

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 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. (Refer Instruction no. 1vii).

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

*No joint holder where minor is first holder PAN/ PEKRN (Refer Instruction no. 3). Date of birth is mandatory, additionally refer Instruction no. 2, KYC & Networth (Refer Instruction no. 14).

+ Mandatory

Key Partner/Agent Information

| | | |
|---|------------------------------|--|
| Mutual Fund Distributor ARN ARN - ARN- 257030 | Sub-Broker ARN Code ARN - | Internal Sub-Broker/Employee Code |
| Employee Unique Identification No. (EUIN) (Only for ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor) E-479794 | | Registered Investment Advisor (RIA) Code / Portfolio Manager's Registration Number (PMRN) |

Existing Unitholder: Please fill in Folio Number below and then proceed to section 2

| | |
|------------------------------------|--|
| Folio Number | |
| Name of Sole / First Unitholder | |

New Unitholder

1. Applicant Details

| | |
|--|--|
| Mode of Holding (Only for non-demat mode) | <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Anyone or Survivor (Default) |
| First/Sole⁺ (Name as per PAN records) | Mr. / Ms. / M/s. |
| | Father Name Mother Name |
| PAN/PEKRN⁺ | <div></div> <div>Date of Birth⁺</div> |
| KIN | <div></div> Enclosed KYC Proof <input type="checkbox"/> |
| Gross Annual Income⁺ | <div><input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> 25 Lakhs - 1 Crore <input type="checkbox"/> > 1 Crore</div> <div>Net-worth in Rs. As on (date within last 1 year) (Mandatory for Non-Individuals)</div> |
| Occupation Details | <div><input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Politically Exposed Person (PEP)</div> <div><input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP</div> <div><input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify) individuals <input type="checkbox"/> Not Applicable (Default)</div> |

| | |
|---|--|
| Second⁺⁺ (Name as per PAN records) | Mr. / Ms. / M/s. |
| | Father Name Mother Name |
| PAN/PEKRN⁺ | <div></div> <div>Date of Birth⁺</div> |
| KIN | <div></div> Enclosed KYC Proof <input type="checkbox"/> |
| Gross Annual Income⁺ | <div><input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> 25 Lakhs - 1 Crore <input type="checkbox"/> > 1 Crore</div> <div>Net-worth in Rs. As on (date within last 1 year) (Mandatory for Non-Individuals)</div> |
| Occupation Details | <div><input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Politically Exposed Person (PEP)</div> <div><input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP</div> <div><input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify) individuals <input type="checkbox"/> Not Applicable (Default)</div> |

| | |
|--|--|
| Third⁺⁺ (Name as per PAN records) | Mr. / Ms. / M/s. |
| | Father Name Mother Name |
| PAN/PEKRN⁺ | <div></div> <div>Date of Birth⁺</div> |
| KIN | <div></div> Enclosed KYC Proof <input type="checkbox"/> |
| Gross Annual Income⁺ | <div><input type="checkbox"/> Below 1 Lakh <input type="checkbox"/> 1-5 Lakhs <input type="checkbox"/> 5-10 Lakhs <input type="checkbox"/> 10-25 Lakhs <input type="checkbox"/> 25 Lakhs - 1 Crore <input type="checkbox"/> > 1 Crore</div> <div>Net-worth in Rs. As on (date within last 1 year) (Mandatory for Non-Individuals)</div> |
| Occupation Details | <div><input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Politically Exposed Person (PEP)</div> <div><input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP</div> <div><input type="checkbox"/> Housewife <input type="checkbox"/> Others (Please specify) individuals <input type="checkbox"/> Not Applicable (Default)</div> |

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

Status (✓)

| | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Minor |
| <input type="checkbox"/> HUF | <input type="checkbox"/> NRI Repatriable |
| <input type="checkbox"/> LLP | <input type="checkbox"/> Listed Co. |
| <input type="checkbox"/> Society/Club | <input type="checkbox"/> Trust |
| <input type="checkbox"/> AOP | <input type="checkbox"/> Co. U/S 25/8 of Companies Act |
| <input type="checkbox"/> Minor-NRI Repatriable | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Minor-NRI Non-Repatriable | <input type="checkbox"/> Body Corporate |
| <input type="checkbox"/> NRI Non-Repatriable | <input type="checkbox"/> FPI |
| <input type="checkbox"/> Unlisted Co. | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> In case of Non-Profit Entity* | |

* refer point no 20

To be filled mandatory by Non-Individual investors.

We are falling under “**Non-Profit Organization**” [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).

☐ Yes ☐ No

If Yes, please quote Registration No. of Darpan portal of Niti Aayog

If you have not registered with Darpan Portal, please register immediately and confirm the above information. Failure to get above confirmation or registration with the portal as mandated, wherever applicable will force MF / AMC to register your entity name in the above portal and may report to the relevant authorities as applicable. We am/are aware that we may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/ us or collect such fines/charges in any other manner as might be applicable.

Mobile No. and Email ID Declaration Relationship Reference:

| Family Code | Family Description |
|-------------|--------------------|
| SE | Self |
| SP | Spouse |
| DC | Dependent Children |
| DS | Dependent Siblings |
| DP | Dependent Parents |
| GD | Guardians |
| CD | Custodian |

Instructions

IDCW - Income Distribution cum capital withdrawal
Option

Plan, Option, Facility of the scheme should be clearly stated. In case applications are received where Plans/ Options for investment is not selected, the default Plan/ Option as prescribed in the SID of the Scheme will be applicable.

*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.

¹Cheque/DD should be drawn in favor of the Scheme.

Investment in single scheme - Invesco India Contra Fund (IICF).

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

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

⁺ Mandatory

| | | | | | | | | | | | | | | | |
|---------------------------------------|--|----------------------|----------------------|--|----------------------|----------------------|---|-----------------------|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| Guardian/ Contact Person** | Mr. / Ms. / M/s. | | | | | | | | | | | | | | |
| (Name as per PAN records) | | | | | | | | | | | | | | | |
| Relation | <input type="checkbox"/> Father (Natural Guardian) | | | <input type="checkbox"/> Mother (Natural Guardian) | | | <input type="checkbox"/> Court Appointed Guardian | | | | | | | | |
| PAN/PEKRN+ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Date of Birth+ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| KIN | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Enclosed KYC Proof <input type="checkbox"/> | | | | |
| POA Holder# | Mr. / Ms. / M/s. | | | | | | | | | | | | | | |
| (Name as per PAN records) | | | | | | | | | | | | | | | |
| PAN | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| KIN | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | Enclosed KYC Proof <input type="checkbox"/> | | | | |

| | |
|-----------------|--|
| Mailing Address | |
| | |
| City | PIN |
| Tel. No. (R) | Tel. No. (O) |
| Mobile | (Address should be as per KYC records, refer Instruction no. 15) |

This mobile number belongs to (Please refer instruction 8): ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ Custodian *Default

| | |
|--------|--|
| E-mail | |
|--------|--|

This email ID belongs to (Please refer instruction 8): ☐ Self* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD ☐ Custodian *Default

| | |
|---|----------------|
| Overseas Address (Mandatory in case of NRI / FPI applicant) | |
| | |
| City | State/Province |
| Country | PIN |

2. Investment and Payment Details¹

| | 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. | | | |

3. For SIP/Micro SIP¹

☐ SIP ☐ Micro SIP

| | | | | | | | | | | | |
|------------------|--|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Amount | <input type="text"/> | Cheque 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"/> | <input type="text"/> |
| Drawn on Bank | <input type="text"/> | Branch | <input type="text"/> | | | | | | | | |
| Period From | <input type="text"/> | To | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cheque Nos. From | <input type="text"/> | To | <input type="text"/> | | | | | | | | |
| Frequency | <input type="checkbox"/> Monthly (Default) or <input type="checkbox"/> Quarterly (Jan, Apr, Jul, Oct) | | | | | | | | | | |
| SIP Date | Date of your choice (except 29,30,31) <input type="text"/> <input type="text"/> (15 th Default) | | | | | | | | | | |

4. Demat Account Details²

Optional, Refer instruction no. 12

| | |
|---|---|
| <input type="checkbox"/> NSDL <input type="checkbox"/> CDSL <input type="checkbox"/> DP ID ³ | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Beneficiary Account No. | <input type="text"/> |
| DP Name | <input type="text"/> |

5. Bank Account Details (Mandatory As Per SEBI Guidelines)

Refer instruction no. 4

| | | | | | | | | | | | |
|----------------------------------|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Bank A/c. No. | <input type="text"/> | | | | | | | | | | |
| Bank Name | <input type="text"/> | | | | | | | | | | |
| City | <input type="text"/> | PIN | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 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 <input type="text"/> | | | | | | | | | | |
| Branch Address | <input type="text"/> | | | | | | | | | | |
| MICR Code ⁴ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NEFT/RTGS/IFSC Code ⁵ | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Remitter LEI No.: | <input type="text"/> | | | | | | Validity Date: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Beneficiary Name | Invesco Mutual Fund | | | | | | | | | | |
| Beneficiary LEI No.: | 549300ON71F6PVXRBF54 | | | | | | Validity Date: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 ✓)

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

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

Acknowledgement Slip (To be filled by the Applicant)

Application No :

| | | | | |
|---------------------------------------|----------------------|----------------------|----------------------|---|
| Received from | <input type="text"/> | | | <input type="text"/> Signature, Stamp & Date |
| Towards Subscription of (Scheme Name) | <input type="text"/> | | | |
| Amount (₹) | <input type="text"/> | Cheque/DD No. | <input type="text"/> | |
| Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

7. 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, 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 | | | |
| Nominee Relationship | | | |
| % 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 | | | |
| Nominee / Guardian Signature |  |  |  |

* 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 |

Instructions

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

²Address of tax residence would be taken as available in KRA & notify the changes. ³To also include USA, where the individual is a citizen/green card holder of the USA. **It is mandatory for NRI investors to provide the Tax Identification Number (TIN) for the country of residence.** ⁴In 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 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.

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

| | | |
|-------------------------------|---|----------------------|
| <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"/> | |

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 | ARN - ARN-257030 | Sub-Broker ARN Code | ARN - | Internal Sub-Broker/ Employee Code |
| Employee Unique Identification No. (EUIN) | E-479794 | Registered Investment Advisor (RIA) Code/ Portfolio Manager's Registration Number (PMRN) | | |

1. Applicant Details

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

2. Investment and SIP Details¹

| | Scheme 1 | Scheme 2 | Scheme 3 |
|--|--|--|--|
| Scheme | Invesco India | Invesco India | Invesco India |
| Plan | | | |
| Option | | | |
| IDCW Frequency | | | |
| 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 30 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"/> |

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

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

| | | | | | |
|---------------------|---|--|--|--|----------------------------|
| 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 | Bank Account No. | <input type="text"/> | | |
| with Bank | <input type="text"/> | Name of customers bank | <input type="text"/> | IFSC / MICR | <input type="text"/> |
| An amount of Rupees | <input type="text"/> | In Words | <input type="text"/> | ₹ | In Figures |
| 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

| | | |
|--|----------------------------------|----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature of Primary Bank Account Holder | Signature of Bank Account Holder | Signature of Bank Account Holder |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name as in bank records | Name as in bank records | Name as in bank records |