

ale A

# Application Form for Lumpsum/SIP/Folio Creation Please refer instructions on page no. 16 before filling the form

Application No :

/We hereby confirm that the EUIN box has been intentionally eff blank by me/us as this transaction is executed without	Key Partner	/Age	nt Ir	nforn	nati	on															
ny interaction or advice by the employee/relationship nanager/sales person of the above distributor/sub broker or notwithstanding the advice of in-appropriateness, if any,		utor / B <b>N-18</b>				AF	RN -	Su	ıb-Bro	ker AR	N Code	è			Interi	nal Su	ıb-Brok	ær/Em	ploye	e Cod	le
or not method and the darke of in appropriate itess, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no. 1vii).		oyee Ur	,				-					Regist Portfolio					isor (R			)	
Fransaction Charges (Please tick any one of the below. For details refer KIM)	Relation	-	nager/	Sales P	erson	of th	e Distr							luger .							
I am a first time investor in Mutual Funds /	Existing Unit	ıoldeı	r: Ple	ase fill	in Foli	o Nur	mber b	pelow	and th	ien pro	oceed t	to sectior	2 ו ר								
I am an existing investor in Mutual Funds (Default)	Folio Number																				
Jpfront commission, if any, shall be paid directly by the nvestor to the AMFI registered distributors based on the prostors' accessment of various factors, including the	Name of Sole / First Unit Holder																				
nvestors' assessment of various factors, including the service rendered by the distributor.	New Unit Hold	-																			
Sign Here - Sole/First Applicanl/Guardian/POA	1. Applicant												_	_							
		Mode	of Hol	ding (C	)nly fo	r nor	n-dema	at moo	de)	Si	ngle	Joint		Anyc	one oi	Surv	ivor (C	/efault	)		
	First/Sole	Mr. /	Ms./M	/s.																	
		City	of Birth	1								Country	of Bi	irth							
Sign Here - Second Applicant	PAN/PEKRN											Date o Birth	of	D	D	M	Μ	Y	Y	Y	Y
	KIN															Enc	losed	KYC Pr	oof [		
	Gross Annual Income	Be	low 1 l	.ac [	1-5	5 Lac	s (Defa	ault)		5-10 l	acs	10-2	25 L	acs	2	25 Lao	cs - 1 (	Crore		>10	Crore
Sign Here - Third Applicant	meome	Net-v	worth		in	Rs.			As on	(date v	within	last 1 yea	ar)	D	D	М	М	Y	Y	Y	Y
	Occupation Details	Ret	vate Sei tired usewife		Pub. Stud Othe	ent	r / Govi	t. Serv.		Professi Agricult	urist [	Busine Forex D Base specify	eale			s)	_	cally Ex ed to PE pplicab	EP		n (PEP)
	Second*	Mr. /	Ms./M	/s.																	
Country of Birth/Citizenship/Nationality or Tax Residency, other than India, for any applicant: Yes    No (Mandatory to ✓)		City	of Birth	1								Country	of Bi	irth							
If Yes, please fill FATCA/CRS declaration • NRI investors should mandatorily fill separate	PAN/PEKRN											Date o Birth	of	D	D	M	М	Y	Y	Y	Y
• Non-Individual investors should mandatorily fill	KIN															Enc	losed	KYC Pr	oof [		
separate FATCA/ CRS & UBO declarations	Gross Annual	Be	low 1 l	.ac [	1-5	5 Lac	s (Defa	ault)		5-10 l	acs	10-2	25 L	acs	2	25 Lao	cs - 1 (	Crore		>10	Crore
	Income	Net-v	worth		in	Rs.			As on	(date v	within	last 1 yea	ar)	D	D	M	М	Y	Y	Y	Y
	Occupation Details	Ret	vate Sei tired usewife		Pub. Stud Othe	ent	r / Govi	t. Serv.	_	Professi Agricult	urist [	Busine Forex D ase specify	eale			s)	Relate	cally Ex ed to PE pplicab	EP		n (PEP)
	Third*	Mr. /	Ms. / M	/s.																	
		City	of Birth	1								Country	of Bi	irth							
	PAN/PEKRN											Date o Birth	of	D	D	M	М	Y	Y	Y	γ
	KIN															Enc	losed	KYC Pr	oof [		
	Gross Annual	Ве	low 1 l	.ac [	1-5	5 Lac	s (Defa	ault)		5-10 l	acs	10-2	25 L	.acs	2	5 La	cs - 1 (	Crore		>10	Crore
	Income	Net-v	worth		in	Rs.			As on	(date v	within	last 1 yea	ar)	D	D	М	М	Y	Y	Y	Y
nstructions No joint holder where minor is first holder PAN/PEKRN Refer Instruction no. 3). Date of hirth is mandatory in	Occupation Details	Ret	vate Sei tired usewife		Pub. Stud Othe	ent	r / Govi	t. Serv.		Professi Agricult	urist [	Busine Forex D ase specify	eale			s)	Relate	cally Ex ed to PE pplicab	EP		n (PEP)

# 1

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(Refe ruction no. 3), Date of birth is case of Minor, additionally refer Instruction no. 2, KYC & Networth (Refer Instruction no. 14).

Others (For

Is the entity involved in any of the following services (i) Foreign Exchange/Money Changer Services 🛛 Yes 🗌 No (Default) Non-individuals) (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates 🗌 Yes 🗌 No (Default) (iii) Money Lending/Pawning 🗌 Yes 🗌 No (Default)



		Guardian/ Contact Perso	n*	Mr. /	Ms. / M	/s.										
		Relation		ther	M	other		Court	Appoir	nted Gu	Jardian					
		PAN/PEKRN											)ate o Birth	of D	D	M M Y Y Y Y
		KIN														Enclosed KYC Proof
		POA Holder <sup>#</sup>	Mr. /	′ Ms. /	M/s.											
		PAN											)ate c Birth	of D	D	M M Y Y Y Y
		KIN														Enclosed KYC Proof
		Mailing Address														
nould be as per KYC re	ecords,															
iction no. 14ii)		City					PI	IN						Sta	ate	
(~)		Tel. No. (R)					Te	el. No.	(0)					Мо	bile	
lual	Minor NRI Repatriable	E-mail														
	Listed Co.	This email ID belo	ngs to	) (Plea	ise refe	er instr	uctio	on 9):		Self*	🗌 Fa	mily M	lembe	er *D	efault	
y/Club	☐ Trust ☐ Co. U/S 25/8 of	Overseas Address	(M	andat	ory in ca	ase of I	NRI /	FPI ap	plicant	)						
NRI Repatriable NRI Non-Repatriable	Companies Act															
on-Repatriable	Body Corporate	City									State/	Provin	ce			
ed Co.	Others	Country									PIN					
of Non-Profit Entity																

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

		-	Sch	neme 1	L				9	Schem	e 2					Sch	eme 3	3	
Scheme	Inves	co Ind	lia				In	vesco	India					Inves	co Ind	ia			
Plan																			
Option																			
Dividend Frequency																			
Investment Amt. (Rs.)																			
DD Charges (Rs.)																			
Net Amt. (Rs.)																			
Total Amount (Rs.)																			
Mode of Payment		Cheque	e [	DD		NAC	Н	🗌 Fi	ınds Tr	ansfe	r [	RTG	S/NEF	Г					
Account Type		Curren	it 🗌	Savin	gs [	SNR	R	NRE		IRO	F	CNR	0	thers .					
Cheque/DD No./ UMRN/UTR																			
Bank Name																			
Bank A/c. No.																			
Name of the person making payment																			
PAN/PEKRN											Encl	osed K	(YC Pr	oof 🗌	]				
KIN																			

(Address sh refer Instru

Status (✓)	
Individual	Minor
HUF	NRI Repatriable
	Listed Co.
Society/Club	Trust
AOP	Co. U/S 25/8 of
Minor-NRI Repatriable	Companies Act
Minor-NRI Non-Repatriable	Partnership
NRI Non-Repatriable	Body Corporate
Unlisted Co.	FPI FPI
	Others

🗌 In case

#### Instructions

\*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. <sup>1</sup>Cheque/DD should be drawn in favor of the Scheme.

Investment in single scheme - "Invesco India Dynamic Equity Fund" or "IIDEF".

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

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

Applicable in case of Third Party Payment: On behalf of Minor Client Employee Distributor (Refer instruction no. 6).

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	3. For SIP/Mic	ro SIP <sup>1</sup> (For Post Dated Cheques Use Cheque Truncation System (CTS) cheques only)
	Amount	Cheque Date         D         M         M         Y         Y         Y
	Drawn on Bank	Branch
	Period From	D         D         M         Y         Y         Y         Y         To         D         D         M         Y         Y         Y         Or         Till further notice
	Cheque Nos. From	То
Applicable in case of Third Party Payment: On behalf ofMinor Client Employee	Name of the person making payment	
Distributor (Refer instruction no. 6).	PAN/PEKRN	Enclosed KYC Proof
	KIN	
	Frequency	Monthly (Default) or Quarterly (Jan, Apr, Jul, Oct)
	SIP Date	Date of your choice (except 29,30,31) (15 <sup>th</sup> Default)
	4. Demat Acco	ount Details <sup>2</sup> Optional, Refer instruction no. 12
	Beneficiary Account No.	
	DP Name	
Please provide a cancelled cheque leaf of the same bank		
account as mentioned above. We will credit the redemption/ dividend proceeds directly into investors' account through		nt Details (Mandatory As Per SEBI Guidelines)       Refer instruction no. 4
electronic means if the details provided by the investors are sufficient for the same. Mentioning your IFSC will help	Bank A/c. No.	
us transfer the amount to your bank account faster. Unit holders who have opted to hold Units in dematerialized form must provide Bank Account details linked with the	Bank Name	
Demat account, as mentioned under section 4. In case of discrepancy, bank details as per depository records will be	City	PIN
final.	Account Type	Current Savings SNRR NRE NRO FCNR Others
I have provided multiple bank registration form	Branch Address	
	MICR Code <sup>4</sup>	
	NEFT/RTGS/ IFSC Code⁵	
Instructions <sup>1</sup> For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form. <sup>2</sup> The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5. <sup>3</sup> Not applicable in case of CDSL. <sup>4</sup> 9 digit No. next to your Cheque No. <sup>5</sup> 11 digit character code appearing on cheque leaf.		eccive Physical Copy of Annual Report Refer Instruction no. 11 d like to receive physical copy of Annual Report of the Scheme or abridged summary thereof (Please 🗸)

X	Acknowledgeme	<b>nt Slip</b> (To be filled by the Applicant)	Ap	pplication 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



#### Instructions

 ${}^{1}\mbox{Mandatory}$  for investors who opt to hold units in non-demat form.

7. Nomination Det	ails <sup>1</sup>		Refer Instruction no. 10
	Nominee 1	Nominee 2	Nominee 3
Name			
Relationship			
PAN			
% Share			
If nominee is a minor			
Date of Birth			
Guardian's Name			
Guardian's Relation			
Address			

I do not intend to nominate (  $\checkmark$  the box in case you do not wish to nominate)  $\Box$ 

### Signature(s) for Declaration

# 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

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Sign Here - Sole/First Applicanl/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

Date	D	D	M	M	Y	Y	Y	Y
Place								



# 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 :

For details o		actior	ı charg	es p	ayabl	e to	distri	buto	ors,		Ke	ey	Par	ſτr	ier	/A/	ge	nt	In	for	ma	ati																								
	hereby confirm that the EUIN box has been intentionally blank by me/us as this transaction is executed without																	ARN	-							Int En	ern plo	nal bye	Sub- e Co	Bro de	ker,	/														
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Sign Here -	Sole/Fir	rst Ap	plican	t/Gua	ardiar	n/P0/	1			7	UM	IRN I	<b>√</b> 0.																																	
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Resider Yes	rry of Birth/Citizenship/Nationality or Tax ency, other than India, for any applicant : s □ No (Mandatory to √) , please fill FATCA/CRS declaration							SIP	Per	iod				Fro To (or		M M ] Til	M M	-	Y Y r not	Y Y	Y Y	Y		Fro To (or)		M M Till f	M M urth	Y Y er n	Y Y otic	e	(	Y Y		Fro To (or		M M Till	M M	1	Y Y r no	γ γ tice	Y         Y         Y           Y         Y         Y           ice					
If Yes, • NRI invo								ite			Ead	ch Sl	P Ar	nou	ınt (F	₹s.)														ill further notice														Ī		
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To debit ( <b>J</b> ) with Bank An amount of Debit Type : Folio No. 1. I agree for funderstood &	f Rupees	ixed ,	Amount andate is. I am	proc auth	orisir	g chai ig the	rges t e user	by th	ie ba ity/C	Amoi nk w	hom rate	to d	ebit ı	my a	zing 1 accol	to de	Frec ebit , bas	my a sed o	acco on th	ne in	as p istru	er la ctior	test s is as	che agre	dule eed a	of of and	:harg signe	es of d by	f the	banl	PA (. 2.	N Thi:	early	D COI	nfirr	n th	lat	the c	lecla	arati	ion	A:	been	care	fully	read
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#### Instructions

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

3. Dem	at Account Details (Optional)	NSDL CDSL
DP ID <sup>3</sup>	I     N     Beneficiary       Account No.     Account No.	
DP Name		

# **Declaration** :

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)/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