



Important Instructions:

- A) Fields marked with '*' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for update application.
J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only

(To be filled by financial institution)

Application Type* [] New [] Update
KYC Number [] (Mandatory for KYC update request)
Account Type* [] Normal [] Minor [] Aadhaar OTP based E-KYC (in non-face to face mode)

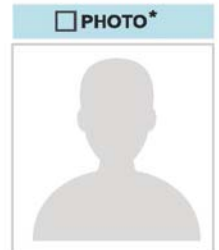
1. PERSONAL DETAILS* (Please refer instruction A at the end)

Form fields for Personal Details including Name, Maiden Name, Date of Birth, Gender, PAN, Marital Status, Citizenship, Residential Status, and Occupation Type.

2. PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

Form fields for Proof of Identity and Address including OVD options (A-F) and verification methods (II-III).



Address

Form fields for Address including Line 1, Line 2, Line 3, District, Pin/Post Code, State/U.T Code, City/Town/Village, and ISO 3166 Country Code.

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

[] Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

Form fields for Current Address Details including OVD options (A-F) and verification methods (II-IV).

Address

Line 1*

Line 2

Line 3

District* Pin / Post Code* State/U.T Code* City / Town / Village* ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided) (Please refer instruction C at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

5. REMARKS (If any)

6. APPLICANT DECLARATION

- 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 consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date : DD-MM-YYYY Place:

Signature / Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process

Equivalent e-document Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date DD-MM-YYYY

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

INSTITUTION DETAILS

Name

Code

Employee signature and stamp

[Institution Stamp]



CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Related Person

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
B) Tick "✓" wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for update application.

For office use only Application Type* [] New [] Update [] Delete
(To be filled by financial institution) KYC Number (Mandatory for KYC update request)

1. DETAILS OF RELATED PERSON (Please refer instruction D & E at the end)

[] Addition of Related Person [] Deletion of Related Person [] Updation KYC Number of Related Person (if available*)

Related Person Type* [] Guardian of Minor [] Assignee [] Authorized Representative
Name* Prefix First Name Middle Name Last Name
Maiden Name
Father / Spouse Name
Mother Name
Date of Birth* DD-MM-YYYY
Gender* [] M- Male [] F- Female [] T-Transgender
PAN* [] Form 60 furnished

2. PROOF OF IDENTITY AND ADDRESS*

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- [] A- Passport Number
[] B-Voter ID Card
[] C- Driving Licence
[] D-NREGA Job Card
[] E- National Population Register Letter
[] F - Proof of Possession of Aadhaar
II [] E-KYC Authentication
III [] Offline verification of Aadhaar



Address

Line 1*
Line 2
Line 3
District* Pin / Post Code* City / Town / Village* State / U.T Code* ISO 3166 Country Code*

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

[] Same as above mentioned address (In such cases address details as below need not be provided)

I Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- [] A- Passport Number
[] B-Voter ID Card
[] C- Driving Licence
[] D-NREGA Job Card
[] E- National Population Register Letter
[] F - Proof of Possession of Aadhaar
II [] E-KYC Authentication
III [] Offline verification of Aadhaar
IV [] Deemed Proof of Address - Document Type code

Address

Line 1*

Line 2

Line 3 City / Town / Village*

District* Pin / Post Code* State / U.T Code* ISO 3166 Country Code*

4. CONTACT DETAILS

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

5. REMARKS (If any)

6. APPLICANT DECLARATION

- 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 consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Date: - - Place:

Signature /Thumb Impression of Applicant

7. ATTESTATION / FOR OFFICE USE ONLY

Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process

Equivalent e-document Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date --

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

INSTITUTION DETAILS

Name

Code

[Institution Stamp]

FATCA & CRS Annexure - Individual Accounts

(including Sole Proprietor)

FATCA & CRS Information (Self Certification)

Name

Gender M F O PAN Occupation Type Service Business Others

Father's Name

Type of Address given at KRA¹ Residential Business Registered Office

Documents required, if PAN not provided Passport Election ID Card Govt. ID Card Driving License UIDAI Card NREGA Job Card

Date of Birth City of Birth

Country of Birth Nationality

Are you a tax resident of any country other than India? Yes No

If 'No' please proceed for the signature of certification

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

Country of Tax Residency ²	Tax Identification No. ³	Identification Type (TIN or Others, please specify)	If TIN is not available, please tick (✓) the reason A, B or C [as defined below]
<input type="text"/>	<input type="text"/>	<input type="text"/>	→ Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
<input type="text"/>	<input type="text"/>	<input type="text"/>	→ 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.

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 unitholders. 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. Please note that you may receive more than one request for information if you have multiple relationships with Invesco Asset Management or our group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

Certification

I hereby confirm that the information provided herein above is true, correct and complete to the best of my knowledge and belief and that I shall be solely liable and responsible for the information submitted above. I also confirm that I have read and understood the FATCA & CRS Terms and Conditions below and hereby accept the same. I also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of the same being effective and also undertake to provide any other additional information as may be required by any intermediary or by domestic or overseas regulators/ tax authorities.

Sign here

Date

Place

Instructions

- Please consult your professional tax advisor for further guidance on your tax residency, if required.
- ¹Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.
- ²To also include USA, where the individual is a citizen/ green card holder of The USA.
- ³In case Tax Identification Number is not available, kindly provide its functional equivalent.



KYC Details Change form (For Individuals Only)



Application No. :

ARN-64917 EUIN - E434563

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

A Name of Applicant (Mandatory as per original KYC records)

Title Mr. Ms. Other (Please specify) _____ Aadhaar Number, if any: _____ PAN _____

Name _____

Date of Birth | d | d | / | m | m | / | y | y | y | y | _____

Please Provide the new KYC details which should be updated in your KYC records.

B. Mandatory fields for KYCs done before 1st January 2012

1. Father's/Spouse Name _____

2. Current Marital status Single Married

3. Current Nationality Indian Other (Please specify) _____

Note "FOR OFFICE USE ONLY": The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details.

C. Identity Details (please see guidelines overleaf)

1. New Name (As appearing in supporting identification document).
Name _____

2. New Status Please tick (✓) Resident Individual Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. PAN _____ Please enclose a duly attested copy of your PAN Card

4. Proof of Identity submitted for PAN exempt cases Please Tick (✓)
 Aadhaar Card Passport Voter ID Driving Licence Others _____ (Please see guideline 'D' overleaf)

D. Address Details (please see guidelines overleaf)

1. New Address for Correspondence

City / Town / Village _____ Pin Code _____
State _____ Country _____

2. Contact Details

Tel. (Off.)	(ISD)	(STD)	Tel. (Res.)	(ISD)	(STD)
Mobile	(ISD)	(STD)	Fax	(ISD)	(STD)
E-Mail Id. _____					

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y | _____

4. New Permanent Address of Resident Applicant if different from above C1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village _____ Pin Code _____
State _____ Country _____

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.
 Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Passbook
 *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify) _____
 *Not more than 3 Months old. Validity/Expiry date of proof of address submitted | d | d | / | m | m | / | y | y | y | y | _____

6. Any other information: _____

SIGNATURE OF APPLICANT

Old signature as per original KYC
Wherever Applicable

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.

Place: _____ Date: | d | d | / | m | m | / | y | y | y | y | _____

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done on | d | d | / | m | m | / | y | y | y | y | _____

AMC/Intermediary name OR code _____

(Originals Verified) Self Certified Document copies received

(Attested) True copies of documents received
Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date