

Others (For Non-individuals) (Default) 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 (Default) (iii) Money Lending/Pawning ☐ Yes ☐ No (Default)

	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.	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>

3. Demat Account Details Optional, Refer instruction no. 12

<input type="checkbox"/> NSDL <input type="checkbox"/> CDSL <input type="checkbox"/> DP ID <div> <div>I</div> <div>N</div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>	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	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>
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 _____		
Branch Address			
MICR Code	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
NEFT/RTGS/ IFSC Code	<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		
Remitter LEI No.:		Validity Date:	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
Beneficiary Name	Invesco Mutual Fund		
Beneficiary LEI No.:	5493000N71F6PVXRF54	Validity Date:	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>

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)

Received from	Mr. / Ms. / M/s.		<div>Application No :</div> <div></div> <div>Signature, Stamp & Date</div>
Towards Subscription of (Scheme Name)			
Amount ()		Cheque/DD No.	
Date	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>		

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)

☐ 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.

		
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	<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 ³	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification No. ⁴	<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.

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

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

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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 :

Key Partner/Agent Information

Mutual Fund Distributor ARN - <input type="text"/>	Sub-Broker ARN Code - <input type="text"/>	Internal Sub-Broker/Employee Code - <input type="text"/>
Employee Unique Identification No. (EUIIN) - <input type="text"/>		Registered Investment Advisor (RIA) Code/Portfolio Manager's Registration Number (PMRN) - <input type="text"/>

1. Applicant Details

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

2. Investment and SIP Details¹

	Scheme 1	Scheme 2	Scheme 3
Scheme	Invesco India	Invesco India	Invesco India
Plan	<input type="text"/>	<input type="text"/>	<input type="text"/>
Option	<input type="text"/>	<input type="text"/>	<input type="text"/>
IDCW Frequency	<input type="text"/>	<input type="text"/>	<input type="text"/>
SIP Date ²	<input type="text"/> Any Date: 1-28; Default -15 th	<input type="text"/> Any Date: 1-28; Default -15 th	<input type="text"/> 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 <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>	From <input type="text"/> To <input type="text"/>
It is mandatory to mention the From & To date, and tenure of SIP should be less than or equal to 40 years.			
SIP Amount (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total SIP amount (Rs.)	<input type="text"/>	Cheque No. <input type="text"/>	
Bank A/c. No.	<input type="text"/>	Bank Name <input type="text"/>	
SIP Top-Up (Optional)			
Top-up Amount Rs.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Top-up Start Month	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

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.

¹Investors applying under the direct plan must mention "Direct" against Scheme name.

²The SIP Form should be submitted at least 30 Calendar days before the first SIP debit date.

+ Mandatory

NACH/Auto Debit Mandate (Applicable for SIP Registration)

UMRN <input type="text"/>	For Office Use only <input type="text"/>		Date <input type="text"/>
Sponsor Bank Code <input type="text"/>	<input checked="" type="checkbox"/> Create <input checked="" type="checkbox"/> Modify <input checked="" type="checkbox"/> Cancel		
Utility Code <input type="text"/>	For Office Use only <input type="text"/>	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 <input type="text"/>	Bank Account No. <input type="text"/>		
with Bank <input type="text"/>	Name of customers bank	IFSC / MICR <input type="text"/>	
An amount of Rupees <input type="text"/>	In Words <input type="text"/>	₹ <input type="text"/>	In Figures <input type="text"/>
Debit Type : <input checked="" type="checkbox"/> Fixed Amount <input checked="" type="checkbox"/> Maximum Amount	Frequency: <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Half Yearly <input checked="" type="checkbox"/> Yearly <input checked="" type="checkbox"/> As & when presented		
Folio No. <input type="text"/>	PAN <input type="text"/>		

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.

PERIOD	
From	<input type="text"/>
To	<input type="text"/>

Maximum period of mandate validity of this mandate is 40 years only

Mobile

Maximum period of mandate validity of this mandate is 40 years only

	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.

DP Name

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