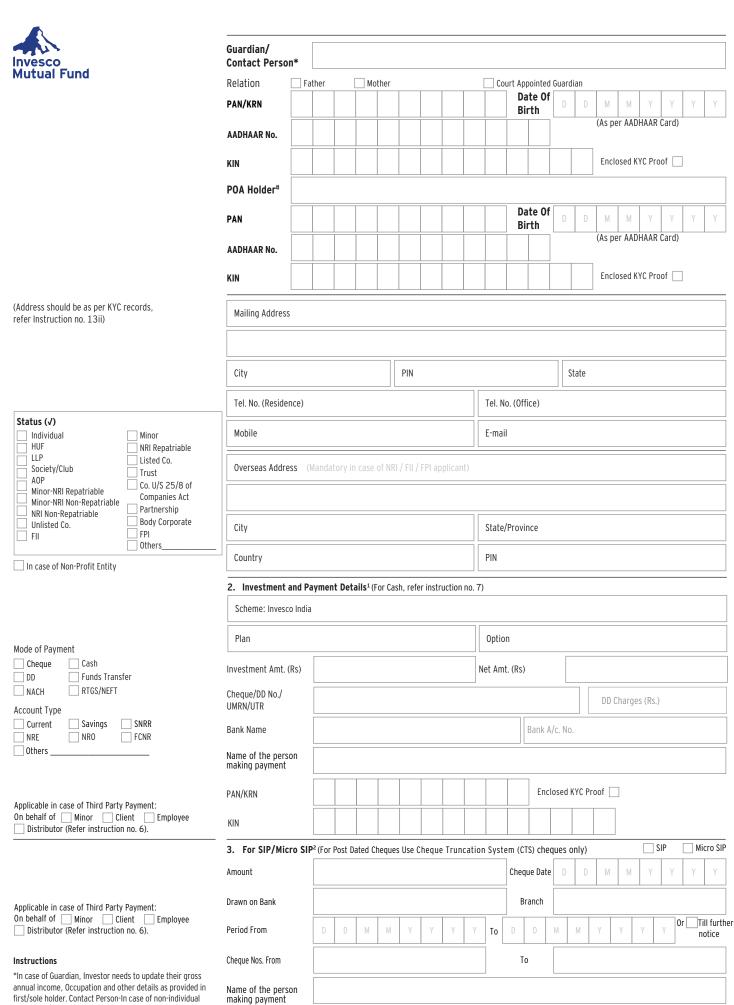


Application Form for Lumpsum/SIP/Folio Creation

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	Key Partner/Agent Information																				
executed without any interaction or advice by the employee/relationship manager/sales person of the above	Distributor / Broker ARN Sub-Broker ARN Code Internal Sub-Broker/Employe									yee Cod	de										
distributor/sub broker or notwithstanding the advice of	ARN -					AR	N -														
in-appropriateness, if any, provided by the employee/relationship manager/sales person of the distributor/sub broker. (Refer Instruction no. 1vii).	Em	Employee Unique Identification No. (EUIN) Registered Investment Advisor Code																			
Transaction Charges (Please tick any one of the		(Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)																			
below. For details refer KIM)	Existing Unit								d then p	roceed	to se	ction 2	2								
I am a first time investor in Mutual Funds / I am an existing investor in Mutual Funds (<i>Default</i>)	Folio Number																				
	Name of Sole /																				
Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors	First Unit Holder																				
based on the investors' assessment of various factors, including the service rendered by the distributor.	New Unit Holder																				
	1. Applicant's Details (Name as per AADHAAR card) Mode of Holding (Only for non-demat mode) Single Joint Anyone or Survivor (Default)																				
Sign Here - Sole/First Applicant/Guardian/POA	First/Sole		/ Ms. / M					,													
	11131/3016	IVII.	/ 1413. / 141/	3.																	
		City	of Birth								Country of Birth										
Sign Here - Second Applicant	PAN/KRN											ite of rth	D	D	M	M Y	Υ	Υ	Υ		
	AADHAAR No.			Ť	Ì									(A	s per	AADHAAR	ard)				
	I/IN														Encl	osed KYC P	roof [7			
Sign Hore - Third Applicant	KIN Gross Annual	Bel	low 1 Lac		71-5	Lacs (D	efault	:) [5-10) Lacs		10-2	5 Lacs			Lacs - 1 Cro	_	_	L Crore		
Sign Here - Third Applicant	Income		-worth		in R			As	on (date andatory	within I	last 1	year)	D	D	М	M Y		Y	Υ		
	Occupation	Pri	vate Serv	ice _	Pub.	Sector /	Govt. S		_ ′	ssional			s	Othe	rs	Political	ly Expos	ed Perso	on (PEP)		
	Details		tired usewife		Stud Othe			L	Agric	ulturist		orex De se spe		(For individual	duals)	Related Not Ap			lt)		
a Country of Dight / Citing at in / Nationality on Tay	Second*																				
• 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		City of Birth								ntry o		Tn									
 NRI investors should mandatorily fill separate FATCA/CRS declarations 	PAN/KRN											ite of rth	D	D	М	M Y	Υ	Υ	Υ		
Non-Individual investors should mandatorily fill separate FATCA / CRS & UBO declarations	AADHAAR No.													(A	s per	AADHAAR	ard)				
	KIN			+											Enclo	osed KYC P	roof [٦			
	Gross Annual	Bel	low 1 Lac		1-5	Lacs (D	efault	:)	5-10) Lacs		10-2	5 Lacs			Lacs - 1 Cro	_	_	L Crore		
	Income	Net-	worth		in R	Rs.		As	on (date	within I	last 1	year)	D	D	М	M Y	Υ	Υ	Υ		
	Occupation		vate Serv	ice _	=	Sector /	Govt. S	Serv.		ssional				Other	rs	Political	, ,		on (PEP)		
	Details		tired usewife		Stud				Agrici	ulturist		orex De se spe		(For individual	duals)	Related Not Ap			lt)		
	Third*	Mr	/ Ms.																		
		City of Birth							ntry o			1	1 1								
	PAN/KRN											ite of rth	D	D	М	M Y	Υ	Υ	Υ		
	AADHAAR No.													(A	s per	AADHAAR (ard)				
	KIN														Encl	osed KYC P	roof [7			
Instructions	Gross Annual Income	Bel	low 1 Lac		1-5	Lacs (D	efault	<u> </u>	5-10) Lacs		10-2	5 Lacs		_	Lacs - 1 Cro		_	L Crore		
*No joint holder where minor is first holder	medille	Net-	worth		in R	Rs.		As	on (date	within I	last 1	year)	D	D	M	M Y	Υ	Υ	Υ		
PAN/KRN (Refer Instruction no. 3), Date of birth is mandatory in case of Minor, additionally refer Instruction	Occupation		vate Serv	ice _	_	Sector /	Govt. S	Serv.		ssional				Othe	rs	Political			on (PEP)		
no. 2, KYC & Networth (Refer Instruction no. 13). If the name given in the application does not match the name as	Details	Retired Student Agriculturist Forex Dealer (For Related to PEP Housewife Others (Please specify) Individuals) Not Applicable (Default)																			
appearing on the AADHAAR card, authentication, application may be liable to get rejected or further Others (For Is the entity involved in any of the following services (i) Foreign Exchange/Money Changer Services Not individually (ii) and the following services (ii) Foreign Exchange/Money Changer Services Not individually (iii) and the following services (iii) Foreign Exchange/Money Changer Services Not individually (iii) and the following services (iii) Foreign Exchange/Money Changer Services Not individually (iii) and the following services (iii) Foreign Exchange/Money Changer Services Not individually (iii) and the following services (iii) Foreign Exchange/Money Changer Services Not individually (iii) and the following services (iii) Foreign Exchange/Money Changer Services Not individually (iii) and the following services (iii) Foreign Exchange/Money Changer Services Not individually (iii) and the following services (iii) Foreign Exchange/Money Changer Services Not individually (iii) and the following services (iii) Foreign Exchange/Money Changer Services (iii) Foreign Exchange/Money Changer Services (iii) and the following services (iiii) and t																					
transactions may be liable to get rejected.	Non-individuals) (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates Yes 🗌 No 🗌 (Default) (iii) Money Lending/Pawning 🗌 Yes 🦳 No (De										(JIDBIBU)										



investors only. #If the investment is being made by a

 $^{1}\mathrm{Cheque}/\mathrm{DD}$ should be drawn in favour of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided in Point no. 2.

²For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form

Constituted Attorney, please furnish the details of POA holder.

PAN/KRN

Frequency

KIN

KYC Proof Monthly (Default) or Quarterly SIP Date Date of your choice (Jan,Apr,Jul,Oct) (except 29,30,31)

Enclosed

(15th Default)



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 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. Unit holders who have opted to hold Units in dematerialised 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 ¹The details of the Bank Account linked with the Demat A/c as mentioned below should be provided under section 5. ²Not applicable in case of CDSL. $^{\rm 3}{\rm 9}$ digit No. next to your Cheque No. 411 digit character code appearing on cheque leaf. $^{\rm 5}\text{Mandatory}$ for investors who opt to hold units in non-demat form. Signature(s) for Declaration Sign Here - Sole/First Applicant/Guardian/POA Sign Here - Second Applicant X Sign Here - Third Applicant X Date Place

4. Demat	Accou	int De	taile1												Ont	ional	Pofor	instruc	tion r			
4. Delilat		SDL		CDSL	DP	ID ²	I	N							Ορι	ionai,	Kelei	III3ti uc	LIUII I	10. 11		
Beneficiary Account No.									DP Name													
5. Bank A	ccoui	nt De	tails (Manda	atory	As Per	SEBI	Guide	elines)								Refe	r instru	ıction	no. 4		
Bank A/c. No.															_	unt Ty rrent	ре	Saving	, _	SNRR		
Bank Name			NI						NR			NRO		FCNR								
City														PIN								
Branch Address									MICR Code	3												
									NEFT/RTGS IFSC Code ⁴	/												
6. Nomina	tion [Detail	S ⁵						Name									r Instru Relation		no. 10		
Nominee 1																						
			Date	of Birt	h (Man	datory	for mi	nor)				P/	AN					9	6 Shar	e		
	D	D	M	М	Υ	Υ	Υ	Υ														
						Name							Relationship									
Nominee 2																						
			Date	of Birt	h (Man	datory	for mi	nor)				P/	AN					9	6 Shar	e		
	D	D	M	М	Υ	Υ	Υ	Υ														
									Name								F	Relation	ship			
Nominee 3																						
			Date	of Birt	h (Man	datory	for mi	nor)			1	P/	AN				T	7	6 Shar	e		
	D	D	M	M	Υ	Υ	Υ	Υ														
						Name	of Gu	ardiar	n (If Nomine	is Mino	or)						Guar	dian's	Relatio	on		
					F	Addres	S							f Guard	Guardian							
	l do no	ot inter	nd to no	ominate	e(√th	e box i	in case	you d	o not wish to	nomina	te)											
7. Declara					,			,				gh legit	imate	source	es and	is not	t held	or desi	gned f	or the		
The Trustees, Having read a Information/S I/We hereby a Scheme/Optic conditions, ru details of the	ind un cheme pply t in as iles an Schem	dersto e Informothe T o the T indicated d regulee and	od the mation frustee ted ab lations I/We ha	conte Docur s of In ove a of the	ment(s livesco nd agr Schen receiv	of the Mutual ee to ne. I/We red nor	e respe I Fund abide e have have b	ctive for un by th under een ir	schemes, nits of the ne terms, rstood the nduced by	legislat issued I/We he 2016 usage numbe	ion or oby any of the control of the	any oth governr rovide i gulation dating/ accorda	ner app mental my /ou is mad authen nce wi	olicabl or sta or cons e then ticatir th the	e laws tutory sent in reunde ng and	or an author accor r, for I (ii) u	y Noti rity fro dance (i) col ıpdatin	ns or a fication m time with A lecting, g my/o 16 (and	s, Dire to tim ADHAA storir ur AA	ections e. R Act, ng and DHAAR		
any rebate or do not have current Micro exceeding Rs. only). The Dis form of trail different com	any e Invest 50,00 tribute comm	existing tment DO/- in or has nission	g Micro applica a year disclos or an	o Inve ation w (appli- sed to ny othe	stment vill resu cable t me/us er mod	ts which and the control of the cont	ch tog ggrega Invest comn yable	ether Ite inv Iment nission to hir	with the vestments investors ns (in the m for the	number compar Agent (I/We co	reby pro (s) incl nies of S RTA) for nfirm t	ovide m uding d SEBI reg r the pu hat I/W	ny/our o emogra istered irpose e are n	conser aphic i d mutu of upd not Un	inform Ial fund Iating t ited St	ation v d and t the sar ates p	vith the heir Re ne in m erson(:	sing of e asset l egistrar ny/our fo s) unde inder th	manag and Tr olios. r the I	ement ansfer aws of		

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 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 No

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

If NRI	Repatriation basis	Non-Repatriation	basis
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Application No :

Acknowledgement S	Slip (To	be filled	by the	Applicant)

		• •									
Received from	Mr. / Ms. / M/s.										
Towards Subscription of (Scheme Name)							Ç	Signatu	re, Star	np & Da	ate
Amount (₹)		Cheque/DD No.	Date	D	D	М	М	Υ	Υ	Υ	Υ