

Application Form for Lumpsum/SIP/Folio Creation

Please refer instructions before filling the form

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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no. 1vii).

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

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/B 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 _____ |
- In case of Non-Profit Entity*
 * refer point no 20

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 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 (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)	Mr. / Ms. / M/s.
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Father Name	Mother Name
-------------	-------------

PAN/PEKRN ⁺	Date of Birth ⁺ D D M M Y Y Y Y
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KIN _____ Enclosed KYC Proof

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 <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business Others <input type="checkbox"/> Politically Exposed Person (PEP) Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP Housewife <input type="checkbox"/> Others _____ (Please specify) individuals) <input type="checkbox"/> Not Applicable (Default)
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Second** (Name as per PAN records)	Mr. / Ms. / M/s.
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Father Name	Mother Name
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PAN/PEKRN ⁺	Date of Birth ⁺ D D M M Y Y Y Y
------------------------	--

KIN _____ Enclosed KYC Proof

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 <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business Others <input type="checkbox"/> Politically Exposed Person (PEP) Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP Housewife <input type="checkbox"/> Others _____ (Please specify) individuals) <input type="checkbox"/> Not Applicable (Default)
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Relationship with First Holder Relative[^] Mutual Fund Distributor

Third** (Name as per PAN records)	Mr. / Ms. / M/s.
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Father Name	Mother Name
-------------	-------------

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

KIN _____ Enclosed KYC Proof

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 <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business Others <input type="checkbox"/> Politically Exposed Person (PEP) Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP Housewife <input type="checkbox"/> Others _____ (Please specify) individuals) <input type="checkbox"/> Not Applicable (Default)
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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)

*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

Guardian/ Contact Person** (Name as per PAN records)	Mr. / Ms. / M/s.
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Relation Father (Natural Guardian) Mother (Natural Guardian) Court Appointed Guardian

PAN/PEKRN ⁺	Date of Birth ⁺	D D M M Y Y Y Y
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KIN Enclosed KYC Proof

POA Holder[#] (Name as per PAN records)	Mr. / Ms. / M/s.
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PAN	Date of Birth	D D M M Y Y Y Y
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KIN Enclosed KYC Proof

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

Mailing Address

City	PIN	State
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Tel. No. (R) (Address should be as per KYC records, refer Instruction no. 14ii)

Contact details of 1st Holder

Mobile	Email
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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
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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
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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
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Country	PIN
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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 box provided in Point no. 2.

+ Mandatory

2. Investment and Payment Details¹

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Option			
IDCW Frequency			
Investment Amt. (Rs.)			
DD Charges (Rs.)			
Net Amt. (Rs.)			
Total Amount (Rs.)			

Mode of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> DD <input type="checkbox"/> NACH <input type="checkbox"/> Funds Transfer <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
Cheque/DD No./ UTR	
Bank Name	
Bank A/c. No.	

3. Demat Account Details

Optional, Refer instruction no. 12

<input type="checkbox"/> NSDL	<input type="checkbox"/> CDSL	<input type="checkbox"/> DP ID	I	N								
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Beneficiary Account No.

DP Name

4. Bank Account Details (Mandatory As Per SEBI Guidelines)

Refer instruction no. 4

Bank A/c. No.

Bank Name

City

PIN

Account Type

Current Savings SNRR NRE NRO FCNR Others

Branch Address

MICR Code

NEFT/RTGS/
IFSC Code

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

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

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.

Instructions

IDCW - Income Distribution cum capital withdrawal Option

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

*For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form.

Acknowledgement Slip (To be filled by the Applicant)

Application No. :

Received from

Mr. / Ms. / M/s.

Towards
Subscription of
(Scheme Name)

Amount ()

Cheque/DD No.

Date

D D M M Y Y Y Y

Signature, Stamp & Date

6. Nomination Details (Mandatory)

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.

SECTION A

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.

	Nominee 1	Nominee 2	Nominee 3
Nominee Name*			
Nominee PAN			
Nominee Relationship*			
% of allocation*			
DOB of Nominee*#			
Name of the Guardian (For minor as nominee)*#			
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 _____
Complete address inc. City, State and PIN code			
Email ID			
Mobile/ Phone No.			
Enclosed proof of identity			
Nominee / Guardian Sign.			

applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate).
Fields marked with "*" are mandatory to be filled.

SECTION B (Declaration Form for opting out of nomination)

<input type="checkbox"/> I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our MF 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 / information for claiming of assets held in my / our MF Folio, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the MF Folio.
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Signature of Sole/First Applicant/Guardian



Signature of the 2nd unitholder



Signature of the 3rd unitholder

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

Address Type² 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 ³			
Tax Identification No. ⁴			
Identification Type (TIN or others, please specify)			
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.

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.

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
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Date

D	D	M	M	Y	Y	Y	Y
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Place



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Systematic Investment Plan (SIP) Registration cum mandate form for NACH/Direct Debit

New Investors are requested to fill-in the scheme application form also.

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 inappropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker.

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

IDCW - Income Distribution cum capital withdrawal Option

New Investors are requested to fill-in the scheme application form also.

*Investors applying under the direct plan must mention "Direct" against Scheme name.

*The SIP Form should be submitted at least 30 Calendar days before the first SIP debit date.

+ Mandatory

Key Partner/Agent Information

Mutual Fund Distributor ARN -	Sub-Broker ARN -	Internal Sub-Broker/ Employee Code
Employee Unique Identification No. (EUIN)	Registered Investment Advisor (RIA) Code/ Portfolio Manager's Registration Number (PMRN)	

1. Applicant Details

First/Sole ⁺ (Name as per PAN records)	(Mr./ Ms./ M/s.)
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Application No. (New Investor)	Folio No. (Existing Unitholder)
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PAN/PEKRN ⁺	Enclosed KYC Proof <input type="checkbox"/>
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KIN	
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UMRN No.	
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2. Investment and SIP Details¹

Scheme	Scheme 1	Scheme 2	Scheme 3																																				
Invesco India	Invesco India	Invesco India																																					
Plan																																							
Option																																							
IDCW Frequency																																							
SIP Date ²	Any Date: 1-28; Default -15 th	Any Date: 1-28; Default -15 th	Any Date: 1-28; Default -15 th																																				
Frequency	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)	<input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, July, Oct)																																				
SIP Period	From <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y	From <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y	From <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table> To <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	Y	Y	Y	Y	M	M	Y	Y	Y	Y
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M	M	Y	Y	Y	Y																																		
M	M	Y	Y	Y	Y																																		
M	M	Y	Y	Y	Y																																		
M	M	Y	Y	Y	Y																																		
M	M	Y	Y	Y	Y																																		
SIP Amount (Rs.)																																							
Total SIP amount (Rs.)		Cheque No. _____																																					
Bank A/c. No.		Bank Name _____																																					
SIP Top-Up (Optional)																																							
Top-up Amount Rs.																																							
Top-up Start Month	M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y																																				
Frequency	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)	<input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly (Default)																																				
Top-up End Month	M M Y Y Y Y	M M Y Y Y Y	M M Y Y Y Y																																				

It is mandatory to mention the From & To date, and tenure of SIP should be less than or equal to 40 years.

UMRN	For Office Use only	Date <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y			
Sponsor Bank Code		<input checked="" type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Cancel							
Utility Code	For Office Use only	I/We hereby authorize Invesco Mutual Fund							
To debit (✓)	<input type="checkbox"/> SB <input type="checkbox"/> CA <input type="checkbox"/> CC <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> Others _____	Bank Account No. _____							
with Bank	Name of customers bank	IFSC / MICR _____							
An amount of Rupees	In Words	₹ In Figures							
Debit Type : <input checked="" type="checkbox"/> Fixed Amount <input type="checkbox"/> Maximum Amount	Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	<input type="checkbox"/> As & when presented							
Folio No.	PAN _____								
1. I agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank. 2. This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorising the user entity/Corporate to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorised to cancel / amend this mandate by appropriately communicating the cancellation/amendment request to the user entity/Corporate or the bank where I have authorised debit.									
Maximum period of mandate validity of this mandate is 40 years only									
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> Signature of Primary Bank Account Holder</td> <td style="width: 33%; text-align: center;"> Signature of Bank Account Holder</td> <td style="width: 33%; text-align: center;"> Signature of Bank Account Holder</td> </tr> <tr> <td>Name as in bank records</td> <td>Name as in bank records</td> <td>Name as in bank records</td> </tr> </table>			 Signature of Primary Bank Account Holder	 Signature of Bank Account Holder	 Signature of Bank Account Holder	Name as in bank records	Name as in bank records	Name as in bank records	
 Signature of Primary Bank Account Holder	 Signature of Bank Account Holder	 Signature of Bank Account Holder							
Name as in bank records	Name as in bank records	Name as in bank records							

Instructions

³Not applicable in case of CDSL. Applicable only to existing investors for fresh SIP enrolment.

3. Demat Account Details (Optional)
 NSDL CDSL
DP ID³

I	N					
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Beneficiary Account No.

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DP Name

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Declaration : (Mandatory)

I/We have read and understood the contents of the Scheme Information Document(s) and Statement of Additional Information and the terms & conditions of SIP enrolment through Direct Debit/NACH and agree to abide by the same. I/We hereby apply to the Trustee of Invesco Mutual Fund for enrolment under the SIP of the following Scheme(s)/ Plan(s) / Option(s) and agree to abide by the terms and conditions of the same. I/We hereby declare that the particulars given above are correct and express my willingness to make payments referred above through participation in NACH/Direct Debit. I/We authorise the bank to honour the instructions as mentioned in the application form. I/We also hereby authorise bank to debit charges towards verification of this mandate, if any. I/We agree that Invesco Asset Management (India) Private Limited/Mutual Fund (including its affiliates), and any of its officers directors, personnel and employees, shall not be held responsible for any delay/wrong debits on the part of the bank for executing the direct debit instructions of additional sum on a specified date from my account. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information, I/We would not hold the user institution responsible. I/We undertake to keep sufficient funds in the funding account on the date of execution of standing instruction. I/We have not received nor been induced by any rebate or gifts, directly or indirectly, in making this investment. The ARN holder has disclosed to me/us all the commissions (in the form of trail commission or any other mode), payable to him/them for the different competing Schemes of various Mutual Funds from amongst which the Scheme is being recommended to me/us.

Sign Here -Sole/First Applicant/ Guardian	Sign Here - Second Applicant	Sign Here - Third Applicant
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