

I/We hereby confirm that the EUIN box has been intentionally left blank by me/us as this transaction is executed without any int eraction 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	e - Sole/Firs	t Applicar	nt/Guardia	n/POA
Sian Hora	- Second A	Applicant		
Jigii riere	: - Second F	Аррисанс		
Sign Here	- Third App	olicant		

Systematic Transfer Plan (STP)

Please refer instructions before filling the form

 Date
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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

and I/We agree	to abide i	by the	e tern	ns and	d con	ditions	s of the	Plan	1													
Key Partne	er/Age	ent	Info	orm	atic	n																
Mutual Fund Distributor ARN JAVAHAR.K.P. ARN 10021			l l	Sub-Broker ARN Code ARN -							Internal Sub-Broker/Employee Code											
1	oyee Unic dividu hip Mana	035			f em	ploye		tor)		Po	Regis				ent A							
Upfront comm assessment of													ere	d dist	ributo	rs ba	sed o	n th	e inv	estors'		
Folio Number	various i	actor	3, 1110	Judin	g tric	, 3CI VI	00 1011	ucre	и Бу і	iic di	Stribu											
Application Nu	mber																					
1. Applicar	it's Per	sona	al De	tails	;																	
First/Sole Applicant Nan (Name as per PAN		Mr. /	Ms./	M/s.																		
PAN/PEKRN+																						
KIN																						
2. Systema (Refer Inst								rect p	olan r	nust ı	mentio	on "Di	irec	t" in t	he bo	x prov	rided	belov	v.)			
STP Type (A/B/C) A. Fixed Option (Default) Frequency Daily Weekly (Any One) Monday (Default) Tuesday Wednesday Thursday Friday B. Appreciation Option								lt)	Fortnightly Monthly (Default) Quarterly Date of choice except 29, 30, 31 (15th Default) Monthly (Default) Quarterly Quarterly Date of choice except 29, 30, 31 (15th Default)									efault)				
									2	29, 30, 31 (15 th Default) 29, 30, 31 (15 th Default)												
	C.	. <u> </u>	Flex S	STP (A	pplic	able t	o Grow	th Op	,	thly (I	get Scl Defaul Date of 29, 30,	t) choice	e ex	cept	_ Q	uarter	Date		oice ex 15 th De	ccept efault)		
Source Scheme (from where	Invesc	o Inc	dia																			
you wish to transfer)	Plan:	Regular Direct							Option													
Target Scheme (to where Invesco India																						
you wish to transfer)	Plan:	an: Regular Direct							Option						Growth (Default)							
Period of Enrollr	nent fron	n (1st	Insta	llmen	t) N	1 M	Υ	Υ	Υ	Υ	To (L	ast In:	ısta	lment) M	M	Υ	Υ	Υ	Υ		
Transfer Amoun	t (Per inst	tallme	ent)	Rs. in	figu	res								(Not a	pplica	ble fo	r App	reciat	ion O	ption)		
No. of Installments Total Transfer (Rs.))	(A						(Amt. per installment x No. of installments)								
3. Applicar	nt's Sig	natu	re																			
Please not holding is	e: Signa	ture(s	s) sho					on th	е Арр	olicat	ion Fo	orm ar	nd i	n the	same	orde	r. In c	ase t	he m	ode of		
Sole/i	First App	lican	t/Gua	ardian	1		,	Seco	ınd Ar	oplica	nt					Third	Appli	icant				

Place