



**KYC Details Change form
(For Individuals Only)**



Application No. :

ARN-64917 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

DECLARATION

SIGNATURE OF APPLICANT

Old signature as per original KYC
Wherever Applicable

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 | _____

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

Please read the instructions / important points mentioned and fill the form in ENGLISH and in BLOCK letters

Fields marked * are mandatory

Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application Number: _____

Application Type*: New KYC Modification KYC

KYC Mode*: Please Tick (✓)

Normal EKYC OTP EKYC Biometric Online KYC Offline EKYC Digilocker

1. Identity Details (please refer guidelines overleaf)

PAN* _____ Please enclose a duly attested copy of your PAN Card

Name* (same as PAN Card) _____

Maiden Name+ (if any) _____

Fathers/Spouse's Name* _____

Date of Birth* _____

Gender* Male Female Transgender

Marital Status* Single Married

Nationality* Indian Other _____

Residential Status* Resident Individual Non Resident Indian

Please Tick (✓) Foreign National Person of Indian Origin+



Cross Signature across photograph

(Passport copy is mandatory for NRI's and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. Select NRI or Foreign National based on Nationality of the individual)

Proof of Identity (POI) submitted for PAN exempted cases (Please tick)

- A — Aadhaar Card XXXX XXXX ____ (Expiry Date) _____
- B — Passport Number _____ (Expiry Date) _____
- C — Voter ID Card _____ (Expiry Date) _____
- D — Driving License _____
- E — NREGA Job Card _____
- F — NPR _____
- Z — Others _____ (any document notified by Central Government)

Identification Number _____

2. Address Details* (please refer guidelines overleaf)

A. Correspondence/ Local Address*

Line 1* _____

Line 2 _____

Line 3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified

Applicant e-SIGN

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1* _____

Line 2 _____

Line3 _____

City/
Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Address Type* Residential/Business Residential Business Registered Office Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)

- A — Aadhaar Card XXXX XXXX ____ _
- B — Passport Number _____ (Expiry Date) _____
- C — Voter ID Card _____
- D — Driving License _____ (Expiry Date) _____
- E — NREGA Job Card _____
- F — NPR Letter _____
- Z—Others _____ (any document notified by Central Government)
- Identification Number _____

3. Contact Details (in CAPITAL)

Email ID* _____

Mobile No. * _____

Tel (off) _____

Tel (Res) _____

4. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.

I/We hereby consent to receiving information from CVL KRA through SMS/ Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/ Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN**Applicant Wet Signature****5. For Office Use Only**

In-Person Verification (IPV) carried out by*

Intermediary Details*

IPV Date _____

Emp. Name _____

Emp. Code _____

Emp. Designation _____

 Self certified document copies received (OVD) True Copies of documents received (Attested)

AMC / Intermediary Name :

Employee Signature and Stamp

Institution Name and Stamp

FATCA & CRS Annexure - Individual Accounts

(including Sole Proprietor)

ARN-64917 E434563

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.