





### 3. For SIP/Micro SIP<sup>1</sup>

 SIP  Micro SIP

Amount  Cheque Date

Drawn on Bank  Branch

Period From         To         Or  Till further notice

Cheque Nos. From  To

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 Account Details<sup>2</sup>

Optional, Refer instruction no. 12

NSDL  CDSL  DP ID<sup>3</sup>

Beneficiary Account No.

DP Name

### 5. 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<sup>4</sup>

NEFT/RTGS/IFSC Code<sup>5</sup>

Remitter LEI No.:  Validity Date:

Beneficiary Name  **Invesco Mutual Fund**

Beneficiary LEI No.:  **549300ON71F6PVXRBF54** Validity Date:

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.

- I would like to receive cheque payout  
 I have provided multiple bank registration form

#### Instructions

IDCW - Income Distribution cum capital withdrawal Option

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

<sup>1</sup>For SIP through Auto-Debit (Direct Debit/NACH) please fill respective SIP registration cum mandate form.

### 6. 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 ✓)

### 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

Signature, Stamp & Date

**7. Nomination Details (Mandatory)**

Refer Instruction no. 10

(Please fill the appropriate section and strike out the other section which is not applicable.)

Signature of all unitholders is mandatory for nomination details. POA holder cannot sign for nomination details.

**SECTION A**

I/We, the above named Unitholders of Invesco Mutual Fund, do hereby nominate the person(s) more particularly described hereunder to receive the Units held my/our Folio/s listed above in the event of my / our death.



	Nominee 1	Nominee 2	Nominee 3
Nominee Name			
Nominee PAN			
% of allocation			
DOB of Nominee*			
Name of the Guardian*			
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 _____
Address			
City			
State			
PIN			

\* applicable in case the Nominee is a Minor. (Also, please attach a copy of the minor's birth certificate)

**SECTION B (Declaration Form for opting out of nomination)**

I/We **DO NOT** wish to make a nomination. (Please tick ✓ if the unitholder does not wish to nominate anyone)

I / We hereby confirm that I / We do not wish to appoint any nominee(s) for my mutual fund units held in my / our mutual fund 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 issued by Court or other such competent authority, based on the value of assets held in the mutual fund folio.

 Signature of Sole/First Applicant/Guardian	 Signature of the 2nd unitholder	 Signature of the 3rd unitholder
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**Instructions**

Please consult your professional tax advisor for further guidance on your tax residency, if required.

<sup>2</sup>Address of tax residence would be taken as available in KRA & notify the changes. <sup>3</sup>To also include USA, where the individual is a citizen/green card holder of the USA. <sup>4</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

**FATCA & CRS Terms & Conditions**

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unit holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuing appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

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

Address Type<sup>2</sup>  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 <sup>3</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Identification No. <sup>4</sup>	<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.

**9. 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

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 on transaction charges payable to distributors, please refer to KIM.

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

Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors, including the service rendered by the distributor.

New SIP  Micro SIP

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

### Instructions

IDCW - Income Distribution cum capital withdrawal Option

<sup>1</sup>Investors applying under the direct plan must mention "Direct" against Scheme name.

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

## Key Partner/Agent Information

Mutual Fund Distributor ARN <small>ARN -</small>	Sub-Broker ARN Code <small>ARN -</small>	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

Application No. (New Investor)  Folio No. (Existing Unitholder)

PAN/PEKRN  Enclosed KYC Proof

KIN

UMRN No.

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

	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 <sup>2</sup>	<input type="text"/> Any Date: 1-28; Default -15 <sup>th</sup>	<input type="text"/> Any Date: 1-28; Default -15 <sup>th</sup>	<input type="text"/> Any Date: 1-28; Default -15 <sup>th</sup>
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"/> (or) <input type="checkbox"/> Till further notice	From <input type="text"/> To <input type="text"/> (or) <input type="checkbox"/> Till further notice	From <input type="text"/> To <input type="text"/> (or) <input type="checkbox"/> Till further notice
SIP Amount (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total SIP amount (Rs.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank A/c. No.	<input type="text"/>	Bank Name	<input type="text"/>
<b>SIP Top-Up (Optional)</b>			
Top-up Amount Rs.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Top-up Start Month	<input type="text"/> M M Y Y Y Y	<input type="text"/> M M Y Y Y Y	<input type="text"/> 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	<input type="text"/> M M Y Y Y Y	<input type="text"/> M M Y Y Y Y	<input type="text"/> M M Y Y Y Y

## NACH/Auto Debit Mandate (Applicable for SIP Registration)

UMRN  For Office Use only  Date

Sponsor Bank Code   Create  Modify  Cancel

Utility Code  For Office Use only  I/We hereby authorize

To debit  SB  CA  CC  NRE  NRO  Others  Bank Account No.

with Bank  Name of customers bank IFSC / MICR

An amount of Rupees  In Words ₹  In Figures

Debit Type :  Fixed Amount  Maximum Amount Frequency:  Monthly  Quarterly  Half Yearly  Yearly  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.

**PERIOD**

From  To  Or  Until Cancelled

Signature of Primary Bank Account Holder  Signature of Bank Account Holder  Signature of Bank Account Holder

Mobile   Name as in bank records  Name as in bank records  Name as in bank records

**Instructions**

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

**3. Demat Account Details (Optional)**

NSDL  CDSL

DP ID<sup>3</sup>

I	N								
---	---	--	--	--	--	--	--	--	--

 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)/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

# Systematic Transfer Plan (STP)

Please refer instructions before filling the form

I/We hereby apply to the Trustees of Invesco Mutual Fund for Systematic Transfer Plan (STP) enrollment under the following scheme and I/We agree to abide by the terms and conditions of the Plan

## Key Partner/Agent Information

Mutual Fund Distributor ARN ARN -	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIIN) (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)

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors, including the service rendered by the distributor.

Folio Number

Application Number

### 1. Applicant's Personal Details

First/Sole Applicant Name

PAN/PEKRN

KIN

### 2. Systematic Transfer Plan (STP) Mandate

(Refer Instructions. Investors applying under the direct plan must mention "Direct" in the Plan box provided below.)

STP Type (✓ A/B/C) A.  Fixed Option (Default)

Frequency  Daily  Fortnightly  Weekly  Monthly (Default)  Quarterly

(✓ Any One)  Monday (Default)  Tuesday  Wednesday  Thursday  Friday

Date of choice except 29, 30, 31 (15<sup>th</sup> Default)   Date of choice except 29, 30, 31 (15<sup>th</sup> Default)

B.  Appreciation Option  Monthly (Default)  Quarterly

Date of choice except 29, 30, 31 (15<sup>th</sup> Default)   Date of choice except 29, 30, 31 (15<sup>th</sup> Default)

C.  Flex STP (Applicable to Growth Option of Target Scheme only)

Monthly (Default)  Quarterly

Date of choice except 29, 30, 31 (15<sup>th</sup> Default)   Date of choice except 29, 30, 31 (15<sup>th</sup> Default)

Source Scheme (from where you wish to transfer)

Plan:  Regular  Direct

Target Scheme (to where you wish to transfer)

Plan:  Regular  Direct

Period of Enrollment from (1st Installment)  To (Last Installment)

Transfer Amount (Per installment)  (Not applicable for Appreciation Option)

No. of Installments

### 3. Applicant's Signature

Please note: Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unitholders are required to sign

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

Date  Place

For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any int ervention 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/rela tionship manager/sales person of the distributor/sub broker.

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant



# Systematic Withdrawal Plan (SWP)

Please refer instructions before filling the form

I/We hereby apply to the Trustees of Invesco Mutual Fund for Systematic Withdrawal Plan (SWP) enrollment under the following scheme and I / We agree to abide by the terms and conditions of the Plan

## Key Partner/Agent Information

Mutual Fund Distributor ARN ARN -	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code
Employee Unique Identification No. (EUIIN) (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)

Upfront commission shall be paid directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors, including the service rendered by the distributor.

Folio Number

Application Number

### 1. Applicant's Personal Details

First/Sole Applicant Name

PAN/PEKRN

KIN

### 2. Systematic Withdrawal Plan (SWP) Mandate

(Investors applying under the direct plan must mention "Direct" in the Plan box provided below)

Scheme

Plan:  Regular  Direct

Fixed Amount  Capital Appreciation Amount

Frequency  Weekly (1<sup>st</sup> business day of each week)  Monthly (Default)  Quarterly

SWP Date (✓ Any One)  3<sup>rd</sup>  10<sup>th</sup>  15<sup>th</sup> (Default)  20<sup>th</sup>  25<sup>th</sup>

Period of Enrollment from (1st Installment)  To (Last Installment)

Withdrawal Amount (Per Installment)   
(Not applicable for Appreciation Option)

No. of Installments

### 3. Applicant's Signature

Please note: Signature(s) should be as it appears on the Application Form and in the same order. In case the mode of holding is joint, all Unitholders are required to sign

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

Date  Place

For details on transaction charges payable to distributors, please refer to KIM.

I/We hereby confirm that the EUIIN box has been intentionally left blank by me/us as this transaction is executed without any int ervention 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/rela tionship manager/sales person of the distributor/sub broker.

Sign Here - Sole/First Applicant/Guardian/POA

Sign Here - Second Applicant

Sign Here - Third Applicant

# Common Transaction Form - Lumpsum Purchase and Switch

(Applicable to Existing Investors only)

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

**Transaction Charges** (Please tick any one of the below. For details refer KIM)

- I am a first time investor in Mutual Funds /
- I am an existing investor in Mutual Funds (Default)

Upfront commission, if any, shall be paid directly by the investor to the AMFI registered distributors based on the investors' assessment of various factors, including the service rendered by the distributor.

**Sign Here - Sole/First Applicant/Guardian/POA**

**Sign Here - Second Applicant**

**Sign Here - Third Applicant**

**Instructions:**

1. This transaction slip is to be used for single transaction request only, do not combine purchase & switch transaction on one single transaction slip.
2. For detailed Instructions on switch, please refer to the general instructions on the KIM.

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

- **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**

## Key Partner / Agent Information

Mutual Fund Distributor ARN <small>ARN</small>	Sub-Broker ARN CODE <small>ARN</small>
Employee Unique identification No. (EUIN) <small>(Of individual ARN holder or Of employee relationship Manganer/sales Person of the Distubutor )</small>	Registered Investment Advisor Code /Portfolio Manager's Registration Number (PMRN)
Folio No. <input style="width: 90%;" type="text"/>	PAN/PEKRN <input style="width: 100%;" type="text"/>
Name of First / Sole Applicant <input style="width: 100%;" type="text"/>	
KIN <input style="width: 100%;" type="text"/>	Enclosed KYC Proof <input type="checkbox"/>

## 1. Purchase (Cheque / DD Should be drawn in favor of the Scheme)

Scheme <input style="width: 90%;" type="text"/>	Plan (✓) Regular <input type="checkbox"/> Direct <input type="checkbox"/>
Option (✓) <input type="checkbox"/> Growth (Default) <input type="checkbox"/> Payout of Income Distribution cum capital withdrawal option (earlier known as Dividend Payout) <input type="checkbox"/> Reinvestment of Income Distribution cum capital withdrawal option (earlier known as Dividend Reinvestment)	
Investment Amount (₹) <input style="width: 90%;" type="text"/>	DD Amount (₹) <input style="width: 90%;" type="text"/>
Net Amount (₹) <input style="width: 90%;" type="text"/>	Dated <input style="width: 100%; text-align: center;"/> D D M M Y Y Y Y
Cheque /DD No. <input style="width: 90%;" type="text"/>	Drawn on Bank <input style="width: 90%;" type="text"/>
Bank A/c. No. <input style="width: 90%;" type="text"/>	A/c Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FNCR <input type="checkbox"/> SNRR <input type="checkbox"/> Other _____
Remitter LEI No.: <input style="width: 90%;" type="text"/>	Validity Date: <input style="width: 100%; text-align: center;"/> D D M M Y Y Y Y
Beneficiary Name <input style="width: 90%; text-align: center; font-weight: bold;"/> Invesco Mutual Fund	
Beneficiary LEI No.: <input style="width: 90%; text-align: center; font-weight: bold;"/> 549300ON71F6PVXRBF54	Validity Date: <input style="width: 100%; text-align: center;"/> D D M M Y Y Y Y

## 2. Switch Request

From: Scheme <input style="width: 90%; text-align: center;"/> Invesco India	<input style="width: 90%; text-align: center;"/> Plan
	<input style="width: 90%; text-align: center;"/> Option
To: Scheme <input style="width: 90%; text-align: center;"/> Invesco India	<input style="width: 90%; text-align: center;"/> IDCW Frequency
	<input style="width: 90%; text-align: center;"/> Option
	<input style="width: 90%; text-align: center;"/> IDCW Frequency
Amount (₹) <input style="width: 90%;" type="text"/>	OR No. of Units <input style="width: 90%;" type="text"/> OR All Units <input type="checkbox"/> (Please ✓)

## 3. Demat Account Details (Optional)

(Please ✓)  NSDL  CDSL DP ID' I N ('Not Applicable in case of CDSL)

Beneficiary Account No.

DP Name

The investor shall receive payments of IDCW / Redemption proceeds in the Bank A/c linked to the Demat A/c as mentioned above.

## Declaration & Signature(s)

Having read and understood the contents of the Statement of Additional Information/Scheme Information Document(s) and Key Information Memorandum(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 understood the details of the Scheme and I/We have not received nor have been induced by any rebate or gifts, indirectly, in making this investment

<small>Signature of Sole/First Applicant/Guardian</small>	<small>Signature of the 2nd unitholder</small>	<small>Signature of the 3rd unitholder</small>
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To be signed by unitholders as per holding opted. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

## Acknowledgement

Folio No.  (Please ✓)  Purchase  Switch

Name of the Applicant

For Office Use  
Signature of receiving authority

# FATCA & CRS Annexure - Individual Accounts

(including Sole Proprietor)

## FATCA & CRS Information (Self Certification)

Name

Gender  M  F  O PAN                     Occupation Type  Service  Business  Others

Father's Name

Type of Address given at KRA<sup>1</sup>  Residential  Business  Registered Office

Documents required, if PAN not provided  Passport  Election ID Card  Govt. ID Card  Driving License  UIDAI Card  NREGA Job Card

Date of Birth            City of Birth

Country of Birth  Nationality

Are you a tax resident of any country other than India?  Yes  No

**If 'No' please proceed for the signature of certification**

**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

Country of Tax Residency <sup>2</sup>	Tax Identification No. <sup>3</sup>	Identification Type (TIN or Others, please specify)	If TIN is not available, please tick (✓) the reason A, B or C [as defined below]
<input type="text"/>	<input type="text"/>	<input type="text"/>	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="text"/>	<input type="text"/>	<input type="text"/>	→ 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.

## FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-Tax Rules, 1962, which require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our unitholders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with Invesco Asset Management or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

## Certification

I hereby confirm that the information provided herein above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/ tax authorities.

## Sign here

Date

Place

## Instructions

- Please consult your professional tax advisor for further guidance on your tax residency, if required.
- <sup>1</sup>Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.
- <sup>2</sup>To also include USA, where the individual is a citizen/ green card holder of The USA.
- <sup>3</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent.

# Ultimate Beneficial Owner/ FATCA & CRS Annexure Form - For Non Individual Accounts

Name of the Entity

Type of Address given at KRA<sup>1</sup>  Residential  Business  Registered Office

Date of Incorporation 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 PAN

City of Incorporation  Country of Incorporation

Entity Constitution  Partnership Firm  HUF  Private Limited Company  Public Limited Company  
 Society  AOP/801  Trust

Type  Liquidator  Limited Liability Partnership  Artificial Juridicial Person  Others \_\_\_\_\_

Is "Entity" a tax resident of any country other than India  Yes  No  
 (If yes, please provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Country	Tax Identification No. <sup>2</sup>	Identification Type (TIN or Others, please specify)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

### FATCA & CRS Declaration<sup>3</sup>

#### PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a  Financial institution<sup>4</sup>  Direct reporting NFE<sup>5</sup>

GIIN  Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below.

Name of sponsoring entity

GIIN not available  Applied for

If the entity is a financial institution,  Not required to apply for - please specify 2 digits sub-category<sup>6</sup>   (Refer 1 A of Part C)  
 Not obtained - Non-participating FI

#### PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2A of Part C)

Yes  (If yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange

Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2B of Part C)

Yes  (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)

Name of Listed company

Nature of relation  Subsidiary of the Listed Company or  Controlled by a Listed Company

Name of stock exchange

Is the Entity an active NFE (Refer 2C of Part C)

Yes  (If yes, please fill UBO declaration in the next section)

Nature of Business

Please specify the sub-category of Active NFE   (Mention code - refer 2c of Part D) (Mention code - refer 2c of Part D)

Is the Entity a passive NFE (Refer 3(ii) of Part C)

Yes  (If yes, please fill UBO declaration in the next section.)

Nature of Business

### Instructions

<sup>1</sup>Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

<sup>2</sup>In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Intermediary Identification Number or GIIN, etc.

<sup>3</sup>Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

<sup>4</sup>Refer 1 of Part C

<sup>5</sup>Refer 3(vii) of Part C

<sup>6</sup>Refer 1 A of Part C

Category  Unlisted Company  Partnership Firm  Limited Liability Partnership Company  
 Religious Trust  Private Trust  Public Charitable Trust  
 Unincorporated association / body of individuals  Others \_\_\_\_\_

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s) (Please attach additional sheets, if necessary) Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

Details	UBO 1	UBO 2	UBO 3
Name of UBO			
UBO Code (Refer 3(iv) (A) of Part C)			
Country of Tax Residency <sup>7</sup>			
PAN <sup>8</sup>			
Address	Address, Zip, State, Country	Address, Zip, State, Country	Address, Zip, State, Country
Address Type	Residence/Business/ Registered Office	Residence/Business/ Registered Office	Residence/Business/ Registered Office
Tax ID <sup>2</sup>			
Tax ID Type			
City of Birth			
Country of Birth			
Occupation Type	Service/Business/Others	Service/Business/Others	Service/Business/Others
Nationality			
Father's Name			
Gender	Male/Female/Others	Male/Female/Others	Male/Female/Others
Date of Birth			
Percentage of Holding(%)			

<sup>2</sup>It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form.

<sup>7</sup>Country of Tax Residency is mandatory for all and if the controlling person is a US citizen or green card holder, please mention U.S.A.

<sup>8</sup>If UBO is KYC compliant, KYC proof to be enclosed. Else PAN or any other valid identity proof must be attached. Position/Designation like Director/Settlor of Trust/Protector of Trust to be specified wherever applicable.

**FATCA - CRS Terms and Conditions**

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities/ appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. Should there be any change in any information provided by you, please ensure you advise us promptly, i.e.. within 30 days. Please note that you may receive more than one request for information if you have multiple relationships with Invesco Asset Management or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green cardholder, please include United States in the foreign country information field along with the US Tax Identification Number.

**Certification**

I/We have read and understood the information requirements and the Terms and Conditions mentioned in this Form (read alongwith the FATCA & CRS Instructions) and hereby confirm that the information provided by me/us on this Form is true, correct and complete. I/We hereby agree and confirm to inform Invesco Asset Management Company Private Limited/ Invesco Mutual Fund/ Trustees for any modification to this information promptly.

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Place

**Authorised Signatory**


Name	<input style="width: 90%;" type="text"/>
Designation	<input style="width: 90%;" type="text"/>
Name	<input style="width: 90%;" type="text"/>
Designation	<input style="width: 90%;" type="text"/>
Name	<input style="width: 90%;" type="text"/>
Designation	<input style="width: 90%;" type="text"/>