

Important Instructions:

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

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

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

Name*

Entity Constitution Type* Others (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation* Date of Commencement of Business

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN *

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction **B** at the end)

Officially valid document(s) in respect of person authorised to transact

Certificate of Incorporation / Formation Registration Certificate Regn Certificate No

Memorandum and Articles of Association Partnership Deed Trust Deed

Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf

Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS* (Please see instruction **C** at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City / Town / Village*

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

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3 City / Town / Village*

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

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

Tel. (Off) FAX

Mobile Email ID

Mobile Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction **E** at the end)

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

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

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

- Addition of Related Person Deletion of Related Person Update Related Person Details

KYC Number of Related Person (if available*) If KYC number is available, only 'Related Person Type' & 'Name' is mandatory

- Related Person Type*** Director Promoter Karta Trustee Partner Court Appointment Official Proprietor
 Beneficiary Authorised Signatory Beneficial Owner Power of Attorney Holder Other (Please specify)

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

| | Prefix | First Name | Middle Name | Last Name |
|--------------------------|-------------------------------------|---|--|----------------------|
| Name* (Same as ID proof) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Maiden Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Father / Spouse Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mother Name | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Gender* | <input type="checkbox"/> M- Male | <input type="checkbox"/> F- Female | <input type="checkbox"/> T-Transgender | |
| Nationality* | <input type="checkbox"/> IN- Indian | <input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/>) | | |
| PAN* | <input type="text"/> | <input type="checkbox"/> Form 60 furnished | | |

1.2 PROOF OF IDENTITY AND ADDRESS* (Please refer instruction E at the end)

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

1.3. CURRENT ADDRESS DETAILS (Please refer instruction E and 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
- II Offline verification of Aadhaar

- IV Deemed PoA
- V Self Declaration

Address

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

1. 4 CONTACT DETAILS (All communication will be sent on provided mobile no. / Email-ID) (Please refer instruction D at the end)

| | | | | | | | | | | | | | | | |
|------------|--|--|--|--|------------|--|--|--|--|--------|--|--|--|--|--|
| Tel. (Off) | | | | | Tel. (Res) | | | | | Mobile | | | | | |
| Email ID | | | | | | | | | | | | | | | |

2. 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/we 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

3. ATTESTATION / FOR OFFICE USE ONLY

- Documents Received**
- | | | |
|--|---|--|
| <input type="checkbox"/> Certified Copies | <input type="checkbox"/> E-KYC data received from UIDAI | <input type="checkbox"/> Data received from Offline verification |
| <input type="checkbox"/> Digital KYC process | <input type="checkbox"/> Equivalent e-document | |

KYC VERIFICATION CARRIED OUT BY

| | |
|------------------|--|
| Date | <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Emp. Name | <input type="text"/> |
| Emp. Code | <input type="text"/> |
| Emp. Designation | <input type="text"/> |
| Emp. Branch | <input type="text"/> |

INSTITUTION DETAILS

| | |
|------|----------------------|
| Name | <input type="text"/> |
| Code | <input type="text"/> |

[Employee Signature]

[Institution Stamp]

Details of Promoters/ Partners/ Karta / Trustees and whole time directors forming a part of Know Your Client (KYC) Application Form for Non-Individuals
 ARN-64917 E434563

Name of Applicant _____

PAN of the Applicant

| Sr. No. | PAN | Name | DIN (For Directors) / Aadhaar Number (For Others) | Residential / Registered Address | Relationship with Applicant (i.e. promoters, whole time directors etc.) | Photograph |
|---------|-----|------|---|-------------------------------------|---|------------|
| | | | | | | |
| | | | | | | |
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| | | | | | | |

Name & Signature of the Authorised Signatory(ies)

Date / /



CVL

Ultimate Beneficial Owner/ FATCA & CRS Annexure Form - For Non Individual Accounts

Name of the Entity

Type of Address given at KRA¹ Residential Business Registered Office

Date of Incorporation

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 PAN

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|

City of Incorporation Country of Incorporation

Entity Constitution Partnership Firm HUF Private Limited Company Public Limited Company
 Society AOP/BOI Trust

Type Liquidator Limited Liability Partnership Artificial Juridical Person Others _____

Is "Entity" a tax resident of any country other than India Yes No
 (If yes, mandatory to provide country/ies in which the entity is a resident for tax purposes and the associated Tax ID number below.)

Instructions

¹Address of tax residence would be taken as available in KRA database. In case of any change, please approach KRA & notify the changes.

²In case Tax Identification Number is not available, kindly provide its functional equivalent. In case TIN or its functional equivalent is not available, please provide Company Identification number or Global Intermediary Identification Number or GIIN, etc.

³Please consult your professional tax advisor for further guidance on FATCA & CRS classification)

⁴Refer 1 of Part C

⁵Refer 3(vii) of Part C

⁶Refer 1 A of Part C

| Country | Tax Identification No. ² | Identification Type (TIN or Others, please specify) |
|----------------------|-------------------------------------|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

In case the Entity's Country of Incorporation / Tax residence is U.S. but Entity is not a Specified U.S. Person, mention Entity's exemption code here

FATCA & CRS Declaration³

PART A (to be filled by Financial Institutions or Direct Reporting NFEs)

We are a Financial institution⁴ Direct reporting NFE⁵

GIIN

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Note: If you do not have a GIIN but you are sponsored by another entity, please provide your sponsor's GIIN above and indicate your sponsor's name below.

Name of sponsoring entity

GIIN not available Applied for

If the entity is a financial institution, Not required to apply for - please specify 2 digits sub-category⁶

| | |
|--|--|
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 (Refer 1 A of Part C)
 Not obtained - Non-participating FI

PART B (please fill any one as appropriate "to be filled by NFEs other than Direct Reporting NFEs")

Is the Entity a publicly traded company (that is, a company whose shares are regularly traded on an established securities market) (Refer 2A of Part C)

Yes (If yes, please specify any one stock exchange on which the stock is regularly traded)

Name of stock exchange

Is the Entity a related entity of a publicly traded company (a company whose shares are regularly traded on an established securities market) (Refer 2B of Part C)

Yes (If yes, please specify name of the listed company and one stock exchange on which the stock is regularly traded)

Name of Listed company

Nature of relation Subsidiary of the Listed Company or Controlled by a Listed Company

Name of stock exchange

Is the Entity an active NFE (Refer 2C of Part C)

Yes (If yes, please fill UBO declaration in the next section)

Nature of Business

Please specify the sub-category of Active NFE

| | |
|--|--|
| | |
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 (Mention code - refer 2c of Part D) (Mention code - refer 2c of Part D)

Is the Entity a passive NFE (Refer 3(ii) of Part C)

Yes (If yes, please fill UBO declaration in the next section.)

Nature of Business

Category Unlisted Company Partnership Firm Limited Liability Partnership Company
 Religious Trust Private Trust Public Charitable Trust
 Unincorporated association / body of individuals Others _____

Please list below the details of controlling person(s), confirming ALL countries of tax residency / permanent residency / citizenship and ALL Tax Identification Numbers for EACH controlling person(s) (Please attach additional sheets, if necessary) Owner-documented FFI's should provide FFI Owner Reporting Statement and Auditor's Letter with required details as mentioned in Form W8 BEN E (Refer 3(vi) of Part C)

UBO / Controlling Person(s) details

Does your company/entity have any individual person(s) who holds direct / indirect controlling ownership above the prescribed threshold limit? Yes No

If 'YES' - We hereby declare that the following individual person holds directly / indirectly controlling ownership in our entity above the prescribed threshold limit. Details of such individual(s) are given below.

If 'NO' - declare that no individual person (directly / indirectly) holds controlling ownership in our entity above the prescribed threshold limit. Details of the individual who holds the position of Senior Managing Official (SMO) are provided below:

| | UBO-1 / Senior Managing Official (SMO) | UBO-2 | UBO-3 |
|--|--|--|--|
| Name of the UBO/SMO# | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| UBO / SMO PAN#. <i>[For Foreign National, TIN to be provided]</i> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| % of beneficial interest# | <input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO) | <input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO) | <input type="checkbox"/> >10% controlling interest <input type="checkbox"/> >15% controlling interest <input type="checkbox"/> >25% controlling interest <input type="checkbox"/> NA. (for SMO) |
| UBO / SMO Country of Tax Residency# | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| UBO / SMO Taxpayer Identification Number / Equivalent ID Number# | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| UBO / SMO Identity Type | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| UBO / SMO Place & Country of Birth# | Place of Birth _____ Country of Birth _____ | Place of Birth _____ Country of Birth _____ | Place of Birth _____ Country of Birth _____ |
| UBO / SMO Nationality | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| UBO / SMO Date of Birth [dd-mmm-yyyy] # | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| UBO / SMO PEP# | <input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP | <input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP | <input type="checkbox"/> Yes – PEP <input type="checkbox"/> Yes – Related to PEP <input type="checkbox"/> N – Not a PEP |
| UBO / SMO Address <i>[include City, Pincode, State, Country]</i> | Address: City: Pincode: State: Country: | Address: City: Pincode: State: Country: | Address: City: Pincode: State: Country: |
| UBO / SMO Address Type | <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office | <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office | <input type="checkbox"/> Residence <input type="checkbox"/> Business <input type="checkbox"/> Registered Office |
| UBO / SMO Email | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| UBO / SMO Mobile | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| UBO / SMO Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Others _____ |
| UBO / SMO Father's Name | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| UBO / SMO Occupation | <input type="checkbox"/> Public Service <input type="checkbox"/> Business <input type="checkbox"/> Private Service <input type="checkbox"/> Others | <input type="checkbox"/> Public Service <input type="checkbox"/> Business <input type="checkbox"/> Private Service <input type="checkbox"/> Others | <input type="checkbox"/> Public Service <input type="checkbox"/> Business <input type="checkbox"/> Private Service <input type="checkbox"/> Others |
| SMO Designation# | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| UBO / SMO KYC Complied? | <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status. | <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status. | <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes,' please attach the KYC acknowledgement. If 'No,' complete the KYC and confirm the status. |

Mandatory column.

Note: If the given columns are not sufficient, required information in the given format can be enclosed as additional sheet(s) duly signed by Authorized Signatory.

* Invesco Mutual Fund / RTA may call for additional information/documentation wherever required or if the given information is not clear / incomplete / correct and you may provide the same as and when solicited.

| | | | |
|------|----------------------|-------------|----------------------|
| Name | <input type="text"/> | Designation | <input type="text"/> |
| Name | <input type="text"/> | Designation | <input type="text"/> |
| Name | <input type="text"/> | Designation | <input type="text"/> |

FATCA - CRS Terms and Conditions

The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income-tax Rules, 1962, which Rules require Indian financial institutions to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account 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. 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. If you have any questions about your tax residency, please contact your tax advisor. If any controlling person of the entity is a US citizen or resident or green cardholder, please include United States in the foreign country information field along with the US Tax Identification Number.

Certification

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false, untrue, misleading, or misrepresenting, I/We am/are aware that I/We may be liable for it including any penalty levied by the statutory/legal/regulatory authority. I/We hereby confirm the above beneficial interest after perusing all applicable shareholding pattern and MF/RTA/other registered intermediaries can make reliance on the same. I/We hereby authorize you [Invesco Asset Management India Pvt. Ltd./Invesco Mutual Fund/ Trustees/RTA] to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including but not limited to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries /or any regulated intermediaries registered with SEBI / RBI / IRDA / PFRDA to facilitate single submission / update & for other relevant purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Place

Authorised Signatory

| | |
|--|--|
| | |
| | |
| | |

Declaration Form of Non-Profit Organization (NPO)

(Mandatory for Trusts/Society)

Investor Name

PAN

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

- I/We hereby confirm that above stated entity / organization is falling under "**Non-profit organization**" [NPO] which has been constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act, 1961 (43 of 1961), and is registered as a trust or a society under the Societies Registration Act, 1860 (21 of 1860) or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013 (18 of 2013).
- Enclosed relevant documentary proof evidencing the above definition.

We further confirm that we have registered with DARPAN Portal of NITI Aayog as NPO and registration details are as follows:


Registration Number of DARPAN portal


If not, please register immediately and confirm with the above information. In absence of receipt of the Darpan portal registration details, MF/AMC/RTA will be required to register your entity on the said portal and/or report to the relevant authorities as applicable.


- I/We hereby confirm that the above stated entity / organization is **NOT** falling under Non-profit organization as defined above or in PMLA Act/Rules thereof.

Declaration & Signature(s)

I/We acknowledge and confirm that the information provided above is true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be liable for it for any fines or consequences as required under the respective statutory requirements and authorize you to deduct such fines/charges under intimation to me/us or collect such fines/charges in any other manner as might be applicable. I/We hereby authorize you (Invesco Asset Management (India) Private Limited/Invesco Mutual Fund/Trustees/RTA) to disclose, share, rely, remit in any form, mode or manner, all / any of the information provided by me, including all changes, updates to such information as and when provided by me to any of the Mutual Fund, its Sponsor, Asset Management Company, trustees, their employees / RTAs ('the Authorized Parties') or any Indian or foreign governmental or statutory or judicial authorities / agencies including to the Financial Intelligence Unit-India (FIU-IND), the tax / revenue authorities in India or outside India wherever it is legally required and other investigation agencies without any obligation of advising me/us of the same. Further, I/We authorize to share the given information to other SEBI Registered Intermediaries or any other statutory authorities to facilitate single submission / update & for regulatory purposes. I/We also undertake to keep you informed in writing about any changes / modification to the above information in future within 30 days of such changes and undertake to provide any other additional information as may be required at your / Fund's end or by domestic or overseas regulators/ tax authorities.

| | |
|--|----------------------|
|  | Authorized Signatory |
|--|----------------------|

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|  | Authorized Signatory |
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|  | Authorized Signatory |
|---|----------------------|

Date

| | | | | | | | |
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| D | D | M | M | Y | Y | Y | Y |
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Place