

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)



ARN-53321

E054731

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

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**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 favour 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	
												(As per AADHAAR Card)	
AADHAAR No.													
KIN													
		Enclosed KYC Proof <input type="checkbox"/>											
POA Holder*													
PAN										Date Of Birth		D D M M Y Y Y Y	
												(As per AADHAAR Card)	
AADHAAR No.													
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 / FII / 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	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	SIP Date	Date of your choice (except 29,30,31)
<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, Jul, Oct)		
		(15 th Default)



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

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.

4. Demat Account Details¹

Optional, Refer instruction no. 11

<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL	DP ID ²	I	N					
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Beneficiary Account No.		DP Name	
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5. Bank Account Details (Mandatory As Per SEBI Guidelines)

Refer instruction no. 4

Bank A/c. No.									Account Type					
Bank Name									<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 _____					
City									PIN					
Branch Address								MICR Code³						
								NEFT/RTGS/ IFSC Code⁴						

6. Nomination Details⁵

Refer Instruction no. 10

Nominee 1	Name												Relationship														
	Date of Birth (Mandatory for minor)								PAN							% Share											
	D	D	M	M	Y	Y	Y	Y																			
Nominee 2	Name												Relationship														
	Date of Birth (Mandatory for minor)								PAN							% Share											
	D	D	M	M	Y	Y	Y	Y																			
Nominee 3	Name												Relationship														
	Date of Birth (Mandatory for minor)								PAN							% Share											
	D	D	M	M	Y	Y	Y	Y																			
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	
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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 (iii) 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 in 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) ARN-53321

E054731

Application No :

Received from	Mr. / Ms. / M/s.
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Towards Subscription of (Scheme Name)	
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Amount (₹)	Cheque/DD No.
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Signature, Stamp & Date

Date	D	D	M	M	Y	Y	Y	Y
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