

Application Form for Lumpsum / SIP / Folio Creation Please read instructions before filling the Form

Application No :

Key Partner	/ Agent Informati	on														
Distribu	tor / Broker ARN	Su	ub-Broker AF	N Code	Internal Su	o-Broker/Emplo	yee	Code	Employ	ee Ur	nique Identification N	o. (EUII	N) Regi	stered I	nvestmen	t Advisor Code
ARN - 173	1669	ARI	N -						E-34	1402	21					
I/We hereby co executed witho distributor/sub relationship ma	onfirm that the EUIN but any interaction or a broker or notwithstan anager/sales person of	box has b dvice by t ding the ad the distrib	een intention he employee/i dvice of in-app outor/sub brok	ally left blar relationship propriatenes cer. (Refer In	nk by me/us as manager/sales p s, if any, provide struction no.1(vi	this transaction erson of the abov d by the employee i)).	is ve e/	🗌 I am a fir:	st time ir	nvesto	₽ \$ (Please tick any one or in Mutual Funds / □	l am an	existing inve	estor in N	lutual Fund	
	gn Here Applicant/Guardian		Sign Here Second Applicar	nt		n Here Applicant		applicar	nt? (🖌):	ו 🗌	itizenship / Nationalit Yes / No (Mandato I mandatorily fi ll sepa	ory to 🖌	/). If yes, plo	ease fill	ATCA / CR	
Upfront commi the investors' a	ssion, if any, shall be p assessment of various	aid directl	ly by the inves cludina the ser	tor to the Al	MFI registered dis ed by the distribu	tributors based o tor.	n	Non Ind	lividual	inves	stors should mandato	rily fill s	eparate FAT	CA / CRS	& UBO de	eclarations.
	holder : Pl. fill in Fo		-													
	Fol	io Numbe	r					Name of Sol First Unitho								
New Unithold	er															
1. Applicant			Na	ime (as per	PAN)			DANAVDU			N & KIN (Mandatory)				Date of	
First/Sole	Mr. / Ms. / M/s.				6.02.00			PAN/KRN			.)			D D		
	City of Birth				of Birth			KIN (14 D	igit No.))				Elicios	eu (piease	✓) ☐ KYC Proof
Second		No jo	int holder wh	ere minor is	first holder			PAN/KRN	(10 Di	git No	0.)			DD	MM	ΥΥΥΥΥ
	City of Birth			Country	of Birth			KIN (14 D	igit No.))				Enclos	ed (please	✓) □ KYC Proof
Third		No jo	int holder wh	ere minor is	first holder			PAN/KRN	(10 Di	git No	0.)			D D	MM	Υ Υ Υ Υ
	City of Birth			Country	of Birth			KIN (14 D	igit No.))				Enclos	ed (please	✓) 🗌 KYC Proof
Guardian/ Contact Person	(if Sole / First applic	ant is a Mii	nor) Contact F	erson (in ca	se of Non-individu	ial Investors only)		PAN/KRN	(10 Di	git No	0.)			D D	M M	Y Y Y Y
contact i croon	Relation 🗌 Father	🗌 Moth	er 🗌 Cou	rt appointed	Guardian			KIN (14 D	igit No.))				Enclos	ed (please	✓) □ KYC Proof
POA Holder	(If the investment is b	eing made	bv a Constitute	d Attorney, pl	ease furnish the de	etails of POA Holder	r)	PAN/KRN			n.)			DD	M M	V V V V
		ong maao	Si a concitato	a //ccorrio// p/			7			-	J • J					
Mailing Addre	ss: (Address should t	ie as ner (CKYC records	refer Instr	uction no 13(ii))		KIN (14 D	-		atory in case of NRI / FII /	FPI annli	icant)			
		e us per v				//			uuress.	(manat		i i i uppi	icuitt)			
							ī									
City			PIN					City					State/Provir	nce		
State								Country					PIN			
				N (0(5))												
Tel. No. (Resi	dence)		lei.	No. (Office)				Status (🖌)	🗆 Indivi	dual	☐ Minor ☐ NRI Repatriable		Minor-NRI Rep NRI Non-Repa		🗌 Partner	
Mobile									LLP Socie	ty/Club	☐ Listed Co. □ □ Trust		Unlisted Co. FII		🗌 Body Co 🗌 FPI	orporate
E-mail									□ AOP		□ Co. U/S 25/8 of Com	ipanies A	ct		Others_	
	ig (Only for non-demat m	ode) (🖌)	Single	Joint 🗌 Ar	nyone or Survivor (Default)		In case of No	n-Profit E	ntity (please 🖍 🗌					
2. KYC Deta Gross Annual Income	ills Mandatory (🖌) First/Sole	☐ Below ☐ 10-25			Lacs <i>(Default)</i> Lacs - 1 Crore	☐ 5-10 Lac ☐ > 1 Crore		Net-worth			in`	(Not	as on as on location of the second se	DDD year) (M	M M andatory f	Y Y Y Y or Non-individuals)
	Second	☐ Below ☐ 10-25			Lacs <i>(Default)</i> Lacs - 1 Crore	☐ 5-10 Lac ☐ > 1 Crore		Net-worth			in `		as on	DD	M M (Not	Y Y Y Y older than 1 year)
	Third	☐ Below ☐ 10-25			Lacs <i>(Default)</i> Lacs - 1 Crore	☐ 5-10 Lac ☐ > 1 Crore		Net-worth			in`		as on	DD	M M (Not	Y Y Y Y older than 1 year)
Occupation Details	First/Sole	Privat		🗌 Publ 🗌 Stud	ic Sector / Govt. lent	Service		Business Forex Dealer			Professional Agriculturist		ousewife thers			(Please specify)
	Second	Privat			ic Sector / Govt.	Service		Business			Professional	H	ousewife			_ , ,
	Third	Retire	e Service		ic Sector / Govt.	Service		Forex Dealer Business			Agriculturist Professional		ousewife			_ (Please specify)
Others	First/Colo	Retire	d ally Exposed F	Stud	lent	Polatod t	_	Forex Dealer			Agriculturist		thers ot Applicable			_ (Please specify)
(For	First/Sole Second	🗌 Politic	ally Exposed F	Person		🗌 Related t	o Po	litically Expo	sed Pers	on		🗆 N	ot Applicable	ġ		
individuals)	Third on-individuals) Is the		ally Exposed F		sorvicos	Related t	:o Po	olitically Expo	sed Pers	on			ot Applicable	ġ		
PAN/KRN (Refe	(i) For er Instruction no. 3),	eign Éxchan Date of bi	ige/Money Chan irth is manda	ger Services	Yes No (i						ndicates 🗌 Yes 🗌 No			wning 🗌] Yes 🗌 No	
	ification Number fro ement Slip (To be		`	 nt)								pplicat	ion No :			
Received from	Mr. / Ms. / M/s									Date	D D M M	γγ	Y Y			
Towards Subscrip	ption under below Scher	nes														
Invesco Ind	ia				Scheme Na	me										
Amount (Rs.)			Cheq	ue/DD No.										5	ignature, Sl	tamp & Date

3. Investment Details (Cheque / DD should be drawn in favour of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided below.)

Invesco	o India Scheme Name			Plan			Option	
Payment	t Details (For Cash, refer instruction no. 7) Investment Amt. (Rs) DD Charges (Rs.)	Net Amt. (Rs)			Cheque/DD	No./UMRN		
		Net of DD Charges						
Bank Nan	ne	A/c. No.						
Mode of P	Payment (✔) □ Cheque □ DD □ Funds Transfer □ Cash □ NACH	Account Type	(✔) □ Current	Savings	NRE 🗌 NF	0 🗌 FCNR	SNRR	Others
Applicabl	le in case of Third Party Payment: Payment on behalf of (\checkmark) \Box Minor	🗌 Client 🗌 Employee 🔲 D	istributor (Refer ins	truction no. 6).		PAN/K	RN	
Name of	the person making payment	Enclose	ed (🖌) 🗌 KYC Pro	of				
4. For SIP	/ Micro SIP for Post Dated Cheques						Refer instru	ction no. 6
SIP 🗆 N	-	(For SIP throug	h Auto-Debit (Direct	: Debit/ECS/NACH) plea	ase fill respec	tive SIP regist		
SIP through I	Post Dated Cheques (Use CTS (Cheque Truncation System) Cheques only)			ty Payment: 🗌 Min	or 🗌 Client	Employe	e 🗌 Distribu	tor
Period From	ММҮҮҮҮ То ММҮ	Y Y Y	behalf of () person making pa	vment				
Cheque	То)	PAN / KRN				
Nos. From Drawn								
on Bank		Branch						
Frequency (✓) ☐ Monthly (Default) or ☐ Quarterly	✓) □ 3 rd □ 10 th □ 1	5 th (Default)	20 th 25 th	Or	Mention Da	te of your ch	oice
5. Demat A	Account Details					Optional,	Refer instruc	tion no. 11
	DP ID # Beneficiary Account No.			DP Name			(✔) □NSE	
IN								
	able in case of CDSL).	The details of the B	ank Account linked	with the Demat A/c as	mentioned be	low should be		
	ccount Details (Mandatory As Per SEBI Guidelines)			Savings 🗌 NRE 🗌			Refer instru	
Bank A/c. No.	·	Branch						
Bank Name		Address						
City								
MICR Code	(9 digit No. next to your Chee	que No.) NEFT/RTGS/				PIN		
		IFSC Code		r code appearing on c				
Please provide are sufficient Unit holders v	e a cancelled cheque leaf of the same bank account as mentioned above. We will of for the same. Mentioning your IFSC will help us transfer the amount to your bank here and the bank account as the same bank account as the	redit the redemption/dividend proce	eds directly into inverse payout, (🗸) 🗌 If	estors' account through you have provided mu	electronic me tiple bank reg	ans if the detai	(✔) □.	
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GET IN TOUCH

Invesco Mutual Fund 2101-A, A Wing, 21st Floor, Marathon Futurex, N. M. Joshi Marg, Lower Parel, Mumbai - 400 013. T +91 22 67310000 F +91 22 23019422 call : 1800-209-0007 > sms 'Invest' to 56677 > Invest Online www.invescomutualfund.com