Invesco Mutual Fund

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions before filling the form. All fields marked with "+" are mandatory to be filled by the unitholder(s).

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).

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

Status+ (✓)

- ☐ Individual
- ☐ HUF
- ☐ LLP
- ☐ Society/Club
- ☐ AOP
- ☐ Minor-NRI Repatriable
- ☐ Minor-NRI Non-Repatriable
- ☐ NRI Non-Repatriable
- ☐ Unlisted Co.
- ☐ Minor
- ☐ NRI Repatriable
- ☐ Listed Co.
- ☐ Trust
- ☐ Co. U/S 25/8 of Companies Act
- ☐ Partnership
- ☐ Body Corporate
- ☐ Private Limited Company
- ☐ Public Limited Company
- ☐ FPI
- ☐ Others _____
- ☐ In case of Non-Profit Entity*

Instructions

* No joint holder to be mentioned where minor is first holder.

^ Relative' shall be namely, Spouse; Father and Mother; Son and his wife; Daughter and her husband; Brother, Sister, stepfather, stepmother, stepson, stepbrother and stepsister

☐ I/ We hereby declare and confirm that the name of joint holder (2nd / 3rd holder) has been added with my/our knowledge and consent.

All fields marked with "+" are mandatory to be filled by the unitholder(s).

Key Partner/Agent Information

Mutual Fund Distributor ARN	Sub-Broker ARN Code	Internal Sub-Broker/Employee Code
ARN-95070	ARN -	

Employee Unique Identification No. (EUIN)	Registered Investment Advisor (RIA) Code / Portfolio Manager's Registration Number (PMRN)
E-101834 (Mutual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)	

Existing Unitholder: Please fill in Folio Number below and then proceed to section 2

Folio Number

Name of Sole / First Unitholder

New Unitholder

1. Applicant Details

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

First/Sole+ (Name as per PAN records): Mr. / Ms. / M/s.

Father Name | Mother Name

PAN/PEKRN+ | **Date of Birth+** (D D M M Y Y Y Y)

KIN

Gross Annual Income+ ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ 25 Lakhs - 1 Crore ☐ > 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 ☐ Private Service ☐ Pub. Sector / Govt. Serv. ☐ Professional ☐ Business **Others+** ☐ Politically Exposed Person (PEP) ☐ Retired ☐ Student ☐ Agriculturist ☐ Forex Dealer (For individuals) ☐ Related to PEP ☐ Housewife ☐ Others _____ (Please specify) ☐ Not Applicable (Default)

Second*+ (Name as per PAN records): Mr. / Ms. / M/s.

Father Name | Mother Name

PAN/PEKRN+ | **Date of Birth+** (D D M M Y Y Y Y)

KIN

Gross Annual Income+ ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ 25 Lakhs - 1 Crore ☐ > 1 Crore

Occupation Details ☐ Private Service ☐ Pub. Sector / Govt. Serv. ☐ Professional ☐ Business **Others** ☐ Politically Exposed Person (PEP) ☐ Retired ☐ Student ☐ Agriculturist ☐ Forex Dealer (For individuals) ☐ Related to PEP ☐ Housewife ☐ Others _____ (Please specify) ☐ Not Applicable (Default)

Relationship with First Holder ☐ Relative^ ☐ Mutual Fund Distributor

Third*+ (Name as per PAN records): Mr. / Ms. / M/s.

Father Name | Mother Name

PAN/PEKRN+ | **Date of Birth+** (D D M M Y Y Y Y)

KIN

Gross Annual Income+ ☐ Below 1 Lakh ☐ 1-5 Lakhs ☐ 5-10 Lakhs ☐ 10-25 Lakhs ☐ 25 Lakhs - 1 Crore ☐ > 1 Crore

Occupation Details ☐ Private Service ☐ Pub. Sector / Govt. Serv. ☐ Professional ☐ Business **Others** ☐ Politically Exposed Person (PEP) ☐ Retired ☐ Student ☐ Agriculturist ☐ Forex Dealer (For individuals) ☐ Related to PEP ☐ Housewife ☐ Others _____ (Please specify) ☐ Not Applicable (Default)

Relationship with First Holder ☐ Relative^ ☐ Mutual Fund Distributor

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)

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*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.

To be filled mandatory by Non-Individual investors.

We are falling under **"Non-Profit Organization"** [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ Yes ☐ No

If Yes, please quote Registration No. of Darpan portal of Niti Aayog

If you have not registered with Darpan Portal, please register immediately and confirm the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/ us or collect such fines/charges in any other manner as might be applicable.

Mobile No. and Email ID Declaration Relationship Reference:

Family Code	Family Description
SE	Self
SP	Spouse
DC	Dependent Children
DS	Dependent Siblings
DP	Dependent Parents
GD	Guardians
CD	Custodian

Guardian/ Contact Person*+ (Name as per PAN records) Mr. / Ms. / M/s.

Relation ☐ Father (Natural Guardian) ☐ Mother (Natural Guardian) ☐ Court Appointed Guardian

PAN/PEKRN+ **Date of Birth+** D D M M Y Y Y Y

KIN

POA Holder# (Name as per PAN records) Mr. / Ms. / M/s.

PAN **Date of Birth** D D M M Y Y Y Y

KIN

Mailing Address

City PIN State

Tel. No. (R) (Address should be as per KYC records, refer Instruction no. 15ii)

Contact details of 1st Holder

Mobile Email

This mobile number belongs to: ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ Custodian *Default
This email ID belongs to : ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ Custodian *Default

Contact details of 2nd Holder

Mobile Email

This mobile number belongs to: ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ Custodian *Default
This email ID belongs to : ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ Custodian *Default

Contact details of 3rd Holder

Mobile Email

This mobile number belongs to: ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ Custodian *Default
This email ID belongs to : ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ Custodian *Default

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

City State/Province

Country PIN

2. Investment and Payment Details[1]

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan	☐ Regular ☐ Direct	☐ Regular ☐ Direct	☐ Regular ☐ Direct
Option			
IDCW Frequency			
Investment Amt. (Rs.)			
DD Charges (Rs.)			

Instructions

IDCW - Income Distribution cum capital withdrawal Option

Plan, Option, Facility of the scheme should be clearly stated. In case applications are received where Plans/ Options for investment is not selected, the default Plan/ Option as prescribed in the SID of the Scheme will be applicable.

[1]Cheque/DD should be drawn in favor of the Scheme.

Investment in single scheme - Invesco India Contra Fund.

Investment in multiple schemes - "Invesco MF Multiple Schemes".

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

[1]For SIP registration, please fill the complete Systematic Investment Plan (SIP) Registration cum mandate form for NACH/Direct Debit

+ Mandatory

Invesco Mutual Fund

Please provide a cancelled cheque leaf of the same bank account as mentioned. We will credit the redemption/IDCW proceeds directly into investors' account through electronic means if the details provided by the investors are sufficient for the same. Mentioning your IFSC is mandatory and will help us transfer the amount to the correct bank account faster. Unitholders 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.

Net Amt. (Rs.)

Total Amount (Rs.)

Mode of Payment ☐ Cheque ☐ DD ☐ NACH ☐ Funds Transfer ☐ RTGS/NEFT

Account Type ☐ Current ☐ Savings ☐ SNRR ☐ NRE ☐ NRO ☐ FCNR ☐ Others _____

Cheque/DD No./ UTR

Bank Name

Bank A/c. No.

MICR Code

NEFT/RTGS/ IFSC Code

Remitter LEI No.:

Validity Date: D D M M Y Y Y Y

3. Demat Account Details[2]

Optional, Refer instruction no. 12

☐ NSDL ☐ CDSL ☐ DP ID[3] I N

Beneficiary Account No.

DP Name

4. Bank Account Details+

Bank A/c. No.

Bank Name

City

PIN

Account Type ☐ Current ☐ Savings ☐ SNRR ☐ NRE ☐ NRO ☐ FCNR ☐ Others _____

Branch Address

MICR Code[4]

NEFT/RTGS/ IFSC Code[5]

Remitter LEI No.: **Validity Date:** D D M M Y Y Y Y

Beneficiary Name **Invesco Mutual Fund**

Beneficiary LEI No.: **549300ON71F6PVXRBF54** **Validity Date:** D D M M Y Y Y Y

Instructions

LEI declaration is mandatory for all payment transactions undertaken by entities for value >= INR 50 crore

5. 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 ✓)

Acknowledgement Slip (To be filled by the Applicant)

Application No :

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

Towards Subscription of (Scheme Name)

Signature, Stamp & Date

Amount (₹)

Cheque/DD No.

Date D D M M Y Y Y Y

Invesco Mutual Fund

6. Nomination Details (Mandatory where mode of holding is Single)

Refer Instruction no. 10

(Please fill the appropriate section and strike out the other section which is not applicable.)

If application form is being signed by POA Holder, the unitholder(s) have to mandatory sign this section of Nomination Details.

****If nomination is submitted:

- **Online:** validate through Digital Signature Certificate or Aadhaar-based e-sign or by using any other e-sign facility recognized under Information Technology Act, 2000 or two factor authentication (2FA) in which one of the factors shall be a One-Time Password (OTP) sent to the registered mobile number and email address.
- **Physical / offline:** wet signature (signature of witness shall not be required). However, if thumb impression (instead of wet signature) is affixed, then the same shall be witnessed by two persons and details of such witnesses (name and address) shall be duly provided in this form.

Note:

- Investors can provide, changes or cancel nominations any number of times.
- The signature of all the joint holders shall be obtained for providing / changing nomination regardless of mode of operations.
- This nomination shall supersede any prior nomination made by the investor(s), if any.
- Investors can change nomination any number of times.
- Investor have the right to receive acknowledgement of the nomination form for each instance of nomination / subsequent change.

ANNEXURE-A

I / We wish to make nomination [as per details given below]

Mandatory Details

	Nominee 1	Nominee 2	Nominee 3
Name of Nominee*			
Relationship with the Applicant			
Date of Birth (to be provided in case the nominee is a minor)	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y

I want the following nomination details to be printed in the account / holding statements (tick ✓ one of the boxes below):

☐ Name of the nominee(s) ☐ Whether nomination given: Yes / No (not name of the nominee)

Optional details of nomination

	Nominee 1	Nominee 2	Nominee 3
% Share of nominee** (equal share if % is not specified)			
Mobile of nominee*** (Please note that the MF / RTA will be able to reach out to your nominee if you provide the contact details)			
Email ID of nominee*** (Please note that the MF / RTA will be able to reach out to your nominee if you provide the contact details)			
Specify Personal identifier document Aadhaar (last four digit), PAN, Driving Licence, Passport ***			

**Any odd lot after division shall be transferred to the first nominee mentioned in the form.

*** The aforesaid details shall be optionally provided for the Guardian, in case of nominee is a minor.

Sr. No.	Name(s) of holder(s)	Signature(s) of holder****
1.	Sole / First Holder (Mr./Ms.)	X
2.	Second Holder (Mr./Ms.)	X
3.	Third Holder (Mr./Ms.)	

ANNEXURE-B

I hereby confirm that I do not wish to appoint any nominee(s) to my mutual fund folio at this point of time.

I understand that –

(i) the nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise.

(ii) in the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s).

(iii) if no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework.

I confirm that I have understood the above implications and that my decision to opt out of nomination is voluntary.

X Signature of Sole/First Applicant	X Signature of the 2nd unitholder	Signature of the 3rd unitholder

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression instead of signature.

Sr. No.	Witness Name & Address	Witness Signature*
1.		
2.		

Invesco Mutual Fund

Instructions

Please consult your professional tax advisor for further guidance on your tax residency, if required.

[2]Address of tax residence would be taken as available in KRA & notify the changes.

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuing appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

7. FATCA & CRS - Self Certification for Individuals Only (Non Individual Investors should mandatorily fill separate FATCA – CRS Annexure).

Address Type[2] ☐ Residential ☐ Business ☐ Registered Office

Are you a tax resident of any country other than India? ☐ Yes ☐ No

If 'YES', please fill for ALL countries (other than India) in which you are a Resident for tax purposes i.e., where you are a Citizen / Resident / Green Card holder / Tax Resident in the respective countries

Category	First Applicant	Second Applicant	Third Applicant
City Of Birth			
Country of Birth			
Nationality			
Country of Tax Residency			
Tax Identification No.+			
Identification Type (TIN or others, please specify)			
If TIN is not available, please ✓ the reason A, B or C	➔ Reason ☐A ☐B ☐C	➔ Reason ☐A ☐B ☐C	➔ Reason ☐A ☐B ☐C

Reason A ➔ The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents.

Reason B ➔ No TIN required. (Select this reason Only if the authorities of the respective country of tax residence do not require the TIN to be collected.

Reason C ➔ Others; please state the reason thereof.

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 give my consent to AMC and its agents / Registrar to contact me over phone, SMS, email or any other mode to address my investment related queries and/ or receive communication pertaining to transactions/ non-commercial transactions/ promotions/ potential investments and other communication/ material irrespective of my blocking preferences with the Customer Preference Registration Facility. I / We declare that the email address and mobile number provided is of the primary / joint unitholder(s) / Family member (spouse, dependent children or dependent parents) and not of any third party. 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.

I/we hereby declare and confirm that the name of joint holder (2nd holder / 3rd holder) has been added with my/our knowledge and consent.

Applicable to PEKRN holders: I, the first/sole holder hereby declare that I do not hold a Permanent Account Number and hold only a single 'PAN exempt PEKRN' 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

× Sole/First Applicant/Guardian	× Second Applicant	Third Applicant

Date D D M M Y Y Y Y

Place