



Financial Transaction Slip

(For Schemes of Invesco Mutual Fund other than Invesco India Nifty ETF and Invesco India Gold ETF)

Key Partner / Agent Information (Investors applying under Direct Plan must mention "Direct" in ARN No. column.)

Distributor / Broker ARN A South Gujarat ARN: 54854	Sub-Broker ARN Code ARN -	Employee Unique Identification No. (EUIIN) (Of Individual ARN holder or Of employee Relationship Manager/Sales Person of the Distributor)	Registered Investment Advisor Code
Folio No	Name of Sole / First Holder	D D M M Y Y Y Y	

☐ 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.

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. For details on transaction charges payable to distributors; please refer to Key Information Memorandum

- Country of Birth / Citizenship / Nationality or Tax Residency, other than India, for any applicant? (✓): ☐ Yes / ☐ No (Mandatory to ✓). If yes, please fill FATCA declaration.
- NRI investors should mandatorily fill separate FATCA / CRS declarations.
- Non Individual investors should mandatorily fill separate FATCA / CRS & UBO declarations

1. Additional Purchase (Cheque / DD should be drawn in favor of the Scheme. Investors applying under direct plan must mention "Direct" in the box provided below)

Scheme Invesco India	Plan	Option	Dividend Frequency
Investment Amount (₹)	Net Amount (₹)	Dated	D D M M Y Y Y Y
Payment Mode <input type="checkbox"/> Cheque/ <input type="checkbox"/> DD/ <input type="checkbox"/> RTGS/ <input type="checkbox"/> NEFT/ <input type="checkbox"/> Cash/ <input type="checkbox"/> NACH (Please ✓)	Drawn on Bank		
Cheque/DD/RTGS/NEFT UTR No./UMRN	A/c Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> FCNR <input type="checkbox"/> SNRR <input type="checkbox"/> Others		
Bank A/c. No.	<input type="checkbox"/> Minor <input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Distributor		
Applicable in case of Third Party Payment: Payment on behalf of (Please ✓)			
Name of the Person making Payment	Enclosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof	PAN/KRN	

2. Switch Request

From : Scheme Invesco India	Plan	Option	Dividend Frequency
To : Scheme Invesco India	Plan	Option	Dividend Frequency
Amount (₹)	Or No. of Units	Or All Units <input type="checkbox"/> (Please ✓)	

3. Redemption Request

Scheme Invesco India	Plan	Option	Dividend Frequency
Amount (₹)	Or No. of Units	Or All Units <input type="checkbox"/> (Please ✓)	

For investors who have registered for multiple Bank A/c facility. Kindly credit / issue cheque for the redemption proceeds in the following Bank A/c registered with you.

Bank Name	Bank A/c No.	Branch
Bank City	Account Type	IFSC Code

Disclaimer: If the Banks A/c details mentioned above does not match with the registered Bank A/c details in the folio or not mentioned above then the payment will be remitted in the default Bank A/c.

Demat Account Detail (Optional) (Please ✓) ☐ NSDL ☐ CDSL ☐

DP ID ¹	Beneficiary Account No.	DP Name
I N		

(¹ Not applicable in case of CDSL).

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

PAN / KRN (Mandatory)	Enlosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof	Enlosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof	Enlosed (Please ✓) <input type="checkbox"/> KYC Compliance Proof
	Enlosed (Please ✓) <input type="checkbox"/> Banker Certificate for DD		

Declaration: 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 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.

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To be signed by unitholders as per mode of holding opted. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

Acknowledgement

Folio No.	Name	For Office Use Signature of receiving authority	
Redemption Request Invesco India	Units or Amount in ₹		
Additional Purchase Invesco India	Amount in ₹		
Cheque / DD / RTGS / NEFT UTR No. / UMRN	D D M M Y Y Y Y		
From: Scheme Invesco India	Plan Option		
To: Scheme Invesco India	Plan Option		
Amount (₹)	Or No. of Units	Or All Units <input type="checkbox"/> (Please ✓)	Date of receipt / Time of receipt :

Non - Financial Transaction Slip

Folio No.

Name of Sole /
First Unit Holder

PAN

1. Change of Address/Contact Details

(To be used only by Investors not registered with KYC Registration Agency)

I/We request you to take note of change of my address / contact details and update your records.

Address

City

Pin Code

State

Country

Phone
(Office)

Phone
(Residence)

Mobile

E-mail

2. KYC Declaration Form

Applicant's Details

PAN/KRN

Date of Birth /
Incorporation

Gross Annual
Income (✓)

☐ Below 1 Lac

☐ 1-5 Lacs (Default)

☐ 5-10 Lacs

Net-worth

in ₹

as on

☐ 10-25 Lacs

☐ 25 Lacs - 1 Crore

☐ > 1 Crore

(Not older than 1 year) (Mandatory for Non-individuals)

Occupation
Details (✓)

☐ Private Service

☐ Public Sector / Govt. Service

☐ Business

☐ Professional

☐ Housewife

☐ Retired

☐ Student

☐ Forex Dealer

☐ Agriculturist

☐ Others _____ (Please specify)

Others (✓)

For Individuals

☐ Politically Exposed Person

☐ Related to Politically Exposed Person

☐ Not Applicable

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

(Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials etc.)

P.T.O. for Signatures & Instructions

Acknowledgement

Folio No.

Name

For Office Use
Signature of receiving authority

Received request for (Please ✓)

Change of Address / Contact Details ☐

Change in KYC Declaration Form ☐

Change of Bank Mandate (COB) ☐

Date of receipt / Time of receipt :

Non - Financial Transaction Slip

3. Change of Bank Mandate (COB)

Bank A/c. No.	<input type="text"/>	Bank Account Type (Please ✓)	<input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> NRO <input type="checkbox"/> NRE <input type="checkbox"/> Others _____
Bank Name	<input type="text"/>		
Bank Address	<input type="text"/>		
Bank City	<input type="text"/>		
MICR Code (9 digits)	<input type="text"/>	IFSC Code (11 digits)	<input type="text"/>

Documents Submitted (any one)

- ☐ Cancelled original cheque of the new bank mandate with first unit holder name and bank account number printed on the face of the cheque.
- ☐ Self attested copy of bank account statement/bank passbook issued by the concerned bank. (not older than 3 months)
- ☐ Bank letter, on the letterhead of the bank duly signed by branch manager/ authorized personnel stating the investor's bank account number, name of investor, account type, bank branch, MICR and IFSC code of the bank branch. (the letter should be not older than 3 months).

Note:

In case of photocopies of the documents as stated above are submitted, investor must produce original for verification or a copy of the supporting documents duly attested by the concerned bank to any of the AMC branches or official point of acceptance of transactions (ISC).

Declaration & Signature(s)

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it. I hereby authorise sharing of the information furnished on this form with all SEBI registered intermediaries.



Sole / First Holder



Second Holder



Third Holder

To be signed by unitholders as per mode of holding opted. Please strike off section(s) that are not filled by you, to avoid unauthorised use.

Place Date

D	D	M	M	Y	Y	Y	Y
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Instructions

Change of Address / Contact Details

Unitholders / investors are requested to submit the following documents and ensure that copies of all the documents submitted are self-attested and accompanied by originals for verification. In case, the original of any document is not produced for verification, then the copies should be properly attested / verified by authorized person.

For KYC non-compliant folios / clients

- Proof of new address; and
- Proof of Identity: Only PAN card copy shall be considered if PAN is updated in the folio or other proof of identity if PAN is not updated in the folio.

KYC compliant folios / clients are required to submit forms prescribed by KYC Registration Agency for change of address along with prescribed documents as proof of change of address.

Get in Touch

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