



Application Form for Lumpsum / SIP / Folio Creation

Please read instructions before filling the Form

Application No :

Key Partner / Agent Information

Distributor / Broker ARN ARN - 24863	Sub-Broker ARN Code ARN -	Internal Sub-Broker/Employee Code	Employee Unique Identification No. (EUIIN) <small>(Of Individual ARN holder or Of employee / Relationship Manager)</small> E043887 of the Distributor)	Registered Investment Advisor Code
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I/We hereby confirm that the EUIIN 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.1(vii)).

Sign Here Sole/First Applicant/Guardian	Sign Here Second Applicant	Sign Here Third Applicant
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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.

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

Folio Number

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)

- 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.

Name of Sole / First Unitholder

New Unitholder

1. Applicant's Details	Name (as per KYC)	PAN/KRN	Date of Birth
First/Sole	Mr. / Ms. / M/s. City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Second	No joint holder where minor is first holder City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Third	No joint holder where minor is first holder City of Birth: <input type="text"/> Country of Birth: <input type="text"/>	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Guardian/ Contact Person	(if Sole / First applicant is a Minor) Contact Person (in case of Non-individual Investors only) Relation <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Court appointed Guardian	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof
POA Holder	(If the investment is being made by a Constituted Attorney, please furnish the details of POA Holder)	<input type="text"/>	<input type="text"/> Enclosed (please ✓) <input type="checkbox"/> KYC Proof
Mailing Address: (Address should be as per KYC records, refer Instruction no. 14b)	<input type="text"/> City: <input type="text"/> PIN: <input type="text"/> State: <input type="text"/> Tel. No. (Residence): <input type="text"/> Tel. No. (Office): <input type="text"/> Mobile: <input type="text"/> E-mail: <input type="text"/>	Overseas Address: (Mandatory in case of NRI / FII / FPI applicant) <input type="text"/> City: <input type="text"/> State/Province: <input type="text"/> Country: <input type="text"/> PIN: <input type="text"/>	Status (✓) <input type="checkbox"/> Individual <input type="checkbox"/> Minor <input type="checkbox"/> Minor-NRI Repatriable <input type="checkbox"/> Minor-NRI Non-Repatriable <input type="checkbox"/> HUF <input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Listed Co. <input type="checkbox"/> Unlisted Co. <input type="checkbox"/> Body Corporate <input type="checkbox"/> Society/Club <input type="checkbox"/> Trust <input type="checkbox"/> FII <input type="checkbox"/> FPI <input type="checkbox"/> AOP <input type="checkbox"/> Co. U/S 25/8 of Companies Act <input type="checkbox"/> Others _____

Mode of Holding (Only for non-demat mode) (✓) Single Joint Anyone or Survivor (Default)

In case of Non-Profit Entity (please ✓)

2. KYC Details Mandatory (✓)

Gross Annual Income	First/Sole	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth	<input type="text"/> in ₹	as on	<input type="text"/>	(Not older than 1 year) (Mandatory for Non-individuals)
	Second	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth	<input type="text"/> in ₹	as on	<input type="text"/>	(Not older than 1 year)
	Third	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 10-25 Lacs	<input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 25 Lacs - 1 Crore	<input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> > 1 Crore	Net-worth	<input type="text"/> in ₹	as on	<input type="text"/>	(Not older than 1 year)
Occupation Details	First/Sole	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify)			
	Second	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify)			
	Third	<input type="checkbox"/> Private Service <input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector / Govt. Service <input type="checkbox"/> Student	<input type="checkbox"/> Business <input type="checkbox"/> Forex Dealer	<input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist	<input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify)			
Others (For individuals)	First/Sole	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable					
	Second	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable					
	Third	<input type="checkbox"/> Politically Exposed Person	<input type="checkbox"/> Related to Politically Exposed Person	<input type="checkbox"/> Not Applicable					

Others (For Non-individuals) Is the entity involved in any of the following services

(i) Foreign Exchange/Money Changer Services Yes No (ii) Gaming/Gambling/Lottery/Casino Services/Betting Syndicates Yes No (iii) Money Lending/Pawning Yes No

PAN/KRN (Refer Instruction no. 3), Date of birth is mandatory in case of Minor, additionally refer Instruction no. 2, KYC & Networth (Refer Instruction no. 13), Not applicable in Growth option

Acknowledgement Slip (To be filled by the Applicant)

Application No :

Received from	<input type="text"/>	Date	<input type="text"/>
Towards Subscription under below Scheme	<input type="text"/>	<input type="text"/>	
Invesco India	Scheme Name		
Amount (₹)	<input type="text"/>	Cheque/DD No.	<input type="text"/>
			Signature, Stamp & Date