

# 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

**Instructions**

\*No joint holder where minor is first holder PAN/ PEKRN (Refer Instruction no. 3). Date of birth is mandatory in case of Minor, additionally refer Instruction no. 2, KYC & Networth (Refer Instruction no. 14).

## Key Partner/Agent Information

Mutual Fund Distributor 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 (RIA) Code / Portfolio Manager's Registration Number (PMRN)	

**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

City of Birth  Country of Birth

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

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)   
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  Related to PEP  
 Housewife  Others \_\_\_\_\_ (Please specify) individuals  Not Applicable (Default)

**Second\***   
Name as per PAN records

City of Birth  Country of Birth

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

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)   
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  Related to PEP  
 Housewife  Others \_\_\_\_\_ (Please specify) individuals  Not Applicable (Default)

**Third\***   
Name as per PAN records

City of Birth  Country of Birth

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

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)   
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  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)

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

**Status (✓)**

- Individual
- HUF
- LLP
- Society/Club
- AOP
- Minor-NRI Repatriable
- Minor-NRI Non-Repatriable
- NRI Non-Repatriable
- Unlisted Co.
- In case of Non-Profit Entity
- Minor
- NRI Repatriable
- Listed Co.
- Trust
- Co. U/S 25/8 of Companies Act
- Partnership
- Body Corporate
- FPI
- Others \_\_\_\_\_

**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	Guardian

**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.

\*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.

^Cheque/DD should be drawn in favor of the Scheme.

Investment in single scheme - Invesco India Contra Fund (IICF).

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.

**Guardian/Contact Person\***  Name as per PAN records

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

**PAN/PEKRN**           **Date of Birth**

**KIN**                      Enclosed KYC Proof

**POA Holder\***  Name as per PAN records

**PAN**           **Date of Birth**

**KIN**                      Enclosed KYC Proof

**Mailing Address**

**City**  **PIN**  **State**

**Tel. No. (R)**  **Tel. No. (O)**

**Mobile**

This mobile number belongs to (Please refer instruction 8):  Self\*  Spouse  DC  DS  DP  GD \*Default

**E-mail**

This email ID belongs to (Please refer instruction 8):  Self\*  Spouse  DC  DS  DP  GD \*Default

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

**City**  **State/Province**

**Country**  **PIN**

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

	Scheme 1	Scheme 2	Scheme 3
<b>Scheme</b>	Invesco India	Invesco India	Invesco India
<b>Plan</b>	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
<b>Option</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>IDCW Frequency</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Investment Amt. (Rs.)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>DD Charges (Rs.)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Net Amt. (Rs.)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Amount (Rs.)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Mode of Payment</b>	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NACH <input type="checkbox"/> Funds Transfer <input type="checkbox"/> RTGS/NEFT		
<b>Account Type</b>	<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 _____		
<b>Cheque/DD No./UTR</b>	<input type="text"/>		
<b>Bank Name</b>	<input type="text"/>		
<b>Bank A/c. No.</b>	<input type="text"/>		

**3. For SIP/Micro SIP<sup>1</sup>**

SIP  Micro SIP

Amount  Cheque Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Drawn on Bank  Branch

Period From 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 To 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Or  Till further notice

Cheque Nos. From  To

Frequency  Monthly (Default) or  Quarterly (Jan, Apr, Jul, Oct)

SIP Date Date of your choice (except 29,30,31) 

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 (15<sup>th</sup> Default)

**4. Demat Account Details<sup>2</sup>**

Optional, Refer instruction no. 12

NSDL  CDSL  DP ID<sup>3</sup>

I	N								
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Beneficiary Account No.

DP Name

**5. Bank Account Details (Mandatory As Per SEBI Guidelines)**

Refer instruction no. 4

Bank A/c. No.

Bank Name

City  PIN 

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Account Type  Current  Savings  SNRR  NRE  NRO  FCNR  Others \_\_\_\_\_

Branch Address

MICR Code<sup>4</sup>

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NEFT/RTGS/IFSC Code<sup>5</sup>

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Remitter LEI No.:  Validity Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Beneficiary Name

Beneficiary LEI No.:  Validity Date: 

D	D	M	M	Y	Y	Y	Y
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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 will help us transfer the amount to your 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.

- I would like to receive cheque payout
- I have provided multiple bank registration form

**Instructions**

IDCW - Income Distribution cum capital withdrawal Option

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

<sup>1</sup>For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form.

**6. 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

Towards Subscription of (Scheme Name)

Amount (₹)  Cheque/DD No.

Date 

D	D	M	M	Y	Y	Y	Y
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Signature, Stamp & Date

**7. Nomination Details (Mandatory)**

Refer Instruction no. 10

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

Signature of all unitholders is mandatory for nomination details. POA holder cannot sign for nomination details.

**SECTION A**

I/We, the above named Unitholders of Invesco Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed above in the event of my / our death.

	Nominee 1	Nominee 2	Nominee 3
Nominee Name			
Nominee PAN			
% of allocation			
DOB of Nominee*			
Name of the Guardian*			
Guardian PAN			
Guardian Relationship with nominee	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian
Proof of Relationship	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> School Leaving Certificate <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Passport <input type="checkbox"/> Others _____
Address			
City			
State			
PIN			

\* applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

**SECTION B (Declaration Form for opting out of nomination)**

I/We **DO NOT** wish to make a nomination. (Please tick ✓ if the unitholder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund folio and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

 Signature of Sole/First Applicant/Guardian	 Signature of the 2nd unitholder	 Signature of the 3rd unitholder
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**Instructions**

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

<sup>2</sup>Address of tax residence would be taken as available in KRA & notify the changes. <sup>3</sup>To also include USA, where the individual is a citizen/green card holder of the USA. <sup>4</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

**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 ensuring 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.

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

Address Type<sup>2</sup>  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	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Tax Residency <sup>3</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification No. <sup>4</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identification Type (TIN or others, please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
If TIN is not available, please ✓ the reason A, B or C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> 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.

**9. 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.

**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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Sole/First Applicant/Guardian	Second Applicant	Third Applicant

Date

Place