRAM S. BAGADTHEY 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

Distributor / Broker ARN ARN-4464	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIN) E032737 ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor	Registered Investment Advisor (RIA) 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

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
KIN	Enclosed KYC Proof <input type="checkbox"/>

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)							
		D	D	M	M	Y	Y	Y	Y

Occupation Details

<input type="checkbox"/> Private Service	<input type="checkbox"/> Pub. Sector / Govt. Serv.	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	Others (For individuals) <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable (Default)
<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	
<input type="checkbox"/> Housewife	<input type="checkbox"/> Others	(Please specify)		

Second*

Mr. / Ms.	
City of Birth	Country of Birth
PAN/KRN	Date of Birth
KIN	Enclosed KYC Proof <input type="checkbox"/>

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)							
		D	D	M	M	Y	Y	Y	Y

Occupation Details

<input type="checkbox"/> Private Service	<input type="checkbox"/> Pub. Sector / Govt. Serv.	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	Others (For individuals) <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable (Default)
<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	
<input type="checkbox"/> Housewife	<input type="checkbox"/> Others	(Please specify)		

Third*

Mr. / Ms.	
City of Birth	Country of Birth
PAN/KRN	Date of Birth
KIN	Enclosed KYC Proof <input type="checkbox"/>

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)							
		D	D	M	M	Y	Y	Y	Y

Occupation Details

<input type="checkbox"/> Private Service	<input type="checkbox"/> Pub. Sector / Govt. Serv.	<input type="checkbox"/> Professional	<input type="checkbox"/> Business	Others (For individuals) <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable (Default)
<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Forex Dealer	
<input type="checkbox"/> Housewife	<input type="checkbox"/> Others	(Please specify)		

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)

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. 14).



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E032737 VIKRAM S. BAGADTHEY

(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

Mode of Payment

- | | |
|---------------------------------|---|
| <input type="checkbox"/> Cheque | <input type="checkbox"/> Cash |
| <input type="checkbox"/> DD | <input type="checkbox"/> Funds Transfer |
| <input type="checkbox"/> NACH | <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 _____ | | |

Applicable in case of Third Party Payment:

- On behalf of ☐ Minor ☐ Client ☐ Employee
☐ Distributor (Refer instruction no. 6).

Applicable in case of Third Party Payment:

- On behalf of ☐ Minor ☐ Client ☐ Employee
☐ Distributor (Refer instruction no. 6).

Instructions

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

²For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form

Guardian/ Contact Person*													
Relation	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court Appointed Guardian												
PAN/KRN									Date Of Birth	D D M M Y Y Y Y			
KIN									Enclosed KYC Proof <input type="checkbox"/>				
POA Holder#													
PAN									Date Of Birth	D D M M Y Y Y Y			
KIN									Enclosed KYC Proof <input type="checkbox"/>				

Mailing Address		
City	PIN	State
Tel. No. (Residence)		Tel. No. (Office)
Mobile	E-mail	
Overseas Address (Mandatory in case of NRI / FPI applicant)		
City	State/Province	
Country	PIN	

2. Investment and Payment Details¹ (For Cash, refer instruction no. 7)

Scheme: Invesco India		
Plan	Option	
Investment Amt. (Rs)	Net Amt. (Rs)	
Cheque/DD No./ UMRN/UTR	DD Charges (Rs.)	
Bank Name	Bank A/c. No.	
Name of the person making payment		
PAN/KRN	Enclosed KYC Proof <input type="checkbox"/>	
KIN		

3. For SIP/Micro SIP² (For Post Dated Cheques Use Cheque Truncation System (CTS) cheques only)☐ 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 <input type="checkbox"/> Till further notice
Cheque Nos. From									To									
Name of the person making payment																		
PAN/KRN									Enclosed KYC Proof <input type="checkbox"/>									
KIN																		
Frequency	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, Jul, Oct)																	
SIP Date	Date of your choice (except 29,30,31) <input type="text"/> <input type="text"/> (15 th Default)																	



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4. Demat Account Details¹☐ NSDL☐ CDSLDP ID²

I

N

Optional, Refer instruction no. 12

Beneficiary
Account No.DP
Name

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

Refer instruction no. 4

Bank
A/c. No.Bank
Name

City

Branch
AddressMICR
Code³NEFT/RTGS/
IFSC Code⁴

Account Type

☐ Current☐ Savings☐ SNRR☐ NRE☐ NRO☐ FCNR☐ Others

PIN

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. Unit holders 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

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	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) ☐

7. 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✓)

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 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 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

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
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Place

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

Signature, Stamp & Date

D	D	M	M	Y	Y	Y	Y
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