



# Application Form for Lumpsum / SIP / Folio Creation

Please read instructions before filling the Form

Application No :

## Key Partner / Agent Information

Distributor / Broker ARN <b>ARN 112272</b>	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) <small>(Of Individual ARN holder or Of employee / Relationship person of the Distributor)</small> <b>E-159868</b>	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(vii)).

Sign Here <small>Sole/First Applicant/Guardian</small>	Sign Here <small>Second Applicant</small>	Sign Here <small>Third Applicant</small>
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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	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Second	No joint holder where minor is first holder City of Birth Country of Birth	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Third	No joint holder where minor is first holder City of Birth Country of Birth	<input type="text"/>	<input type="text"/> 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	<input type="text"/>	<input type="text"/> 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)	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof
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
Mode of Holding (Only for non-demat mode) (✓) <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default)		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"/> FII <input type="checkbox"/> FPI <input type="checkbox"/> AOP <input type="checkbox"/> Co. U/S 25/8 of Companies Act <input type="checkbox"/> Others	In case of Non-Profit Entity (please ✓) <input type="checkbox"/>

## 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 <input type="text"/> (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 <input type="text"/> (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 <input type="text"/> (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 <input type="text"/>	Date <input type="text"/>	<input type="text"/>
Towards Subscription under below Schemes		
Invesco India <input type="text"/>	Scheme Name <input type="text"/>	
Amount (₹) <input type="text"/>	Cheque/DD No. <input type="text"/>	
		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.)

<input type="text" value="Invesco India"/>	Scheme Name	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
<input type="text"/>	<input type="text"/>	Net of DD Charges	<input type="text"/>

Bank Name  A/c. No.

Mode of Payment  Cash  Cheque  DD  Funds Transfer  NACH  Others  
 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/KRN <sup>1</sup>

Name of the person making payment  Enclosed  KYC Proof<sup>3</sup>

**4. For SIP / Micro SIP for Post Dated Cheques**

Refer instruction no. 6

SIP  Micro SIP (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 Nos. From  To

Drawn on Bank  Branch

Frequency  Monthly (Default) or  Quarterly SIP Date  3<sup>rd</sup>  10<sup>th</sup>  15<sup>th</sup> (Default)  20<sup>th</sup>  25<sup>th</sup> Or

Applicable in case of Third Party Payment:  Minor  Client  Employee  Distributor  
 Payment on behalf of  Name of the person making payment

Enclosed  KYC Proof<sup>3</sup> PAN / KRN

**5. Demat Account Details**

Optional, Refer instruction no. 11

DP ID #  Beneficiary Account No.  DP Name   NSDL  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)**

Refer instruction no. 4

Bank A/c. No.  A/c. Type  Current  Savings  NRE  NRO  FCNR  SNRR  Others \_\_\_\_\_

Bank Name  Branch

City  Address

MICR Code  (9 digit No. next to your Cheque No.) NEFT/RTGS/IFSC Code  PIN

(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.)**

Refer Instruction no. 10

	Name	Date of Birth (for minor)	% Share	Relationship	Nominee PAN
Nominee 1	<input type="text"/>	<input type="text" value="DD MM YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 2	<input type="text"/>	<input type="text" value="DD MM YYYY"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nominee 3	<input type="text"/>	<input type="text" value="DD MM YYYY"/>	<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

Address

I do not intend to nominate  (the box, in case you do not wish to nominate)

**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 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><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If NRI <input checked="" type="checkbox"/> Repatriation basis <input type="checkbox"/> Non-Repatriation basis</p> <p>Date <input type="text" value="DD MM YYYY"/> Place <input type="text"/></p>	<p>Sole / First Applicant / Guardian / POA <input type="text"/></p> <p>Second Applicant / POA <input type="text"/></p> <p>Third Applicant / POA <input type="text"/></p>
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**GET IN TOUCH**

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 Vile Parle (East), Mumbai - 400 057.  
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 call : 1800-209-0007 > sms 'Invest' to 56677 > Invest Online www.invescomutualfund.com



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

New Investors are requested to fill-in the scheme application form also

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

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.

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.

New SIP  Micro SIP

## 1. Investment and SIP Details

(Investors applying under the direct plan must mention "Direct" against Scheme name.)

First / Sole Investor  
Name

Application No. (New Investor)  Folio No.(Existing Unitholder)

PAN / KRN  Enclosed   KYC Proof

Existing UMRN  SIP Reference No.

Scheme  Scheme Name  Plan  Option  Dividend Frequency

Each SIP Amount (Rs.)

SIP Date  3<sup>rd</sup>  10<sup>th</sup>  15<sup>th</sup>  20<sup>th</sup>  25<sup>th</sup> or  Frequency  Monthly (Default)  Quarterly (Jan, April, July, Oct)

SIP Period Start From  End On   Till Further Notice

SIP Top-Up (Optional) Top-up Amount Rs.  Top Start Month

Frequency  Half Yearly  Yearly (Default) Top Cap Month - Year

## 2. Demat Account Details (Optional)

Please   NSDL  CDSL

DP ID #  Beneficiary Account No.  DP Name

(Applicable only to existing investors for fresh SIP enrolment.)

## 3. First SIP Transaction

Cheque No.  Cheque Date  Amount (Rs.)

Bank  Bank A/c. No.

## 4. Particulars of Bank Account (For Direct Debit/ECS)

Bank Name  Bank Account Number

Name as per Bank record  Maximum Amount

9 Digit MICR Code  (Please enter the 9 digit number that appears next to the cheque number). In case of At Par accounts, kindly provide the correct MICR number of the bank branch.

**Declaration :** I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/ECS/NACH and agree to abide by the same. I/We hereby apply to the Trustee of Invesco Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in Direct Debit/ECS/NACH. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Invesco Asset Management (India) Mutual Fund (including its affiliates), and any of its officers, directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

<input checked="" type="checkbox"/> First Account Holder Signature (As in Bank Records)	<input checked="" type="checkbox"/> Second Account Holder Signature (As in Bank Records)	<input checked="" type="checkbox"/> Third Account Holder Signature (As in Bank Records)
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UMRN  Date

(Please ) Sponsor Bank Code

CREATE  SB  CA  CC  SB-NRE  SB-NRO  Others \_\_\_\_\_

MODIFY  I/We hereby authorize

CANCEL  Bank Account Number

with Bank  IFSC  Or MICR

an amount of Rupees  In Words  ₹ In Figures

Frequency :  Monthly  Quarterly  Half Yearly  Yearly  As & when presented Debit Type :  Fixed Amount  Maximum Amount

Folio No.  Phone

PAN  E-mail

I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the banks.

PERIOD	From <input type="text" value="DD MM YYYY"/>	<input checked="" type="checkbox"/> Signature of Primary Bank Account Holder	<input checked="" type="checkbox"/> Signature of Bank Account Holder	<input checked="" type="checkbox"/> Signature of Bank Account Holder
	To <input type="text" value="DD MM YYYY"/>	1 <input type="text" value="Name as in bank records"/>	2 <input type="text" value="Name as in bank records"/>	3 <input type="text" value="Name as in bank records"/>
	Or <input type="checkbox"/> Until Cancelled			

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.