

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 in case of Minor, additionally refer Instruction no. 2, KYC & Networth (Refer Instruction no. 14).

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) <small>(Of Individual ARN holder or of employee/ Relationship Manager/Sales Person of the Distributor)</small>		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	<div style="border: 1px solid black; padding: 2px;">Mr. / Ms. / M/s. Name as per PAN records</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 45%;">City of Birth</div> <div style="border: 1px solid black; padding: 2px; width: 45%;">Country of Birth</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 60%;">PAN/PEKRN</div> <div style="border: 1px solid black; padding: 2px; width: 35%;">Date of Birth</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 60%;">KIN</div> <div style="border: 1px solid black; padding: 2px; width: 35%;">Enclosed KYC Proof <input type="checkbox"/></div> </div> <div style="margin-top: 5px;"> Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore </div> <div style="margin-top: 5px;"> Net-worth in Rs. <input style="width: 100px;" type="text"/> As on (date within last 1 year) (Mandatory for Non-Individuals) </div> <div style="margin-top: 5px;"> Occupation Details <input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business Others <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP <input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify) individuals <input type="checkbox"/> Not Applicable (Default) </div>
Second*	<div style="border: 1px solid black; padding: 2px;">Mr. / Ms. / M/s. Name as per PAN records</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 45%;">City of Birth</div> <div style="border: 1px solid black; padding: 2px; width: 45%;">Country of Birth</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 60%;">PAN/PEKRN</div> <div style="border: 1px solid black; padding: 2px; width: 35%;">Date of Birth</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 60%;">KIN</div> <div style="border: 1px solid black; padding: 2px; width: 35%;">Enclosed KYC Proof <input type="checkbox"/></div> </div> <div style="margin-top: 5px;"> Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore </div> <div style="margin-top: 5px;"> Net-worth in Rs. <input style="width: 100px;" type="text"/> As on (date within last 1 year) (Mandatory for Non-Individuals) </div> <div style="margin-top: 5px;"> Occupation Details <input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business Others <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP <input type="checkbox"/> Housewife <input type="checkbox"/> Others _____ (Please specify) individuals <input type="checkbox"/> Not Applicable (Default) </div>
Third*	<div style="border: 1px solid black; padding: 2px;">Mr. / Ms. / M/s. Name as per PAN records</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 45%;">City of Birth</div> <div style="border: 1px solid black; padding: 2px; width: 45%;">Country of Birth</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 60%;">PAN/PEKRN</div> <div style="border: 1px solid black; padding: 2px; width: 35%;">Date of Birth</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; width: 60%;">KIN</div> <div style="border: 1px solid black; padding: 2px; width: 35%;">Enclosed KYC Proof <input type="checkbox"/></div> </div> <div style="margin-top: 5px;"> Gross Annual Income <input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1-5 Lacs (Default) <input type="checkbox"/> 5-10 Lacs <input type="checkbox"/> 10-25 Lacs <input type="checkbox"/> 25 Lacs - 1 Crore <input type="checkbox"/> > 1 Crore </div> <div style="margin-top: 5px;"> Net-worth in Rs. <input style="width: 100px;" type="text"/> As on (date within last 1 year) (Mandatory for Non-Individuals) </div> <div style="margin-top: 5px;"> Occupation Details <input type="checkbox"/> Private Service <input type="checkbox"/> Pub. Sector / Govt. Serv. <input type="checkbox"/> Professional <input type="checkbox"/> Business Others <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer (For <input type="checkbox"/> Related to PEP <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)

3. For SIP/Micro SIP¹

 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) (15th Default)

4. Demat Account Details²

Optional, Refer instruction no. 12

NSDL CDSL DP ID³

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 Code⁴

NEFT/RTGS/IFSC Code⁵

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

¹For 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.

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. 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 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.

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

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

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.

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 Details¹

	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 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"/> (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"/>
SIP Top-Up (Optional)			
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 **Invesco Mutual Fund**

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

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

3. Demat Account Details (Optional)

NSDL CDSL

DP ID³

I	N								
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 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