

To,  
Invesco Mutual Fund

I/We request you to consolidate all my/our investments in the below mentioned folio nos. to the mentioned Target Folio No.

Source Folio Number	
a.	<input type="text"/>
c.	<input type="text"/>
e.	<input type="text"/>
g.	<input type="text"/>

Source Folio Number	
b.	<input type="text"/>
d.	<input type="text"/>
f.	<input type="text"/>
h.	<input type="text"/>
<input type="text"/>	

Target Folio No. into which all folios need to be consolidated (specify any one from the above)

I/We understand that consolidation of folios will be effected only if the following information is identical in all folios specified by me/us:

- Name of Unit Holder(s)
- Order of Unit Holders
- Mode of Holding
- Tax Status

I/We agree that the Mode of Holding, Bank Mandate, Address and Nomination Details in the Target Folio will be applicable and will prevail after consolidation. I/We also confirm that there is no pledge / lien marked in these folios and acknowledge that such folios, will require the financier's consent for consolidation and hence these may be ignored for consolidation, if we have mentioned any such folio(s).

## Details to be updated in the Target Folio

### Contact Details

Email ID^

^ This Email ID belongs to ☐ Self\* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD \*Default

Mobile No.#  Tel. No.

# This mobile number belongs to ☐ Self\* ☐ Spouse ☐ DC ☐ DS ☐ DP ☐ GD \*Default

### 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	Guardian

## Bank Account Details

Bank A/c. No.

A/c. Type (✓) ☐ Current ☐ Savings ☐ SNRR ☐ NRE ☐ NRO ☐ FCNR ☐ Others \_\_\_\_\_

Bank Name

Branch Address

City  PIN

MICR Code  (9 digit No. next to your Cheque No.) NEFT/RTGS/IFSC Code  (11 digit character code appearing on cheque leaf)

Received, subject to verification, request for consolidation of folios from

Mr. / Ms. / M/s.

Source Folio Number	
a.	<input type="text"/>
c.	<input type="text"/>
e.	<input type="text"/>
g.	<input type="text"/>

Source Folio Number	
b.	<input type="text"/>
d.	<input type="text"/>
f.	<input type="text"/>
h.	<input type="text"/>

Target Folio No.

Receiving Office's  
Stamp and Signature



## Nomination Details (Mandatory)

(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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### Signature (All unit holders need to sign irrespective of mode of holding.)

 Signature of Sole/First Applicant/Guardian	 Signature of the 2nd unitholder	 Signature of the 3rd unitholder
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