

## 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. (EUIN) (Of Individual ARN holder or Of employee / Relationship Manager / Sales Person of the Distributor)
		Registered Investment Advisor Code	

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 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

Name of Sole /  
First Unitholder

### New Unitholder

#### 1. Applicant's Details

First/Sole <input style="width: 100%; border: 1px solid black;" type="text"/>	Name (as per KYC) <input style="width: 100%; border: 1px solid black;" type="text"/>	PAN/KRN <input style="width: 100%; border: 1px solid black;" type="text"/>
<input type="checkbox"/> Mr. / Ms. / M/s.		D D M M Y Y Y Y
<input type="checkbox"/> City of Birth	<input type="checkbox"/> Country of Birth	Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> KYC Proof
Second <input type="checkbox"/> No joint holder where minor is first holder <input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	D D M M Y Y Y Y
<input type="checkbox"/> City of Birth	<input type="checkbox"/> Country of Birth	Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> KYC Proof
Third <input type="checkbox"/> No joint holder where minor is first holder <input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>	D D M M Y Y Y Y
<input type="checkbox"/> City of Birth	<input type="checkbox"/> Country of Birth	Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> KYC Proof
Guardian/ Contact Person <input type="checkbox"/> (if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only)	<input style="width: 100%; border: 1px solid black;" type="text"/>	D D M M Y Y Y Y
POA Holder <input type="checkbox"/> Relation <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Guardian <input type="checkbox"/> (If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)	<input style="width: 100%; border: 1px solid black;" type="text"/>	Enclosed (please <input checked="" type="checkbox"/> ) <input type="checkbox"/> KYC Proof

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

<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
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<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>

Mode of Holding (Only for non-demat mode)   Single  Joint  Anyone or Survivor (Default)

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

<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>
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<input style="width: 100%; border: 1px solid black;" type="text"/>	<input style="width: 100%; border: 1px solid black;" type="text"/>

In case of Non-Profit Entity (please )

2. KYC Details Mandatory ( <input checked="" type="checkbox"/> )	Gross Annual Income	First/Sole <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	1-5 Lacs ( <b>Default</b> ) <input type="checkbox"/> 25 Lacs - 1 Crore	5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth <input style="width: 100px; border: 1px solid black;" type="text"/> in ₹	as on <input style="width: 100px; border: 1px solid black;" 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 ( <b>Default</b> ) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	<input type="checkbox"/> Net-worth <input style="width: 100px; border: 1px solid black;" type="text"/> in ₹	<input type="checkbox"/> as on <input style="width: 100px; border: 1px solid black;" 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 ( <b>Default</b> ) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	<input type="checkbox"/> Net-worth <input style="width: 100px; border: 1px solid black;" type="text"/> in ₹	<input type="checkbox"/> as on <input style="width: 100px; border: 1px solid black;" type="text"/> (Not older than 1 year)		

Occupation Details	First/Sole <input type="checkbox"/> Private Service <input type="checkbox"/> Retired	Public Sector / Govt. Service <input type="checkbox"/> Student	Business <input type="checkbox"/> Forex Dealer	Professional <input type="checkbox"/> Agriculturist	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	Related to Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	Not Applicable <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not Applicable
Second <input type="checkbox"/> Politically Exposed Person	<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"/> 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 style="width: 100%; border: 1px solid black;" type="text"/>	Date <input style="width: 100px; border: 1px solid black;" type="text"/> <input style="width: 100px; border: 1px solid black;" type="text"/>
Towards Subscription under below Schemes	
Invesco India	Scheme Name
Amount (₹) <input style="width: 100px; border: 1px solid black;" type="text"/>	Cheque/DD No. <input style="width: 100px; border: 1px solid black;" type="text"/>
Signature, Stamp & Date <input style="width: 100px; border: 1px solid black;" type="text"/>	

**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.)

Invesco India	Scheme Name	Plan	Option
<b>Payment Details</b> (For Cash, refer instruction no. 7)			
Investment Amt. (Rs)	DD Charges (Rs.)	Net Amt. (Rs)	Cheque/DD No./UMRN
		Net of DD Charges	
Bank Name	A/c. No.		
Mode of Payment (✓) <input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> Funds Transfer <input type="checkbox"/> Cash <input type="checkbox"/> NACH			
Applicable in case of Third Party Payment: Payment on behalf of (✓) <input type="checkbox"/> Minor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Distributor (Refer instruction no. 6).			
Name of the person making payment		Enclosed (✓) <input type="checkbox"/> KYC Proof <sup>3</sup>	

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

Refer instruction no. 6

<input type="checkbox"/> SIP <input type="checkbox"/> 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	MM YYYY	To	MM YYYY	Applicable in case of Third Party Payment: <input type="checkbox"/> Minor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Distributor
Cheque Nos. From	DD	To	DD	Payment on behalf of (✓)
Drawn on Bank				Name of the person making payment
Frequency (✓) <input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly	SIP Date (✓) <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> (Default) <input type="checkbox"/> 20 <sup>th</sup> <input type="checkbox"/> 25 <sup>th</sup>	Or	Enclosed (✓) <input type="checkbox"/> KYC Proof <sup>3</sup> PAN / KRN	
		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  Mention Date of your choice

**5. Demat Account Details**

Optional, Refer instruction no. 11

DP ID #	Beneficiary Account No.	DP Name
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.		
Bank A/c. No.	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	Branch Address	
City		
MICR Code	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	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				

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

**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

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 resident(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

Date DD MM YYYY

Place

Sole / First  
Applicant /  
Guardian /  
POA

Second  
Applicant /  
POA

Third  
Applicant /  
POA

**GET IN TOUCH**

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