

# Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions before filling the form

Application No :

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. 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

**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. 13). If the name given in the application does not match the name as appearing on the AADHAAR card, authentication, application may be liable to get rejected or further transactions may be liable to get rejected.

## Key Partner/Agent Information

Distributor / Broker ARN <small>ARN -</small>	Sub-Broker ARN Code <small>ARN -</small>	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIIN) <small>(Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)</small>		Registered Investment Advisor 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** (Name as per AADHAAR card)

**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**

(As per AADHAAR card)

**AADHAAR No.**

**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)

**Second\***

Mr. / Ms.

City of Birth  Country of Birth

**PAN/KRN**

**Date of Birth**

(As per AADHAAR card)

**AADHAAR No.**

**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)

**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.

City of Birth  Country of Birth

**PAN/KRN**

**Date of Birth**

(As per AADHAAR card)

**AADHAAR No.**

**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)

**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)

**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\***

Relation  Father  Mother  Court Appointed Guardian

**PAN/KRN**  **Date Of Birth**            (As per AADHAAR Card)

**AADHAAR No.**                 (As per AADHAAR Card)

**KIN**             Enclosed KYC Proof

**POA Holder#**

**PAN**  **Date Of Birth**                (As per AADHAAR Card)

**AADHAAR No.**                 (As per AADHAAR Card)

**KIN**             Enclosed KYC Proof

(Address should be as per KYC records, refer Instruction no. 13ii)

**Mailing Address**

**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"/> 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                        |
| <input type="checkbox"/> FII                       |  |

In case of Non-Profit Entity

**2. Investment and Payment Details<sup>1</sup>** (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

**KIN**

**Mode of Payment**

- Cheque  Cash  DD  Funds Transfer  NACH  RTGS/NEFT

**Account Type**

- Current  Savings  SNRR  NRE  NRO  FCNR  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.

<sup>1</sup>Cheque/DD should be drawn in favour of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided in Point no. 2.

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

**3. For SIP/Micro SIP<sup>2</sup>** (For Post Dated Cheques Use Cheque Truncation System (CTS) cheques only)  SIP  Micro SIP

**Amount**  **Cheque Date**

**Drawn on Bank**  **Branch**

**Period From**         **To**        Or  Till further notice

**Cheque Nos. From**  **To**

**Name of the person making payment**

**PAN/KRN**  Enclosed KYC Proof

**KIN**

**Frequency**  Monthly (Default) or  Quarterly (Jan, Apr, Jul, Oct) **SIP Date**       **Date of your choice** (except 29, 30, 31)    (15<sup>th</sup> Default)



**4. Demat Account Details<sup>1</sup>**

NSDL  CDSL DP ID<sup>2</sup>

I	N								
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Optional, Refer instruction no. 11

Beneficiary Account No.  DP Name

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 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.

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**

**Branch Address**

**MICR Code<sup>3</sup>**

**NEFT/RTGS/IFSC Code<sup>4</sup>**

**Account Type**  
 Current  Savings  SNRR  
 NRE  NRO  FCNR  
 Others

**PIN**

**Instructions**

<sup>1</sup>The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5.

<sup>2</sup>Not applicable in case of CDSL.

<sup>3</sup>9 digit No. next to your Cheque No.

<sup>4</sup>11 digit character code appearing on cheque leaf.

<sup>5</sup>Mandatory for investors who opt to hold units in non-demat form.

**6. Nomination Details<sup>5</sup>**

Refer Instruction no. 10

**Nominee 1**

Name  Relationship

Date of Birth (Mandatory for minor)  PAN  % Share

D	D	M	M	Y	Y	Y	Y
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**Nominee 2**

Name  Relationship

Date of Birth (Mandatory for minor)  PAN  % Share

D	D	M	M	Y	Y	Y	Y
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**Nominee 3**

Name  Relationship

Date of Birth (Mandatory for minor)  PAN  % Share

D	D	M	M	Y	Y	Y	Y
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Name of Guardian (If Nominee is Minor)  Guardian's Relation

Address  PAN of Guardian

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
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Place

**7. 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

Yes  No

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 hereby provide my /our consent in accordance with AADHAAR Act, 2016 and regulations made thereunder, for (i) collecting, storing and usage (ii) validating/authenticating and (ii) updating my/our AADHAAR number(s) in accordance with the AADHAAR Act, 2016 (and regulations made thereunder) and PMLA. I/We hereby provide my/our consent for sharing/disclosing of my AADHAAR number(s) including demographic information with the asset management companies of SEBI registered mutual fund and their Registrar and Transfer Agent (RTA) for the purpose of updating the same in my/our folios. 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.

If NRI  Repatriation basis  Non-Repatriation basis

**Acknowledgement Slip (To be filled by the Applicant)**

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

Towards Subscription of (Scheme Name)

Amount (₹)

Cheque/DD No.

Application No :

Signature, Stamp & Date

Date 

D	D	M	M	Y	Y	Y	Y
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